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OF

HOMŒOPATHY.

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THE

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HOMŒOPATHY.

EDITORIAL ADDRESS.

SHORT as the period is since we commenced this journal, the events that have marked the course of Homœopathy during the interval are neither few nor unimportant; and we believe that a rapid survey of the recent progress it has made in different countries will be found useful, both by those who are fully convinced of its truth, and by others who are becoming alive to a sense of its importance. We do not mean to attempt to give a full narrative of all the incidents of historical moment which have recently occurred in regard to homœopathy, our design is merely to mention some well-ascertained facts which we consider characteristic either of a change in the external relation, or the internal development of our science, and to intersperse such practical observations as may be suggested in the course of our statements.

GERMANY.

The greater maturity of homœopathy in Germany is shown (A) externally,—1st, by the legislative enactments respecting it; 2d, by the influence it is exerting on the cultivation of therapeutics in general; 3d, by the acknowledgment of the writings of Hahnemann and his followers as sources of information about the properties of drugs by established teachers of therapeutics; and 4th, by the use of remedies by practitioners of the old school in the same diseases, for which they were employed by homœopathists from the testimony

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of the latter; and (B) internally, by better organization for the advancement of homœopathy,—1st, by the formation of new hospitals; 2d, by the institution of society for proving over again the drugs in common use; and 3d, by the publication of a journal devoted exclusively to the scientific development of homœopathy.

(A) 1st. In Prussia, as is well known, every thing that concerns the life and health of the people is a matter of strict attention on the part of the Government, and very stringent laws are enacted to prevent improper medical practitioners tampering with them. The offices of physician and apothecary are quite distinct, and it was equally illegal for a physician to sell medicine, as for an apothecary to vend it without a written order from a physician, and none but a person who had passed through a series of trials, first, before the central board, and afterwards before the local one of the part of the country where he was to practice, was allowed to exercise the calling of physician. These regulations, admirable for ordinary circumstances, were found to be very oppressive to homœopathic physicians, and for long they had to suffer much inconvenience from the incapacity of apothecaries to prepare their medicines.

In 1843, the Prussian Government took into special consideration this hardship, and from the length of time homœopathy had existed in that country, and the number of physicians who had adopted it, deemed it expedient to enact, by a Cabinet order signed by the King and three of the ministers, an edict to this effect, that any physician properly qualified for practice, (that is, with the various licenses,) may himself dispense homœopathic medicines: that he may not do so without a special license from a board of examiners, to consist of persons properly qualified to ascertain his knowledge of botany, chemistry, pharmacy, and the homœopathic method of practice, which board is to be appointed by the Minister of Public Instruction and Medical Affairs: that this license shall be granted only to graduated physicians, not to doctors of surgery, or ordinary surgeons: that all homœopathic physicians shall be required to keep a supply of the strong tinctures of the medicines they employ, and also, that they shall keep a register of all the patients they treat, and the

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medicines they give to each patient: that any person practising homœopathically without this license shall be punished in accordance with the laws for preventing the sale of medicines by improper persons. *(Allgemeine, Hom. Zeitung, 9th October, 1843.)*

The operation of these laws in protecting homœopathic practitioners is well illustrated by the following case:—

Dr. Baumgarten, of Madgeburg, was sent for to see a maid-servant, of the name of Knoll. He found her affected with a serious disease of the chest, the consequence of exposure in inclement weather, and of harsh treatment. He prescribed aconite and belladonna, the third dilution of each. She got worse, and eventually died. A coroner's inquest was held, and the case shown to be one of effusion of serum into the pericardium and pleura, the consequence of recent inflammation. The report of the coroner's inquest added, that the death was in part to be attributed to the insufficiency of the treatment employed by Dr. Baumgarten. This report had to be submitted to the upper medical board of the province, which reversed the sentence of the medical coroner, saying, that the question whether the death could have been arrested by medical treatment it was impossible for them to answer,—"that the disease belonged to a class frequently fatal under every kind of treatment; that the physicians who respect the system of medicine sanctioned by the usage of antiquity, would have treated the case differently; but from Dr. Baumgarten, who is a homœopathist, this mode of treatment could not be expected, but *he had employed those measures which the homœopathists deem suited to cure inflammations; that as the state recognizes and allows the homœopathic method of practice, the medical board cannot enter into a criticism of it.*" (A letter from Dr. Baumgarten, dated July 30th, 1843, published in the *Allgem. Hom. Zeitung.)* The question of Dr. Baumgarten's culpability was made to rest, by this sentence, *on whether he had practised homœopathy according to the rules of its professors.* If he had not, he would have been punishable for bad practice. The state had decided that homœopathy was legitimate practice; the law courts had only to decide whether his practice was homœopathic.

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Prussia, in this matter, has followed the example of Brunswick, in which country Dr. Fielitz was appointed by the Ministry to examine all students who intended to practice homœopathically in those departments of medicine which differed from what is taught in ordinary medical schools. (*Vide Allgemeine Zeitung*, of Leipzig, April, 1842.)

The facts above mentioned illustrate the change that has taken place in the relation of homœopathy to the legislature. Let us now advert to (2) the influence it is exerting on the general cultivation of therapeutics: In Drs. Canstatt's and Eisenmann's Annual Report of the Progress of Medicine (*Jahresbericht über die Fortschritte der gesammten Medicin in allen Ländern*) for 1843, we find the department of therapeutics ably treated of by Dr. Siebert. He begins his report, or register, by some general observations to the following effect:—"It is not to be doubted that the complaints so loudly made for some time past, in regard to the want of a foundation for therapeutics, have produced a beneficial effect in two ways; the first is negative, consisting in greater scepticism in the existing Materia Medica; and the other is positive, being the proving of medicines on persons in health, and more accurate experiments with them in disease." He then enumerates the chief peculiarities which the recent progress of therapeutics displays: these, are, 1st, the greatest possible simplification, as well in respect to the number of drugs employed, as in the form of their administration. The advantage of this change to patients, he observes, will be very great. 2nd. A tendency to more sifting criticism; a continual repetition of such questions as these,—"Of what use is the observation that Dr. this or that found wonderful benefit from this or that medicine?" "What good is got from the reiteration, that cod liver oil, bromine, and such like, cured so many patients?" 3rd. A larger space is occupied in our papers on therapeutics by those in search of specific medicines. Specifics, in the old sense of the term, that is, miraculous panaceas, are gradually disappearing before the advancing light of science; but another application of the term is now coming into use, viz., the specific relations of drugs, or poisons, to organs or systems connected in physio-pathological groups.

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(*Vide* the Transactions of the Paris Academy of Sciences, for April, 1844.) 4th. In regard to particular sects. "To outward appearances," he says, "homœopathy stands as much opposed to the old regime as ever; but I do not believe it does so in reality. *Under the impulse given by this doctrine, medical science continues to direct more attention to the effects of medicines upon the healthy animal frame; while, on the other hand, homœopathists are every day directing more and more attention to the physiological aspects of diseases which they had before much neglected.*"

If we descend from the general survey afforded by an annual report to the special indications given by articles appearing in the different journals, we shall find a full corroboration of these observations, particularly (4th) by the acknowledgment of Hahnemann, as an authority in therapeutics, by teachers in the old school. The best way we can illustrate this is by giving extracts from a series of papers by Professor Maly, of Gratz, which appeared in the June and July numbers of the *Medicinische Jahrbücher des K. K. Oesterreichischen Staates*, for 1845, which is the only medical journal of any reputation in southern Germany, and extensively read over the whole of that country. The paper is entitled, "On the obsolete Medicines in the Vegetable Kingdom, along with some Observations on those recently introduced." By Professor Maly. The first part of the paper consists of propositions on therapeutics, especially Materia Medica, pointing out what he considers the causes of its retardation in the general advance of the sciences. He strongly advocates the exhibition of simple medicines, one at a time, and observes that we never should reject a medicine, if it is useful, even in any single form of disease, as, for example, euphrasia in inflammation of the eyes; and that it is a great error to suppose that one medicine can be a substitute for another. The advantages of giving drugs, each one by itself, are well stated. He then mentions the best way of preparing vegetable medicines, which he considers to be the spirituous extract, such as homœopathists employ. He strongly recommends practitioners to keep a minute register of the cases in which they

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administer some simple medicine, and to collect the experience of authors who detail such cases; and he says that he has for twenty years noted down minutely the characters of the cases in which he found a remedy useful, and the results of this observation are given in notices of various substances. Among the medicines he specially notices is Aconitum Napellus. After some introductory observations, he uses these remarkable words:—"Dr. Kindervater says of it, that, according to the prevailing ideas, it is contra-indicated in inflammatory febrile affections, but that he cannot agree in this opinion, as he had found its utility in various acute diseases. In regard to this observation, while we recommend it to the notice of every physician who has at heart the good of suffering humanity, and the advancement of the art of medicine, we feel ourselves compelled to observe, first, that he did not always employ aconite *quite pure* (that is, uncombined;) second, that he omits all mention of *that man to whom we owe the true knowledge and right use of this medicine.* It was Hahnemann who first recommended the use of aconite in pure inflammatory fevers, with or without eruption, as well as in inflammatory diseases generally, in obedience to his principle *similia similibus*, by which the effusion of blood, except in certain exceptional cases, is wholly obviated. *Even were we under no other obligation to Hahnemann, by this single discovery he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity.*"

Of Helleborus Niger, he observes, that this medicine was held in high estimation by the ancient physicians, and it is to the great detriment of the art that it has fallen into disuse.—In dropsy, after scarlet fever and measles, it is a safe and certain remedy. He then mentions the dose to be two or three drops of the tincture in two or three ounces of water, a teaspoonful at a time. This simple treatment differs, he says, widely from the complicated prescriptions one finds in the manuals for children's diseases, and it is as simple as it is quick and direct in the attainment of its object, while at the same time the physician is certain it is the hellebore that effected the change, while he never can be sure what did it when he ordered a combination. What this medicine will accomplish

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in other forms of dropsy, as well as in other diseases, a careful study of the works of the older authors will prove as well as a cautious clinical experience, and *Hahnemann's proving of the medicine upon those in health, will be found the best guide to this knowledge.* Of Pulsatilla, he says, after describing its use in some species of rheumatism, "The healing power of this medicine in other rheumatic complaints, acute as well as chronic diseases of the eye, and the various affections complicated with derangement of menstruation, &c., *is taught in the experience collected to so large an amount in the homœopathic writings.*"

He also recommends the writings of Hahnemann as the best source of information about the Chelidonium majus.

In the same journal in which the preceding article was published, there appeared, in November, 1844, a paper by Dr. Popper, of Winterberg, on the use of belladonna in inflammation of the throat. He begins thus:—"The numerous indisputable testimonies of many intelligent and experienced homœopathic physicians, regarding the treatment of inflammation of the throat, induced me, many years ago, to make use of a remedy much recommended by them in that disease—I mean belladonna." After specifying the mode of its administration, &c., he adds, "I cannot conclude without observing, that belladonna contains a store of healing virtues such as few drugs possess. At any rate, a more frequent use of it in many diseases is to be recommended to the use of impartial physicians; and the best source of information upon its virtues is the Materia Medica of Hahnemann, and the writings of liberal homœopathists." *Oester: Wochenscrift, Nov.* 1844.

(B) The most important facts connected with the internal development of homœopathy in Germany are, 1st, the opening of a new hospital at Linz; 2nd, the establishment of a homœopathic society at Vienna, and 3rd, the publication of a journal there.

(1) The homœopathic hospital at Linz is connected with the order of the Sisters of Charity, and is under the medical direction of Dr. Reiss, an able and accomplished physician, well qualified for his difficult position. It was opened in

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1842.—The number of patients admitted in 1844 was 555—of these 485 recovered, and 27 died.

(2) The society established at Vienna consists entirely of homœopathic physicians. Its chief object is to subject the Materia Medica of Hahnemann to a rigid experimental scrutiny. This is to be done by proving over again the medicines he has already proved. The members meet, and to each is given a portion of the medicine to be experimented with, without telling him what that medicine is. At home, they take this medicine in various doses, and write down all the effects they have observed, they then meet again, and each reads over the symptoms it has produced on him. Thus, there is obtained a series of testimonies from well-qualified and independent observers. They have found that the general results of Hahnemann's provings are perfectly accurate, and have expressed their admiration of his skill as an experimenter and faithful describer of his experiments; but they have modified and rejected a great many of the symptoms which are incorporated in his Materia Medica. We find in the proving of aconite an interesting illustration of the confidence we may put in Hahnemann's provings. Dr. Arneth, one of the provers, after taking one or two doses of aconite, without knowing what it was he took, experienced all the symptoms of inflammatory fever, and, thinking he had caught cold in some way, took some globules of aconite—for he found the very symptoms which are described under aconite in Hahnemann, produced by this drug which he was taking unawares. The task this society has laid upon itself, requires a greater amount of self-denial and resolution than that imposed upon any body of scientific men, and whatever be the result of their labours, medical science must ever be indebted to them for their severe self-imposed sufferings in its cause.

(3) The journal entitled *Oesterreichische Zeitschrift für Homœopathie* is devoted to the scientific development of homœopathy. It contains an account of the transactions of the society for proving medicines, and the results obtained in various hospitals. This is not the place to do more than notice its existence, as a sign of the scientific progress of homœopathy.

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GENEVA.

In Geneva, so great an alarm was raised in the minds of the medical practitioners by the increasing influence and success of the four homœopathic physicians of that small town, that, in order to put a stop to homœopathic practice, they got a law passed in June, 1845, by the grand council, to the effect, "That no one is to prepare, dispense, sell, or give any medicine, or any thing used as medicine, except apothecaries." This clumsy expedient to obstruct the progress of homœopathy will soon lead to its being placed upon a more secure footing, as has already been done in Germany. And the fact of the medical faculty having been obliged to resort to such a coarse persecution, so opposed to the spirit of the age, exhibits in a strong light their conscious impotence. For surely in Geneva, of all places in Europe, the fact should be known by this time, that the progress of free inquiry can never be arrested, although it may be impeded by the exercise of despotic authority.

From SPAIN we receive accounts of a most extraordinary number of converts to our cause, among whom are various professors. Our ignorance of the state of medical science in that anarchical country prevents us from resting much weight in these marvellous histories.

FRANCE.

In France, medicine seems to have reached the stage of scepticism which so long characterized the philosophy of that country, and we have no doubt, that when this transition period is past, and the ardent and precise minds of the able physicians of that country shall turn their attention from the investigation of the natural history of diseases, to the best means of their cure, that homœopathy will derive a great impulse from their labours. That this time is at hand, may be predicted from the discussion that occurred at the medical section of the Scientific Congress, held at Strasburg in 1842. One of the subjects there discussed was the principle of a new classification of medicines. "Professor Forget, the president of the section, stated the three methods in common use; 1st, the physiological, (that is, *emollentia, tonica,*) and 2nd,

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the pathological, (that is, antiperiodica, antispasmodica, &c.,) and 3rd, the natural-historical and chemical. He showed the two former to be unscientific in the highest degree, characterizing the pathological as the most abject empiricism, without a single spark of science. The chemical and natural-historical seemed to possess the fewest faults, but it required a therapeutic guide to make it of any practical utility, and to define its limits. After an animated discussion on the subject, the following resolution was passed:—"*The Medical Section is unanimously of opinion, that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics, and that it is desirable that all known facts should be methodically and scrupulously collected, and with prudence, caution, and scientific exactness arranged, written out, and published.*"

The discussion which followed on the use of arsenic is also interesting, as the conclusion arrived at was, that it was necessary to have a particular description of the cases of intermittent fever which required arsenic, and those which required chinchona. And Dr. Boudin's work on the use of arsenic in ague was quoted to show that excellent results were obtained from the 100th of a grain of arsenic.

Now that the tide of general opinion among scientific physicians in France is setting so strongly in favour of experiments such as homœopathists are making, and when some of their public teachers, as Professor Devergie and Professor Amador, openly recommended the practice of homœopathy, while the number of its practitioners is daily increasing, (in Paris alone, amounting to nearly ninety) we can have no doubt but that it will soon be recommended and adopted by a considerable portion of the medical profession in that country.

AMERICA.

In the United States of North America the number of homœopathic practitioners is very great, being estimated at five or six hundred. There is now an "Institute of Homœopathy," composed of homœopathic physicians. At their second meeting, which took place this year, it was unanimously resolved not to admit as a member any person who

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had not pursued such a course of medical studies as were required by the existing institutions of the country, and had, besides, undergone an examination before the censors of the institute, upon the theory and practice of homœopathy. In accordance with this resolution, a board, consisting of twenty-seven physicians, was appointed as examinators. A committee was also instructed to publish the first volume of the transactions of the institute.

The first number of a new homœopathic journal, published at New York, has also appeared. A considerable portion of it is to consist of translations of standard foreign works upon homœopathy, chiefly German.

BRITAIN.

While homœopathy has thus been rooting itself more firmly in other countries, its progress has been both steady and rapid at home. In taking a general survey of this country, we find the greatest change to be in the numbers of homœopathic practitioners and their adherents. England is now thickly studded with them; and in Scotland, where, four years ago, there was but one, there are now at least a dozen.

The medical practitioners in Britain being for the most part much inferior in general cultivation to those of Germany, adhere with proportionate tenacity to the old system, and being ignorant of what is doing in medicine on the continent, they persist in their attempt to exclude homœopathy from its legitimate scientific position. This is the general tone of the schools and journals of medicine, and the only exception to it of which we are aware, is, the adoption of homœopathy by Dr. Henderson, Professor of Pathology and (lately of) Clinical Medicine in the University of Edinburgh, and the publication of a series of historical papers on the subject in the *London Medical Times*, written by Dr. Hilbers, a professed homœopathist.

Although we have thus so little to mention in the way of influence as yet manifestly exerted by homœopathy, either upon the public medical establishments or the journals, its internal organization, which has made considerable progress, cannot fail soon to make itself felt both in the literature and schools of medicine.

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The most important step for the advancement of this object is the formation of the BRITISH HOMŒOPATHIC SOCIETY. The object of this association is to unite all practitioners of medicine who possess recognised diplomas, and have adopted the homœopathic principle, into a sort of college at London, where the head-quarters of the society are; regular meetings are held for advancing the practical art of homœopathy, by the reading of papers and discussions on points of practice, while, at the same time, they take under their cognizance any measures which affect homœopathists generally, and maintain, by stringent discipline, a high standard of professional etiquette among their members. The laws of this society will be found at the end of this number, and we strongly recommend all homœopathic physicians to enrol themselves among its members.

While we consider the general principles of this association as excellent, and its influence as likely to be highly beneficial, we cannot shut our eyes to what seems to us an obstacle to its general popularity. This is the too great centralization. There is not a sufficient temptation held out to practitioners in distant parts of the country to join it. We are informed that the system we practice has now spread to John-o'-Groat's House, and the advantages of membership to one in such a locality are not at once evident. We believe that this might be remedied if some scheme were set on foot of a nature to benefit all homœopathic practitioners in Britain. Suppose, for example, that the best foreign works on homœopathy were translated under the direction of the society, beginning with those of Hahnemann, and that those works were distributed among the members at the lowest possible cost. We do not mean to insist on this as the only plan that would suit the circumstances of the case, but merely to point out the desireableness of some such public object being aimed at as would secure the interest of all who practice homœopathy in this country.

There is another association in London whose object is the diffusion of homœopathy. It consists, chiefly, of unprofessional persons interested in the advancement of the cause. A journal advocating homœopathy and phrenology appears once a month. Its object seems the same as that of the association last mentioned.

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In Dublin a society has been formed of a somewhat mixed character. It consists both of physicians and unprofessional adherents of homœopathy. Its chief object is to introduce some common bond of union among all interested in the advancement of homœopathy, and to publish *scientific*, not popular books upon the subject—chiefly translations from the standard works of Germany—at a very cheap rate, so as to make homœopathic literature more accessible to medical men at large. The experience of other countries has taught us that the only way to secure the progress of homœopathy is by rigid exclusiveness in all matters connected with its scientific development; and that the infusion of the popular element into any body whose office is to decide upon strictly scientific points, or the selection of scientific works, is likely to be attended with dangerous consequences either to the usefulness or the stability of the society. If the publication fund were put into the hands of a purely medical committee, this would obviate one great source of danger.

We are very far from undervaluing the services that have been done to homœopathy by the liberality and zeal of its non-professional adherents in this country. We have no doubt that their enthusiasm has awakened a much greater and more rapid public interest than would have been excited by the slow process of professional inoculation. All we wish to express is, that while non-professional persons can judge perfectly well of the value of the system as a whole, as evinced by its results, and while they are well entitled to advocate it as a system, that they transgress their bounds when they attempt to form an opinion of its internal organization. For that this requires a knowledge of minute facts, which none except those who devote all their time and attention to the subject can possibly acquire. A person may form, upon general principles derived from general results, a correct and independent opinion of the character of a system of banking, but it would be the height of presumption for one who had not himself minutely examined the ledger of a bank to give his opinion as the proper way of conducting its affairs.

The argument employed by the distinguished W. Menzel, in Germany, and so often repeated in this country—that as the

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Reformation was effected by appeals to the people, so should the reform in medicine—involves an obvious fallacy. It overlooks this distinction, that the premises of religious discussion are derived, from or subject to, individual consciousness, and their truth or falseness may be decided by every man for himself without external evidences at all, while all science is built upon facts of observation, and the knowledge and capacity to estimate these facts is required for forming a judgment upon deductions from them.

Besides the numerous dispensaries, of which we shall speak directly, there is a homœopathic hospital in London, situated in Hanover-square, and capable of affording accommodation for about thirty patients. It is supported by voluntary contributions. When first opened, and until last year, patients were admitted on the order of a subscriber for a certain amount, or by paying so much per month, but latterly patients have been received gratuitously.

DISPENSARIES.

We do not deem it expedient to give a detailed account of all the dispensaries which now exist in different parts of this country; we shall merely point out the different principles on which they are established, which may give useful hints to those who propose adding to the number. There are, as far as we know, only three plans on which homœopathic dispensaries have been supported. The first is, that common in London: it consists in getting persons to subscribe to the institution, and giving subscribers the right to recommend a given number of patients. By this means the number of applicants for relief is limited, but a great number of the opulent class are interested in the success of the establishment.

The dispensary of this kind most numerously attended is the one connected with the "London Homœopathic Medical Institution." The total number of admissions from October, 1839, to December, 1844, that is, five years, is 3657, or a little more than 700 annually.

Another plan of establishing a dispensary is, getting unconditional subscriptions for the institution, and throwing it open to all who like to apply. On this principle the Edin-

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burgh, Liverpool, and Manchester dispensaries are conducted, and it is found to answer very well.

The number of patients admitted at the Edinburgh Dispensary from 1841 to 1844, (that is, three years,) was 6545, giving an annual average of more than 2000. The expense of the establishment is about £50 a year. Every person who applies for advice at this dispensary gets a ticket, on which his name and number is written on one side, and on the other, rules for diet, and directions for taking the medicines, with blanks, which are filled up by the physician according to the specialities of each case. On being examined by the physician his case is written down, and on his return he presents his card to the porter, who looks out the case corresponding to it, and arranges it along with the others in the physicians' room. New and old patients are seen in different rooms, and all the cases are arranged alphabetically in three divisions, of one for men, another for women, and the third for children. This method of conducting the dispensary has been found to answer perfectly, and it is very well suited to a city where there is a medical school, for, from the great number of patients who attend it, students desirous of acquiring a knowledge of the system have ample opportunity of doing so. A considerable number of homœopathic practitioners in this country have obtained their first instructions at this establishment.

The third and only remaining plan we have to mention is, that of self-supporting dispensaries. At these the patients pay a small quarterly sum for treatment and medicines. This plan has been found to answer very well in districts where there is a tolerably opulent lower class, not sufficiently rich to pay the physician's fees, and yet able to afford something for their treatment. There are several advantages connected with it. First, there is a greater value attached by patients to their treatment, and they are more regular in their attendance, and more obedient to the regulations, than when the advice, &c., are entirely gratuitous; secondly, it affords a legitimate source for raising funds for a more extensive establishment. We understand that at Newcastle, where this way of conducting a dispensary has been pursued for some years, a sufficient surplus is now obtained to warrant the physician taking into

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consideration the propriety of establishing an hospital on the same footing. We shall heartily rejoice in seeing this design accomplished. These occur to us as the chief advantages of self-supporting dispensaries. On the other hand there are several drawbacks to them in some places, on which we do not require to enlarge.

All we would recommend to those who are going to set a dispensary on foot is, to be guided by the prevailing habits of the place, and not to be discouraged although little progress is made at first, for we are quite certain that a homœopathic dispensary, energetically conducted on any principle, will succeed wherever it may be opened.

There is no doubt but a very great impulse has been given to the diffusion of homœopathy by the many dispensaries now scattered over the country, and for the most part numerously attended. It seems to us, however, that considering the ample field of experience these establishments afford, that we have not yet succeeded in deriving the full benefit from them they are calculated to give. There are many questions in homœopathy which can only be settled by induction from a large accumulation of observations. The application of the numerical method has done much for pathology, and we do not see why we might not employ it for our advantage. To enable us to do so, we should require to have a large series of accurately detailed cases. Now, if in those dispensaries where, from the smallness of the numbers attending, the physicians have leisure to detail the cases, something like a uniform plan existed of keeping the records, in a few years we should have a great mass of facts on which we might then generalize with some hopes of arriving at yet undiscovered principles.

This brief and hasty retrospect of the recent progress of homœopathy is full of encouragement to all who are interested either in its scientific development, or its diffusion as a practical art. We feel confident that the many experienced physicians who have lately adopted it will not consider that they have done all that is required of them, by simply making a public avowal of their principles, but will use the same exertions to advance the system of their adoption, as they would have employed to acquire an honourable name in

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that in which they were educated. We confidently expect a much larger number of contributions to this journal from native practitioners, and it is partly in this confidence that we have considerably enlarged its size. We are well aware of the difficulties that obstruct the literary exertions of practical physicians, the absorption of mind in their professional duties, the harassing and endless interruptions they are subjected to, and the many other causes which stand in the way of their devoting a sufficient portion of their time to such labours. But we would remind them of the example and the words of Hahnemann: "In a well-regulated life a man can accomplish much—yes, incredibly much good, both for himself and others." No great amount of time is required for recording their experience; and well-recorded experience, in the present state of homœopathy, will always be read with avidity, and cannot fail to be of practical utility. We would strenuously recommend a somewhat more exact and scientific style of detailing cases than has yet characterized the writings of homœopathists in this country. Although the old school of medicine seems, for the present, to disdain making use of our exertions for the improvement of therapeutics, that is no reason why we should not avail ourselves of their labours in the other branches of the science of medicine. It is with this view that we propose, in future, to devote some of our space to papers upon pathology and diagnosis, and we shall be very happy to receive contributions in these departments.

While we thus anticipate greater assistance from our fellow practitioners, it would be ungrateful of us not to acknowledge the aid we have already received. We need not enumerate those whose names have appeared with the articles they have contributed, but we would record our thanks to those who have assisted us in the irksome task of translation; and more especially would we mention the aid we have received from Dr. Irvine of Leeds, whose zeal in this important work seems never to abate; also to Dr. Walker of Manchester; and to Dr. Dudgeon of London, whose exertions for the journal have been so

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unwearied and so valuable, that we have secured them for the future on a more permanent footing than hitherto, as he has agreed to share with us the editorial labours and responsibilities. We feel sure that this change will be approved of by all who take an interest in the welfare of this periodical, when they have an opportunity of forming an opinion of Dr. Dudgeon's singular fitness for the task.

NEURALGIA.

Read on the 4th of September, 1845, before the British Homœopathic Society,

By Dr. Quin, the President,

Physician to His Majesty Leopold King of the Belgians, and to Her Royal Highness the Duchess of Cambridge.

Within the wide range of diseases to which, under the inscrutable dispensations of Providence, the human frame is exposed, there is no one class attended with sufferings of so intense and intolerable a nature as those known under the generic appellation of neuralgic. There is no species of disorder, the attacks of which are more sudden or more capricious, exhibiting themselves, as these attacks do, at one time in a remittent—at another time, in an intermittent form; sometimes periodically, at other times at irregular intervals; and although the symptoms of these complaints are well marked, and of a character seldom to be mistaken by the medical practitioner, there is perhaps no class of diseases the nature of which is enveloped in more entire obscurity, or with respect to which medical knowledge is more at fault—no class, certainly, in the treatment of which the resources of art have encountered more frequent or more signal failures.

This want of success, which has so often followed all attempts at treatment of this most afflicting complaint, may be the result of a variety of causes. It is evident, from the very few and contradictory data hitherto supplied in reference to

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Neuralgia, that various imaginary ideas, respecting its true nature and origin, have been adopted by different medical practitioners. From this arbitrary assumption of knowledge, either of the cause or nature of the pain, and from the treatment being directed to this assumed cause or nature, (both one and the other most probably existing in the imagination of the practitioner, and not in the body of the patient,) has manifestly resulted the greater portion of those failures to which I have alluded. But there are other, and very obvious reasons for them. Among the principal of these are the very frequent absence of any structural change, or evidence of any lesion, apparent during life, in most of the patients attacked, and the impossibility of detecting in the dead body (sectio cadaveris) any such organic change, or lesion, as might afford a satisfactory explanation of the cause or nature of the disease. The few and isolated cases in which inflammation of, or disease in, the immediate vicinity of the parts which were affected by pain during life, or in which an unnatural bony growth, or a thickening of the internal tables of the cranium, have been detected, afford no correct criterion for coming to a definite decision on the subject; for, in the first place, in the great majority of cases of this disorder, no such inflammation, neighbouring disease, unnatural bony protuberance, or thickening, has been found; and, in the second place, the latter appearances occur in disorders of a totally different nature and character, and cannot, therefore, be assumed, with any certainty, as exhibiting the original cause of Neuralgia. This bony growth and internal thickening of the cranium, for instance, has been long known to exist in the heads of patients who have been insane for a number of years, and to increase as they grow older; and yet, neither during their lives, nor even shortly previous to their death, has any approach whatever to Tic douloureux been observed in them.

But there are other causes equally likely to have led to the want of success which has, unfortunately, hitherto so often attended the treatment of Tic douloureux. In many cases it is evidently the result of want of proper attention to the immense varieties of pain which exist, differing totally in their seat, character, and description, and to one or more

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medicines, or modes of treatment, being indiscriminately prescribed for all.

Again, it may be the result of the great and undue panegyrics which have been so lavishly heaped upon some one medicine, or upon some particular plan of treatment, which has been found of service in one, or, perhaps, in a few individual cases, but which has afterwards been unhappily ascertained to be utterly ineffectual in all others.

But in addition to the special causes which I have given above, there are yet others even of a more obvious nature than those already detailed. The suddenness and capriciousness of the attacks—the absence often of any apparent exciting cause for their coming on, and the violence and shortness of the paroxysms, leaving the patient, as they do in most cases, entirely free from pain in the intervals, as well as, almost invariably, in a complete and perfect state of health between the attacks—are all so many unusual facts connected with Neuralgia, as make it impossible to lay down any general mode of treatment, such as may be prescribed in other complaints exhibiting less strange, anomalous, and contradictory phenomena. The absence, too, in numerous cases of Tic douloureux, of febrile or inflammatory action, (even during the worst attacks,) is another most remarkable circumstance, for although the pulse may occasionally rise in volume and strength, it seldom does so in frequency; whereas, on the other hand, it generally falls, and becomes weak and slow, and frequently intermitting even during the most violent pain, as if the patient were under the influence of some powerful sedative.

Finally, the extreme violence and obstinacy of the disease, and the natural impatience of the physician, in his eagerness to afford relief, to run from one remedy to another, and of the patient to run from one mode of treatment to another, must all be looked upon as so many great and predisposing reasons for the impuissance of medicine in a disease of this description, and for the almost total ignorance, even of the most eminent practitioners, of any special rules under which its attacks may be ranked, or of any general plan of treatment in accordance with which they may be dealt.

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These too frequent unsuccessful results are in no respect confined to the Allopathic mode of treating this disease—failures no less entire and complete have followed every other system of medicine which has been adopted, and it is but just to add here, that Homœopathy is very far from being exempt from the reproach of frequent failures. But it may with truth be observed, that the Homœopathic method of treatment holds out hopes of relief and permanent benefit which no other, hitherto prescribed, can hope to do, from the great and minute study of all the various effects of different remedies which is so important a characteristic of this system, and from the deep and accurate investigation into the different characters and varieties of pain necessarily imposed by the study of its primary laws and ordinances. I hope to be able to make this apparent before the close of this paper.

It is to Chaussier that we owe the term Neuralgia—from νεῦρον, nerve, and ἄλγος, pain. It was first applied by him in his "Table Synoptique des Nevralgies," (published at Paris in 1822,) to denote pain running along the track of a nerve. The term Neuralgia has since been universally adopted to designate every sort of pain, (unattended with, or not caused by, inflammation, and unaccompanied by redness or swelling of the part affected,) which affects the nervous fibre in general. A specific denomination is added to mark the seat or course of the pain, according to the nerve or organ attacked. Thus we have Neuralgia facialis, Neuralgia frontalis, Neuralgia suborbitalis, maxillaris, intercostalis, cubito digitalis, lumbalis, plantaris, Neuralgia mammæ, &c., the epithet denoting the nerve or part immediately affected. A variety of other painful nervous affections known under other names are strictly neuralgic diseases, such as Cephalalgia, Clavus Hystericus, Otalgia, Gastralgia, Sciatica, and an infinity of others too numerous to notice in a paper of this description.

Thus, Neuralgia may exist in any part of the body, or in any organ where there is a nerve, a branch of a nerve, or a plexus of nerves, the same as inflammation may arise in any part or organ where there are blood vessels.

I have stated above that one of the chief distinctive marks of Neuralgia is the absence of inflammation. By this I must

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not be understood to say, that inflammation may not arise out of, or be produced by, Neuralgia, or that it may not, on the other hand, cause Neuralgia. What I mean to affirm is, that inflammation is not an *essential* attribute of this disease, but that the pain in neuralgic cases is, strictly speaking, an affection of the nerve itself, not necessarily connected with any inflammatory action, though inflammation may, possibly, be its concomitant, and though the disease itself may, in other distinctive cases, not unfrequently owe its origin to an inflammatory agency or process in the immediate neighbourhood of the part affected, or in the sheath of the nerve itself.

It is generally observed that the superficial or subcutaneous nerves are more frequently the seat of Neuralgia than those which are more deeply seated. The reason seems evident; namely, because they are more exposed to, and more easily acted upon, by external and organic causes; and because their sensitiveness is thereby much increased. The same remark with respect to the general seat of Neuralgia holds good in those nerves more immediately in contact with the brain and spinal chord.

The exciting causes of Neuralgia are—cold, debility, distension of a nerve from mechanical causes producing irritation, such as induration, tubercles, ganglion, exostosis, tumour, or foreign bodies on the track of a nerve, splinter of a bone, laceration of a nerve, contusions, wounds, uterine disturbance, cerebral and spinal disease, scirrhous tumours, repulsion of cutaneous eruptions, and suddenly suppressed Hœmorrhages.

The predisposing causes are—a highly irritable and exciteable nervous temperament, gouty and rheumatic diathesis, occupations, which necessitate exposure to cold and wet, and the vicissitudes of the weather, and residence in low, damp, and marshy situations.

Of the different Neuralgiæ to which I have alluded, I am desirous in the present paper to direct your attention more exclusively to that particular division which have their origin and seat in the cerebral nerves; and particularly those nerves which extend their ramifications over the face. To this species of Neuralgia, more usually known under the name of

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Tic douloureux, a variety of other names have been given by different authors in different countries. Cotugno, of Naples, in 1764, called it Prosopalgia, which name is still applied to it by the Italian physicians. In England, Fothergill gave it the name of Dolor crucians faciei,—painful affection of the face; and Darwin, that of Hemicrania idiopathica. In Germany, Rahn and Sauter termed it Gesichtschmerz. It was designated Trismus arthriticus, Trismus dolorificus, by Sauvages, and Neuralgia spasmodica, Affectus spasmodico-convulsivus labiorum by others. Pujol called it "Maladie de la Face." André, who first directed the attention of the medical world more immediately to this disease, gave it the name of Tic douloureux, under which name it is, at the present day, generally known all over the world.

The term Tic, is used by the French to denote a convulsive motion or twitching of the muscles of the face—involuntary in its character—sometimes acquired by a habit which often grows beyond control, and sometimes the result of disease, as in local Chorea. These convulsive motions are unaccompanied by pain, whereas Neuralgia is rather pain, unaccompanied by convulsive motions. It is true some authors who have written on this disease have described the muscles of the face as being in a state of convulsion during the paroxysm; and the term Tic douloureux, Neuralgia spasmodica, Affectus spasmodico-convulsivus labiorum, Trismus dolorificus, &c., would imply that such is the case. This, however, is far from being in accordance with my own experience. During a paroxysm of Neuralgia facialis, even in the most violent cases which have come under my notice, the muscles are entirely quiescent, at least as far as involuntary spasmodic action, or convulsive movements of the muscles, are concerned. In fact, I have only present to my recollection one case of this disease in which involuntary convulsive twitchings were present, and this was a case of Neuralgia, complicated with Chorea, in a nervous hysterical young girl; and to the latter disease, and not to the Neuralgia, are attributable the spasmodic movements. It is true that the extreme violence and sudden aggression of the pain causes the unfortunate sufferer to twist and screw up the muscles in the immediate neighbourhood of

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the seat of the pain, during the duration of the paroxysm; but this is entirely a voluntary action on the part of the patient, done in the hope of mitigating the intensity of the pain, or, as it were, to deprecate the continuance of the agony by giving way to, or shrinking from, the attack; but by no means a convulsive or involuntary contraction or motion of the muscles.

In the same manner, after the paroxysm is over, the muscles of the face, on the side affected, retain or assume a rigid form, as in tonic spasm. This rigidity is also a voluntary action, adopted by the patient partly in the dread of exciting another paroxysm by attempting the slightest motion of the muscular fibres proximate to the seat of the pain, and partly from the aching and stiffness which sometimes follow the attack, and the state of contortion into which the muscles were drawn by the patient during the paroxysm. Gradually, however, this appearance of rigidity subsides as the patient becomes confident that the paroxysm is entirely over, and not likely to recur for some time, and that the muscles may, in the interval, be moved with impunity. I have dwelt rather at more length than might appear necessary upon these circumstances, but I have done so because I consider them to be essential diagnostic symptoms of the disease, and most important in a practical point of view with respect to the Homœopathic treatment, that is to say, in the choice of the appropriate remedies.

It is not unusual to hear it remarked that Tic douloureux is a disease of very recent origin, and that it has greatly increased in frequency of late years. It is quite possible that the latter observation may be true, and that Neuralgic affections are upon the increase, like other nervous disorders, from the progress of intellectual cultivation and mental excitement pervading all classes, and the consequent increased susceptibility of the whole nervous system to morbific causes. They also may have become more frequent on account of the baneful effects produced upon the teeth, and bones superficially situated, as well as upon the nervous system, and the constitution in general, by over doses, and long continuance of mercurial preparations, and subsequent exposure

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to cold. The late Dr. Baillie, a great authority on all pathological matters, was of opinion that Tic douloureux was upon the increase. It is probable, however, that the greater attention which has been paid to this disease in latter times, and the closer observation and more minute description of its characteristic phenomena which have been made, together with the more careful collection of various cases of Tic douloureux, have caused the idea to prevail that the increase in the disease is much greater than it actually is. With respect to its being of recent origin, there is abundant proof that, although this disease was not distinctly brought under the notice of the medical world till Cotugno, André, and Fothergill described it fully, and directed the attention of the profession to it, cases of Neuralgia were not unfrequently met with—even in remoter ages.

In 1736, Degner described a most interesting case of Neuralgia. Stobelberger, Ludwig, and Hoffmann, have also detailed cases of this disease. Indeed, as early as the year 160, Galen would seem to have known this painful affection of the nerves of the face, for he thus expresses himself:—"Spasmus accidit in membro, sicut tortura nervi venientis labiis et mandibulis et naso; progrediuntur a pari tertio nervorum cerebri: alias progrediuntur a parte interiori cerebri." Again, previously even to this, Aretæus, a physician of Cappadocia, who practised in Rome about a hundred years after the birth of Christ, in his work on the Causes, Signs, and Method of Treating Acute and Chronic Diseases, (Book 1, Chap. 2,) says,—"Dolor modo est in toto capite, modo in dextrâ magis, modo in sinistra, modo circa frontem, aut sinciput: hæcque eodem die incerto et erratice fieri solent. Quidam dextrâ tantum parte dolent, quidam læva; qua tempus, vel auris, vel supercilium unum, vel oculus ad medium usque terminatur,—vel qua nasus in æquas partes dividit: ultra quem terminum dolor non progreditur, dimidium tantum capitis occupans." Nay, even as far back as thirty years after the birth of Christ, Celsus appears not to have been ignorant of the existence of Neuralgia in the nerves of the face. In the 2nd Chap. of his 4th Book, he says—"Hique omnes dolores modo cum febre, modo sine hac sunt; modo in toto capite, modo in

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parte; interdum sic, ut oris quoque proximam partem excrucient."

The preceding quotations leave little doubt that, in remote ages, physicians had opportunities of observing and treating neuralgic affections, although these diseases had not been divided into a class apart, nor so minutely described, nor so intimately and carefully studied, as in modern times.

It was not, however, till 1756, when André, a surgeon of Versailles, published his researches and observations on Tic douloureux, that the true character of this disease became known. Fothergill, Sauvages, Thouret, and Andry followed. Numbers of isolated cases of Tic douloureux, and valuable papers treating of the same subject, appeared in various medical journals, both at home and abroad; but it is to Pujol that we owe the first monography of this disease, published in 1787, entitled "Essai sur la maladie de la face nommée le Tic douloureux."

I have already observed that pain, unaccompanied by inflammation, is the essential characteristic of Neuralgia. It is almost impossible to describe all the varieties and shades of pain, which are found in Tic douloureux; but as these varieties and shades are most important in a practical point of view to the Homœopathic practitioner, I shall endeavour to detail, at least, the more characteristic, prominent, and frequent of them. Sometimes the pains are acute, excruciating, sharp, sudden, jerking, dragging, plunging, tugging, darting, piercing, tearing, pricking, lancinating, burning, lacerating, cutting or stabbing, generally moving with the rapidity of lightning or like electric shocks; at times, radiating in every direction to the extreme, and various ramifications of a nerve; at other times only following the track of one or two branches of a nerve; sometimes extending upwards, at other times downwards; sometimes inwards, at other times outwards; whilst sometimes the pains are dull, heavy, pressing, gnawing, boring, obtuse, like the pressure of a blunt instrument.

These pains are generally periodical, unaccompanied by swelling or redness of the parts affected. They, for the most part, come and cease without the least warning, or, as has been before observed, like a flash of lightning or electric spark;—at

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other times, however, they are preceded by rigor, heat, perspiration, and a copious flow of clear pale urine. Another characteristic symptom is, that whilst the slightest touch or motion of the part affected will often provoke a violent paroxysm, strong pressure, or hard friction, may be resorted to without exciting the pain; nay, these means often relieve it, when it is present. The attacks sometimes last a few minutes, and are composed of a few paroxysms; at other times, they last hours, days, and weeks, nay, months, giving only a few seconds' release between each paroxysm. They are often excited by the slightest causes, at times, returning by mere force of habit; at other times, by the mere association of ideas. I have often seen them suddenly roused by a simple inquiry, respecting the state of the patient in his presence. Sometimes they are preceded by itching or irritation of the part about to be the seat of the paroxysm; and occasionally, by a false perception of a disagreeable smell. The pain is never continuous, happily, for it is so excruciating and atrocious, that reason could not survive a long continuance of it. In most cases, the paroxysm once over, the patient remains without the slightest sensation of pain till the next paroxysm comes on.

The most frequent seat of Tic douloureux is the fifth pair of nerves and its various branches, and minute ramifications. It also attacks the Portio dura of the seventh pair, although, since the discoveries of Sir Charles Bell and Shaw, many physiologists deny that these nerves can become the seat of Tic douloureux. I confess my experience contradicts this, for I have had several cases of most violent Tic douloureux, where there was no possible means of explaining the seat and course of the pains, but by attributing the disease to a Neuralgic affection of the Pes anserina. I shall have occasion hereafter to speak of these cases, in proof of the above opinion. The zygomatic process is often the seat from which the pain seems to radiate through the ramifications of the Pes anserina. I never remember to have met with a case where both sides of the face have been affected at the same time, in the same individual, but I have often witnessed the attacks pass from one side to the other.

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Women, according to Hufeland, Descot, and other writers on Tic douloureux, are more subject to Neuralgic affections than men; whilst Thouret maintains, on the contrary, that the latter are more subject to Neuralgia than women, in the proportion of two-thirds to one-third. The period of life when one is most subject to this disease, is between the ages of 30 and 60. Fothergill, out of eighteen cases, had not one under 40 years old. I have had opportunities of seeing Tic douloureux in patients varying in age from 19 to 75 years.

With respect to the nature of Tic douloureux, pathological physiology has not been more successful in arriving at a correct knowledge of its essence than in other neuralgic affections. The attempts of Martinet, Descot, and other physiologists, to explain the pain of Neuralgia by attributing it to inflammation of the nerve, or to a thickening of the neurilema, does not meet the difficulty. Vaidy also maintains that all Neuralgiæ depend upon an inflammation of the nervous tissues. It is true, some few attacks of Tic douloureux may, possibly, be accounted for by one or other of these causes; but even here the inflammation and thickening, above referred to, are to be considered as exciting causes of the disease, and not as the disease itself. Another opinion has been put forward by Dr. Trevor, of New York, which is deserving of attention. He attributes Neuralgia to inflammation of the Periosteum of the bones over which the nerves, involved in this disease, are distributed. Several cases have come under my observation strongly corroborating this opinion, but by far the greater number of cases remain unexplained.

Pathological anatomists have not been able, by the most minute dissection, to detect or clear up the mystery of Neuralgic affections; for, although many morbid changes have occasionally been found in the nerves themselves, and in their immediate vicinity, no light has been thrown upon the periodicity and other phenomena of Tic douloureux. The theory of a nervous fluid passing through the nerves, and accumulating in the part of the nerve, which is the seat of irritation, (a theory supported by Sydenham, Boerhaave, Cuvier, and others,) requires more evidence than has yet been brought forward by the modern French pathologist, M. Roche, before

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it can be adopted by the practical physician as a solution of the difficulty.

Touching the diagnosis of Tic douloureux, there are few diseases with which it can be confounded. I may briefly mention Hemicrania, Odontagia, Rheumatalgia and Nevritis. The short quick paroxysms, the absence of all evidence of inflammation or swelling, the direction and ramification of the pain following the course of one or more nerves, the periodical return of the pain, its tendency rather to diminish than increase, under strong pressure, all distinguish it from any other disease.

With respect to the prognosis, cases of Tic douloureux rarely if ever have a fatal termination. They have been said to end in apoplexy and insanity, but I have never seen any such termination, and I suspect that this has occurred more from the violent remedies employed to subdue the complaint, (such as opiates and other narcotics, prussic acid, &c.) than from the disease extending from the nerve to the brain. The fact is, there is generally little or no change in the general health, except, the great exhaustion and digestive derangement produced by the acuteness and intensity of the pain, and the long standing of the disease; indeed the suffering is so excruciating, and the moral prostration frequently so great, that the unfortunate patient often prays, in vain, for death to relieve him from his agony.

In reference to the treatment employed in the Allopathic school, I need merely state, that there is hardly a stimulant, a tonic, an evacuant, a derivative, a narcotic, an anti-spasmodic, or an absorbent, which has not been employed occasionally with success in isolated cases, but generally with little or no benefit, and often with decided detriment. A disease so violent and so sudden in its attacks, and so obstinate and refractory to the ordinary modes of treatment employed against it, naturally emboldens physicians to employ the most violent and active remedies to subdue it. It is not, therefore, a matter of wonder that the constitutions of the patients have suffered severely in the attempts made to relieve their pains. Externally, leeches, electricity, galvanism, setons, cauterization, moxas, acupuncture, division of the nerves,—all have been tried, with

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occasional benefit; the latter means has, in some rare cases, effected a radical cure; but the numerous cases of failure of the operation (five and six different operations having frequently been performed without success on the same individual) has brought division of the nerves into disrepute. It is clear that in those cases where the affection arises from cerebral disease, from a bony deposit near to the brain, from sympathy with uterine irritation, the operation of dividing the nerve can be of no service whatever; and even in cases of thickening of the Zygomatic process, or superior maxillary bone near the nose, or of exostosis of the alveolar process, although relief may be obtained by division of the nerve, all the violent and painful symptoms may recur by its subsequent reunion.

To the study of a disease of this painful nature—one in which life is embittered and rendered a burthen, by the intensity of the suffering, as well as by the obstinacy of the complaint—one, moreover, in which so little relief has been afforded by the Allopathic method of treatment, (and that little so often produced by means the most injurious,) it especially behoves the Homœopathic practitioner, incipient as well as experienced, to apply himself with all the diligence, and with all the perseverance he may be able to command. It is a study, moreover, than which (merely in a professional point of view) no other is likely to be attended with results at once so gratifying to the practitioner himself, as well as so important to the patient under his care. To the one, it may be the means of administering relief under sufferings heretofore, we may almost say, defying any permanent benefit from medical skill; to the other, the foundation of a reputation at once the rarest and most difficult to be obtained, that of having been the first to determine the true nature of phenomena, which, up to the present period, would seem to have baffled the most persevering attempts at elucidation. Again, it opens to the incipient Homœopathic practitioner, a fair field for testing the effects of Homœopathic remedies in the treatment of a disease seldom or never accompanied by danger, because no risk to human life can be incurred in attempts to relieve the pains of Neuralgia by such means.

It was this consideration—which early in my Homœopathic

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career (now some twenty years ago,) before I had sufficient confidence in my knowledge of, and experience in, Hahnemann's doctrines and practice, to undertake the Homœopathic treatment of acute diseases, where life was, or might become, endangered during the course of the treatment—that induced me to make choice of neuralgic diseases to test the powers of Homœopathic remedies, in infinitesimal quantities, and thereby increase my means of combating pain and removing disease. I thus gradually gained a knowledge of these interesting and painful affections, as well as increased experience in the action and power of various Homœopathic remedies to grapple with the disease, relieve the patient, and, I am happy to add, often to restore him to perfect health. It is the desire to communicate this knowledge, and the results of this experience to you, gentlemen, which has influenced me in the choice of Neuralgia for the subject of the paper which I have now the honour to read before you; and I trust, in return, to profit in the discussion which will follow, from the lights which your practice and experience will enable you to throw on the treatment of these painful diseases. Before I detail a few of a number of cases of Neuralgia which have come under my observation, it may not be unuseful to enumerate the different remedies which I have employed and found most beneficial in combating its various, capricious, and painful symptoms. I shall, at the same time, add a few practical observations and instructions, respecting the circumstances under which I conceive some of the various remedies may be employed with more advantage than others. These observations must naturally be of a somewhat vague character, the indications which induce the choice of one medicine in preference to another being more clear and defined in describing the treatment of individual cases than when laying down general rules.

The medicines employed by me are as follow:—*Arsenicum, Belladonna, Chamomilla, Bryonia, Pulsatilla, Spigelia, Aconitum, Verbascum Thapsus, Cannabis, Veratrum, Stannum, Aurum, Capsicum, Hepar Sulphuris, Tinctura Sulphuris, Ignatia, Nux Vomica, Coffea, Oleander Nerium, Baryta, Causticum, Mezereum, Dulcamara, Sarsaparilla, Natrum Muriaticum, Calcarea Carbonica, Lycopodium, Sepia, Phos-*

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phorus, Graphites, China, Arnica, Ruta, Staphysagria, Kali, Conium, Colocynthis, Anacardium, Colchicum, Mercurius Solubilis, Acidum Nitricum, and ***Assafœtida.***

The mode of treatment, and the selection of the remedies, must naturally vary according to the etiology of the disease, and to the variety and distinct characters of the pains, for no one medicine can prove specific for all the different species of attacks. Indeed, when the variety of the different pains, of the different causes of Neuralgia, and of the different constitutions of the patients, is taken into consideration, it is not so surprising, as it would appear at first sight, that so many different medicines are required to combat these diseases in their various forms, seats, and phases. No disorder of the human frame necessitates a closer and more minute investigation of the manner in which the different patients who are attacked by it are affected. It is to the neglect, as I have in a former part of this paper already remarked, of this minute examination of the various symptoms which occur in each distinct case, and in each distinct attack, that are attributable many of the failures. In fine, it is only by individualizing each separate case of Tic douloureux, each separate attack, and, I might even almost add, each separate paroxysm, that any just hopes of producing favourable results can be entertained. The remedy which succeeds even beyond one's most sanguine expectations in one case, entirely fails in a hundred others, nay, is often totally useless in the treatment of a return of apparently the same attack in the same individual. By a strict examination of our patients' symptoms, we shall find that some essential modification or change of the symptoms has taken place, or that some other cause is in operation, or that some combination or sympathy with a disorder in some other, perhaps remote, organ, is at work, making the case one of an entirely new character, as far as analogy, or Homœopathicity with the pathogenetic effects of the lately successful remedy, is concerned. Thus the fault lies not in the medicine, but in the administrator prescribing it mal-apropos. A careful investigation of the state of the disorder will often lead to the choice of one or more other remedies equally Homœopathic to the new form in which the Neuralgia appears, and, consequently, equally be-

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neficial in this, as the former medicine was in the previous, attack.

The length to which this paper has already reached, and the advanced hour of the evening, will preclude my now entering at full on several essential diagnostic symptoms of importance, in directing the choice of the remedies, but, on another occasion, this deficiency in the paper will be filled up. I may, however, mention at present, that among the medicines which I have enumerated above,

Arsenicum and *China* are chiefly indicated where there is a marked and regular periodical type in the paroxysms, and the former medicine more particularly when the character of the pains is burning and darting, sometimes described by the patient as like hot needles thrust rapidly and suddenly along the course of the nerve.

Aconite, Belladonna, and *Bryonia,* are more especially useful where there is reason to suspect the existence of inflammatory action in the immediate neighbourhood of the Neuralgia.

Aconite, Sepia, Ferrum, and *Arnica,* where congestion of the neighbouring vessels or organs exists.

Belladonna, Pulsatilla, Arsenicum, Baryta, Chamomilla, and *Sulphur,* in cases of Neuralgia arising in scrofulous habits.

When from morbid sympathy of the digestive organs, *Nux Vomica, Pulsatilla, Bryonia, Chamomilla,* and *Ipecacuanha.*

When arising from, or connected with, worms, *Cina, Spigelia, Ferrum, Stannum,* and *Sulphur.*

When with disorder of the uterine system, *Pulsatilla, Cannabis, Ignatia, Veratrum,* and *Thuja.*

When resulting from the abuse of mercury, *Dulcamara, Pulsatilla, Belladonna, Hepar Sulphuris, Aurum, Mezereum,* and *Sarsaparilla.*

When arising from inflammation of the periosteum in the vicinity of the nerves affected with Neuralgic pain, *Aconite, Belladonna, Arsenicum, Aurum, Silicea.*

When the results of wounds, lacerations, or contusions, *Arnica, Rhus,* and *Aconite.*

In suspicion of remains of old syphilitic affections, *Mer-*

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curius Solubilis, Mercurius Corrosivus, Thuja, Acid: Nitricum, Sulphur, Belladonna, and *Pulsatilla.*

When thickening of a bone or exostosis is suspected, *Aurum, Silicea, Assafœtida, Mezereum,* and *Acidum Nitricum.*

When arising from or connected with rheumatism, *Bryonia, Rhus, Pulsatilla, Aconite, Dulcamara,* and *Nux Vomica.*

When accompanied by coryza and purulent discharge from the nose, not an unfrequent concomitant and alternating symptom of some very severe species of Tic douloureux, *Aurum, Arsenic, Chamomilla, Nux Vomica,* and *Silicea.*

When the Neuralgia is seated in the Pes anserina, and extends horizontally towards the ear, *Spigelia* may often be employed with advantage.

As palliatives during the constant recurrence of frequent paroxysms, *Aconite, Coffea, Chamomilla, Opium,* and *Ipeca cuanha,* and the *Mineral Magnet.*

In persons who have been in the habit of taking much strong coffee and green tea, *Nux Vomica, Chamomilla, Camphor,* and *Ignatia.*

When Neuralgia occurs in patients suffering from extreme debility, *Ferrum* and *China.*

I may briefly here remark, that in the great majority of cases which have come under my care, I have employed principally the higher attenuations, (certainly of all the heroic remedies,) and that I have only descended to the lower attenuations when I found the susceptibility of the patient very obtuse, and not easily affected by medicine. Sometimes, on the other hand, I have found the susceptibility of the patient so exquisitely acute, that I have not dared to repeat some of the medicines in the usual high attenuations, nor in any lower ones, so great and so severe was the aggravation of the symptoms each time, after the exhibition of the medicine. Under these circumstances I have carried the dilution of these medicines to the 40th attenuation before administering it, and amelioration of the pains has quickly followed without any or very little intermediate aggravation. I shall have a future opportunity of stating the precise attenuation I have used of each medicine in each case,

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and shall, moreover, not fail to mention the cases in, and the circumstances under, which the very high attenuations mentioned above were employed.

In conclusion I may add, that among the various cases which I have had an opportunity of treating, many have resisted all my efforts to cure them; but in nearly all, the treatment adopted has succeeded in assuaging the pain, lessening its duration, lengthening the intervals between the attacks, and permanently diminishing the number of paroxysms, whilst it has at the same time rendered the patient less susceptible of being influenced by causes which, before the Homœopathic treatment, used invariably to bring on the attacks. In many cases, however, I am happy to state, that the most favourable results have followed the Homœopathic treatment of this complaint. A complete and permanent cure has been effected, and I have had opportunities of seeing many of the patients several years after their recovery, and have learnt from them, that no return of the disease had taken place in the interim. In a few cases no effect whatever was obtained under the action of the medicines prescribed by me. Whether more fortunate results would have ensued in some of these latter cases, had the patients had perseverance to pursue the treatment longer, and fortitude to keep strictly to the diet and regimen prescribed, I cannot say; but in some of these unfortunate cases last alluded to, ample time was given, and every facility afforded to me, besides a most rigid adherence to regimen, on the part of the patient; however, notwithstanding all these favourable circumstances, no satisfactory results followed the treatment, except, indeed, an improvement of the general health, which had become injured by the various treatments, and by the many years' suffering the patient had undergone before having recourse to Homœopathy; and even here the general health might have been benefited by the diet alone, or by the absence of all other medicines rather than by the aid of the Homœopathic remedies prescribed by me. I trust, however, that the foregoing observations, and the details of the following cases will make it manifest, that greater and more permanent good is to be obtained in a far greater number of cases of this cruel complaint, by Homœo-

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pathic treatment, than by any other method hitherto adopted for the cure of Neuralgia.

I now proceed to specify some of the individual cases which have come under my observation and treatment.

Mr. R. W., aged 47, has suffered from Tic douloureux for upwards of 11 years; had been subject to Epilepsy for a number of years previous to the first attack of Tic douloureux. At first, the epileptic fits came on every six or eight months, they afterwards became more frequent and more severe, occurring every six or seven weeks, with occasional fits of a less violent character in the intervals. After a variety of remedies had been tried without benefit, a continuous course of mercurial and antimonial preparations was persisted in for three years, after which the epileptic fits entirely disappeared, and have never since recurred, but their cessation was immediately followed by attacks of Tic douloureux, the first of which occurred whilst washing in the morning; the second, whilst the patient was blowing his nose. The pain invariably began in the nerves of the nose, and after a few seconds suddenly extended to the forehead, where it became most violent and excruciating. The forehead was almost always the chief seat of pain. Shortly after the first appearance of the disease, he underwent considerable mental exertion, which evidently aggravated the complaint: accordingly the pains grew worse and worse—the paroxysms became more severe and much more frequent. He was seldom for more than ten minutes together free from an attack, which left him in a state of great exhaustion. When the paroxysm came on, it seemed as if all the nerves over the left eyebrow were drawn by strings in a horizontal direction backwards and forwards with the rapidity of lightning. Colchicum and Arsenic were prescribed internally, and Veratria and Aconitine ointment externally. The former medicines relieved the pain for a few days, but after that time they not only lost their efficacy, but made him considerably worse. The Veratria also did more harm than good. The Aconitine produced a temporary deadness of the nerve over which it was applied, but the pain only passed to some other part, and finally it took refuge in the roof of the mouth, where it was secure from the pursuit of the Aconitine ointment. No plan of counter-irritation—of which many were tried—succeeded. The most severe experiment of this sort was made with the Hydriodate of mercury, which speedily destroyed the skin, and produced a sore, but gave not the slightest relief. Quinine, antipyretic powder, and all the different preparations

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of iron, proved all more injurious than beneficial, except that for one whole week whilst taking the antipyretic powder he was free from pain, but at the end of that time it returned with increased violence. Disheartened by these failures, his medical attendants were induced to suspend all treatment, and to recommend change of air and attention to his general health, which had suffered much from the numerous attempts to relieve the pain. He removed to a warmer climate during the winter months, and reaped considerable benefit from the change, but still had frequent violent returns of the pain. On returning to London in the following spring his disorder resumed all its original violence. Morphia was then had recourse to, which, certainly, for a short time, gave ease, and produced sleep at night, but it confined the bowels so much that Colocynth and Calomel were obliged to be taken every day, and a black dose every other day. This treatment was so far from giving any permanent or essential relief, that, after persisting in it for some time, it was abandoned, and he was again recommended to change the air and go to a more genial climate.

He then applied to a Homœopathic practitioner, who prescribed Belladonna, with some benefit, and, after a time, Sulphur. These two remedies were persisted in for some weeks, after which, the pains continuing as violent as ever, he abandoned Homœopathy, and had again recourse to calomel and sedative and narcotic plaisters, applied to the painful parts during the summer months, without any relief.

He was now recommended to take the Carlsbad waters. The pain was greatly increased during the first three weeks, it then altered in character, became less severe, and felt less like a spasm, but was deeper seated and of longer duration, lasting each time a little more than an hour. He had about eight of these attacks in the course of a day. After taking the waters for about six weeks, the pains were much mitigated in every way. Towards the end of the course, a quantity of black bile was discharged. However, shortly before he left off drinking the Carlsbad waters the pains returned nearly as violent and as frequent as ever. Prussic acid was now tried, but under its action the pains became so extremely violent, that it was very soon abandoned. One remarkable change, however, occurred, after the Carlsbad waters, namely, the horizontal pains in the forehead entirely ceased, and since that time the direction of the pains has been chiefly vertical. The upper lip and the roof of the mouth became the principal

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points from which the violent attacks took their origin, extending in an upward direction, and so sensitive were the upper lip and roof of the mouth, that he often could not speak, and dreaded his meals as a time of inevitable torture. After the first paroxysm was over he generally could manage to eat the rest of his meal in tolerable comfort, but sometimes the attacks returned several times during the meal. A course of tonics was then tried, but this did harm instead of good. For two years a very rigid system of diet, with the use of shower baths, was adopted. He was clothed from top to toe in flannel, and he abstained from all medicine. The Tic douloureux became slightly mitigated under this regime, but a violent relapse occurring from exposure to cold, the disease again returned with all its original violence. Nitrate of Silver was then prescribed with temporary benefit. Ice was eaten, amounting in quantity to half a pound or more, during the day, and Carbonic Acid swallowed frequently, and various other medicines were taken and setons inserted, without any marked or permanent beneficial result.

During the whole of this period the disorder fluctuated much, it was generally better in warm weather, and worse in cold,but never, under even the most favourable circumstances, left him quite free from pain or the dread of an immediate return of a paroxysm. The foregoing history of the case was written down in the words of the patient and, of his relatives, who had been constantly with him during the many years he had been so great an invalid.

On his first applying to me, I examined minutely the direction of the various pains, and found that they followed the course of a number of the branches and minute ramifications of the first and second divisions of the fifth pair of nerves, as I conceive will be apparent from the following description of his state at the time I commenced his treatment.

The left side of the scalp, just above the sagittal suture, is exquisitely sensitive. Brushing the hair, or even touching one or two isolated hairs, however gently, brings on a severe paroxysm of pain. The slightest touch of the left eyebrow, or drawing the finger softly along it, provokes the most violent and repeated pangs, in the direction of the superciliary nerve, and in the forehead at the root of the nose, and round the left eye and towards the temple, like burning needles. At times the pain flashes across the cheek,

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along the superior maxillary nerve and infra-orbital branch. At other times it descends, like several sharp and sudden stabs, into the upper lip, where the slightest touch of the edge of the lip, or even the act of opening the mouth, causes a succession of numerous, rapid, and severe pains along several descending branches of the superior maxiliary nerve. Sometimes the sensitiveness and irritability are seated along the left side of the nose, in a line reaching from the inner canthus of the eye, down by the angle of the mouth towards the chin, involving the nasal nerve in its descending branches towards the mouth. It is worthy of remark, that, when this vertical pain increases to a regular paroxysm in the direction just described, the pains are tearing, lacerating, and dragging; but when the pain extends from the side of the nose across the face towards the ear, the pains are of a burning violent character. Sometimes the pain is confined to the left nostril, and does not extend beyond it, which cannot be touched, however slightly, without causing most acute sparks, as it were, of pain. The place, however, where the paroxysms are most violent, and the pain most intolerable at present, is the roof of the palate, just behind the front teeth. When the tongue touches the palate, the affected part seems as if a red-hot iron was applied to its surface, and as if red-hot needles were passing in rapid succession through the palate in an upward direction, causing the most acute agony among some of the twigs of the palato-maxillary nerve. The dread of the pain keeps him silent, as the slightest attempt at speaking brings on a violent spasm; he is obliged to communicate with his friends and relatives by signs and by writing. The first attempt to eat or swallow is attended with the most acute agony, and invariably brings on a severe paroxysm, but after this he is generally able to continue his meal and to speak in the intervals between eating. At other times the pains recur at every mouthful, and at every attempt to chew; he is much emaciated, and greatly depressed in spirits—the countenance pale and yellow, and showing much distress; bowels regular, appetite slight, much troubled with flatulence—frequent eructations, which sometimes prevent a paroxysm, which he knows is coming on from repeated momentary dartings of pain at short intervals.

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Sometimes, however, the act of eructation brings on violent paroxysms—tongue very foul; the papillæ of the apex and of the sides much raised, and very red—pulse slow and feeble, and slightly intermittent; complains of great thirst and sensation of dryness and heat, amounting to a feeling of burning in the tongue, mouth, fauces, and oesophagus.

He attributes this last attack, or relapse, which has now lasted in its most violent form for upwards of five months, to having been, during a long time, exposed to cold and to much continuous mental anxiety and exertion. Before this attack came on, the stomach and other digestive organs were in excellent order, but have gradually become deranged as the pains increased in violence and frequency.

The foregoing symptoms, and particularly an acute paroxysm being produced by touching or brushing the hair—the violent pain in the forehead immediately above the root of the nose, and round the orbit, as if hot needles were darting to and fro—the tearing, dragging, darting, burning, lacerating character of the pain, and the sensation of burning hot needles being thrust upwards into the palate, are all strongly indicative of *Arsenic*, the pathogenetic effects of which bear the greatest analogy to the symptoms of the patient, and it will be seen that I depended chiefly upon this medicine, at least recurred to it most frequently during the treatment. Many of the symptoms also indicated *Belladonna* and *Tinctura Sulphuris*, but in a minor degree than *Arsenic;* and to the absence of this medicine I attribute, in a great measure, the failure of the treatment of the former Homœopathic practitioner to whom my patient applied. *Verbascum Thapsus*, *Aconitum*, *Coffea*, and *Chamomilla*, were also indicated and afterwards employed with advantage during the course of treatment.

Such was the state of this patient when I commenced his treatment on the 27th April, and for the reason just assigned, I prescribed as follows:—

℞ Tinct. Arsenici, (attenuationis,) X. globulos ij.
Pulveris Sacchari Lactis, grs. vi. M.
Fiat Pulvis. Powder to be taken at bedtime. (*a*)

(*a*) Vide Pharmacopœia Homœopathica, page 28 et 29.

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℞ Tinct. Arsenici, X. gl. ij.
Aquæ Puræ, ℥ iv. Fiat Mistura.

One tablespoonful to be taken every four hours, commencing the first spoonful the following morning.

April 29th.—Exacerbation of all his symptoms came on in the evening of the 28th, and continues to-day; is unable to speak,—communicates his wishes by signs and by writing. Suffers most from the burning darting pains in the palate, which cause excruciating agony every time he attempts to masticate, or even open his mouth.

Suspend all medicine for three days.

May 1st.—Pains still very acute, but with occasional intervals of slight ease, during which he can sometimes manage to say a few words without bringing on a violent paroxysm. Pains not quite so acute when eating, but cannot move the jaw without producing a paroxysm, particularly in the palate:

℞ Tinct. Arsenici, X. gl. i.
Aquæ Puræ, ℥ v. Fiat solutio.

One tablespoonful to be taken every four hours.

May 4th.—After the fourth spoonful, the pains returned with redoubled violence—especially the burning sensations round the orbit and in the palate; unable to utter a word without bringing on the most violent paroxysms; his meals, which are very slight, are taken amidst the most acute and frequent attacks of pain. He felt so much worse after every spoonful of the Arsenical solution, that he was afraid to go on with it; discontinued it after taking seven spoonfuls.

Suspend all medicine for two days.

May 6th.—The pains and sensation of burning hot needles in the palate have entirely ceased, at least, during repose of the muscles near them; he is, however, able to speak without discomfort, but cannot chew, drink, or swallow without bringing on a paroxysm. The pains are now chiefly felt in the nose, face, and left eye, where they continue as violent as ever, but are considerably less frequent.

℞ Tinct. Arsenici, XIII. gl. ij.
Aquæ Puræ, ℥ iv.

One tablespoonful three times a day.

May 9th.—The pains in the palate and around the eye returned; the paroxysms succeeded one another every ten or fifteen minutes, even in repose of the parts affected, up till yesterday evening, when they gradually subsided. To-day, (9th) he can open his mouth, speak, chew, and swallow without producing any paroxysms in the

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palate; eye much better; sensation of hot burning needles around it has ceased. The thirst, dryness, burning sensation of mouth, throat, fauces and oesophagus no longer exist. The paroxysms are now confined to the nose, face, and forehead; the eye and palate being quite free; cannot touch or brush his hair without bringing on a paroxysm; but all the parts, formerly the seat of pain, feel very tender.

Suspend all medicine for three days.

May 12th.—Palate and eye continue free from pain; can speak and eat without bringing on a paroxysm. The left side of the nose is excessively sensitive, at times the slightest touch on the bridge excites the most violent paroxysms of darting, cutting, and stabbing pains; relieved by strong pressure on the left side of the nose; occasionally the bridge of the nose may be touched either slightly or roughly without exciting the slighest pain. When a paroxysm comes on, the pains in the nose spread to the infra-orbital and superciliary nerve, and last for several minutes; he is never half an hour free from pain; face much flushed; feels feverish; stomach and bowels much distended; night disturbed by great restlessness and general discomfort, which would have prevented his sleeping, even if the pains would have permitted it.

℞ Tinct. Aconiti, VIII. gl. ij.
Pulv. Sacchar. Lactis, gr. vi. M.
Fiat pulvis, marked No. 1, to be taken at bedtime.

℞ Tinct. Belladonnæ, X. gl. i.
Pulv. Sacchar. Lactis, gr. vi.
Fiat pulvis, No. 2, to be taken the following morning.

℞ Tinct. Belladonnæ, X. gl. ij.
Aquæ Puræ, ℥ iv. Fiat Solutio.
One tablespoonful to be taken every four hours.

May 15th.—After taking the Aconite, passed a better night, and felt less feverish. After the morning dose of Belladonna, paroxysms in the face, forehead, and nose, more frequent and more violent throughout the whole of that day and the next; pains darting, cutting, and stabbing; difficulty of speaking and chewing returned, but no pain in palate. Continued the solution regularly, though each spoonful seemed to make him worse, till he had taken the sixth, when the paroxysms began gradually to decrease; feels much better to-day; is less flushed, not so distended; eructations still bring on violent paroxysms; is afraid to eat, from the flatulency produced by every meal.

Suspend the medicine for three days.

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May 18th.—Says he has now considerable intervals of ease; more than he has experienced for several months; pain much diminished in the nose, but still severe in the cheek bone immediately under the eye; it is a hot, burning, heavy pain, shooting either towards the temple, or to the articulation of the inferior maxillary bone. Dyspeptic symptoms much improved; the pain no longer associated with, caused, or relieved by eructations; appetite better, is able to eat with but slight inconvenience, and to converse with his friends, with only occasional slight pains provoked by the movement necessary to speaking; entirely without pain in the palate.

Repeat Solutio Arsenicalis, XIII. gl. ij., in Aquæ ʒ vi.

A tablespoonful to be taken morning, noon, and night.

May 24th.—Has finished the solution of Arsenic, and been two days without any medicine; feels much better in every respect, and in every part of the face; the pains are less frequent, and much less violent when they do come, and are not excited by the same slight causes; says he is much better than he has been for the last two years, and determines upon leaving town to return home.

Continue Solutio Arsenicalis, XIII. gl. ij., ʒ iv. One tablespoonful to be taken night and morning; then no medicine for three days, after which Solutio Belladonnæ, X. gl. ij., ʒ iv., to be taken in the same manner.

The treatment was henceforth carried on by correspondence.

June 8th.—Improved gradually up to the 30th of May, when he unfortunately caught a severe cold, which brought back a number of his pains; has had much pain during the whole week; it has clung very much to the side of the nose, but has principally affected the eye, and the forehead above the eyebrow, and in the temple. The present seat and character of the pain is new to him, the intervals are few and short, in which pressure on any of those parts will not give pain, especially on the eye, which is so very sensitive, that closing or opening it, and even winking, is painful; it is now a glowing pain, which has fits of more or less intensity, and is easily provoked, as, for instance, by exposure to the air or wind, or by the motions of the muscles in speaking or eating. The pain has not returned to the roof of the mouth; a slow gradual improvement takes place each day towards evening; the cold in the head is very troublesome, coryza, severe cough, pulse and skin feverish, blowing his nose induces violent pains.

℞ Tinct. Aconiti, III. gl. ij.

Pulv. Sacchar. Lactis, grs. v. M.

Fiat pulvis, to be taken immediately on receipt of the letter.

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℞ Tinct. Chamomillæ, IV. gl. ij.
Pulv. Sacchar. Lactis, grs. v. M.
Fiat pulvis, to be taken at bedtime.
℞ Tinct. Nucis Vom., X. gl., ij.
Aquæ Puræ, ℥ vi. fiat solutio.

A tablespoonful to be taken three times a day, beginning the first spoonful the following morning; afterwards no medicine for three days, and then Solutio Arsenicalis, X. gl. ij., in Aquæ, ℥vi., to be taken in the same manner.

June 20th.—Whilst taking the three first medicines, cold gradually got well, but the pains of Neuralgia increased; had a succession of tearing paroxyms in the cheek which hardly allowed him any sleep; every minute and a half single violent darting pains followed one another, these gradually increased in frequency till a regular paroxysm of several hundred, in rapid succession. Under the Arsenicum these gradually diminished, and at the time of sending his report (he had been four days without medicine) the pains had entirely abated, except occasional, hardly painful, twitches, which he considered of no consequence. Repeat Solutio Arsenici, XIII. ij. gl., and Solutio Belladonnæ, X. 2 gl., each in Aquæ, ℥vi., a spoonful night and morning. These he continued to take alternate weeks, leaving an interval of three or four days between each medicine, till the 30th of July.

July 30th.—Writes that he continues in the same happy state of exemption from pain, and complains of nothing more than a feeling of languor in the morning.

Continue Solutio Arsenici et Solutio Belladonnæ as before.

August 25th.—Shortly after sending the last report, after exposure for some hours to the sun and east wind, quivering sensations in the upper lip, not quite amounting to pain, came on and continued to recur at different times for several days; in the morning, however, it amounts to a painful feeling of laceration, leaving a sensitiveness on the bridge of the nose, eyebrow, and eyelid—pressure on the side of the nose arrests the quivering. These sensations have been gradually leaving him for the last fortnight.

Continue Solutio Belladonnæ, Solutio Arsenici, as before.

September 20th.—The improvement continues, and is steadily progressive; is generally without any pain at all, except after excitement or fatigue, or when the stomach is deranged; the cheek bone is very sensitive if touched; otherwise quite well, as well as

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ever he was in his life; says he never was so long, and so much, free from Tic douloureux since he was first attacked.

Continue Solutio Arsenici, and Solutio Belladonnæ.

October 21*st.*—Has had no acute pain since last report, but the quivering sensation in the cheek and nostrils is very distressing, and keeps him in constant dread of a return of the paroxysms. The cheek is much less sensitive.

℞ Tinct. Aconiti, VIII., gl. ij.
Sacchar. Lactis, grs. vi. M.
Fiat pulv., No. 1, to be taken at bedtime.
℞ Hepatis Sulphuris, X. gl. i.
Sacchar. Lactis, gr. vi. M.
Fiat pulv., No. 2, to be taken the following morning.
℞ Hepat. Sulphuris, X. gl. ij.
Aquæ Puræ, ʒ vi. Fiat mistura.

A tablespoonful to be taken night and morning; when finished, to wait six days without medicine, and repeat the Solutio Hepat. Sulphuris, as before.

November 24th.—The quivering increased greatly during the first six days after commencing the last course of medicine, both in frequency and in intensity, amounting to severe dragging, lacerating pain; the left nostril, occasionally the upper lip, and always the cheek-bone, are the seats of the painful feeling of laceration, the pains extended to the articulation of the jaw-bone. These pains gradually began to diminish after the seventh day, and have now almost entirely disappeared; no pain, spasm, nor paroxysm, only an occasional fillip of quivering to remind him of the disease. The improvement has been so steadily progressive, and he has so much freedom from pain at a period of the year when he formerly used to suffer violently, that he feels in great spirits about his treatment.

Continue the Aconite and Solution of Hepar Sulphuris, as before.

December 18*th.*—After exposure to bleak, cold, foggy weather for several hours, for three or four days consecutively, the Neuralgic pains have returned, but not so violent by many degrees as they used to be when they came on at this season of the year, and from a similar cause. The point from which the pain radiates is the mouth, in the left side of the palate, and in the edge of the upper lip on the same side; it interferes with his power of speaking and eating, but does not oblige him to be silent as it did formerly, the burning, darting pains and paroxysms being much less frequent and severe. The pain seems to dart upwards, through

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the left nostril, to the forehead. The left eye is very sensitive, pains darting occasionally round it. There is a heavy, blunt, darting sensation in the left cheek-bone towards the ear, (Zygomatic process,) with occasional violent starts, radiating from the cheek-bone to the articulation of the inferior maxillary bone, to the left temple, and left frontal sinus, invariably produced by going into the cold air, or while in a draught; a sensation of expansion in the cheek-bone, very painful, and extending towards the ear.

℞ Tinct. Concentratæ Verbasci Thapsi, gutt, i.
Sacchar. Lactis, gr. viii.
Fiat pulvis. Mitte tales xii.

One to be taken every night and morning for six days; then to remain three days without medicine, and commence Solutio Arsenicalis, X. gl. ij., in Aquæ, ℥ viij., one spoonful night and morning.

Jan. 1*st.*—After commencing the first medicine, during the four first days, the heavy blunt pains on the cheek-bone were much increased; but they soon became more moderate, and changed their character to a glowing (hardly painful) sensation in the cheek, extending towards the temple, eyeball, and down to the upper lip. Whilst taking the latter medicine, the pain in the palate, upper lip, and nose, have almost entirely ceased, neither impeding his speaking, eating, nor enjoying himself. Says he never at any time, either in cold weather or hot, got rid of an attack so quickly, and so effectively as this.

Continue Tinct. Concent. Verbas. Thapsi, gutt, ss., every night for ten nights. Then wait six nights and commence Solutio Arsenici, in Aquæ, ℥ viii., one spoonful every night.

Feb. 16*th.*—Continues to be well satisfied with his state. The only thing he has to complain of is an occasional sensitiveness of the left nostril and left side of the lip, which, at long intervals, gives out a single darting up the nostril, and towards the cheek-bone. In every other respect is perfectly well. Says he would gladly compound never to be better, if he could be certain of never being worse.

Solutio Belladonnæ, X. gl. iij. in Aquæ, ℥ vi., one spoonful every night.

From this time the patient continued to take Arsenicum, Belladonna, and Hepar Sulphuris in solution, and Verbascum Thapsus, with occasional doses of Coffea, Chamomilla, and Aconitum, till the middle of May. During the months of February, March, and April, he reported that all the *violent* Neuralgic pains had entirely ceased, and the *minor* ones were at their minimum, whereas in all former years both were always at their maximum during these three cold months.

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He describes the only parts affected now, to be the cheek and forehead, and says that it is more a disagreeable glowing, hot sensation, than a painful one; it does not interfere with his speaking, eating, or sleeping, and even these sensations are usually very unfrequent, unless he is excited, or exposed to cold wind. He has caught cold several times without bringing on Tic douloureux, whereas, formerly, the Neuralgic pains were invariably produced by a cold.

In May, the patient visited me, and said that he considered himself all but cured, so little had he had reason lately to remember that he had been a martyr to Tic douloureux. I prescribed Solutio Hepat: Sulphuris X, to last fourteen days, and advised him to leave off all medicine after that, till he had a return of the Neuralgia. I heard nothing from him till

August 6th, when he reports as follows:—During the last four or five days the pain has been returning in single pangs in the upper lip, left nostril, and the eyelid, and a detachment is occasionally sent out from the main body to the temple. The pains were confined to single flashes till this morning, when he was awoke very early by disorder in his stomach, nausea, flatulence, and great general discomfort; the pangs of pain now began to succeed one another very rapidly till they ended in a severe paroxysm. Two more paroxysms came on before breakfast, but there have been none since—feels in great dread of a regular prolonged attack, unless it be promptly checked. He had been entirely without medicine from the 20th of May till the 6th August.

℞ Tinct. Ipecacuanhæ, 1 gl. ij.
Pulv. Sacchar. Lactis, gr. vi. M.

Fiat pulv., to be taken immediately on receipt of the letter.

℞ Tinct. Chamomillæ, iii. gl. ii.
Sacchar. Lactis, gr. vi. M.

Fiat pulv., to be taken four hours after the Ipecacuanhæ.

After which Solutio Arsenici X, and Solutio Belladonnæ X, in Aquæ ℥viii; a tablespoonful to be taken three times a day, allowing four days to elapse between the Arsenicum and Belladonnæ.

All the symptoms speedily yielded to the action of the medicines last prescribed, since which time, upwards of three years, I have not heard from or seen the patient, but I have learnt from some of his friends that he has been almost entirely free from Neuralgia, and that when he has—occasionally at very long intervals—felt a slight [illegible]ning, he has been able to master it himself by taking some of [illegible]mentioned medicines.

(Remainder in our next Number.)

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CASES OF TOTAL PLACENTAL PRESENTATIONS,

WITH OBSERVATIONS ON THE MANAGEMENT OF THIS COMPLICATION.

By D. Wielobycki, M.D., Edin.

If in Placental presentations, in which the placenta is planted upon the orifice of the uterus either partially or totally, one in every three of the mothers has perished in the practice of the best accoucheurs on record,(*a*) irrespective of the mortality of their infants; if Dr. R. Lee of London, has lost ten mothers out of thirteen, in cases of total placental presentation,(*b*)—a mortality *almost unsparing*, far greater than in cases of Lithotomy,(*c*) or of the deadly yellow fever of Gibraltar in 1828,(*d*) or of the malignant cholera(*e*) or of the Plague of Smyrna,(*f*) if nature in these extraordinary cases does less for the preservation of the individual than in almost any other class of diseases, the subject becomes one of paramount importance to all who may be called upon to practice the obstetric branch of our profession, and it is of the utmost consequence to lay down certain positive rules for the guidance of young practitioners, who must, at present, feel themselves left wholly at sea by the vagueness of the directions given in the books of highest authority in this department.

Hitherto the *evacuation of the liquor amnii* has not been in general trusted to with such confidence as *turning;* of the two, the latter operation alone, has been sanctioned by all the modern authors of repute, and Dr. Simpson, Professor of Midwifery, in the University of Edinburgh, on account of the enormous mortality among mothers, as stated above, and

(*a*) See *Churchill's Statistical Tables in his Theory and Practice of Midwifery.*

(*b*) See his *Clinical Midwifery*, 1842. London.

(*c*) The proportion being as one to eight, see *Lancet* Oct. 1844.

(*d*) The proportion being as one to four and a half, see *Louis's Researches* 1839. Boston.

(*e*) As one to three and a half, see *Med.-Chirur. Transac.* vol. xxvii.

(*f*) See *Vans Christian Clarke's Thesis on the History and Nature of the Plague*, 1842. Edinburgh.

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on account of the placenta having been in a number of cases, which he has collected, (*a*) spontaneously expelled before the child has proposed *artificial separation and extraction of the placenta before the birth of the child,* "where the *artificial evacuation* of the *liquor amnii* is insufficient to moderate the hemorrhage to a safe degree, and where forced delivery by *turning* is inapplicable, or extremely dangerous if adopted." (*b*) When I was acting as house surgeon in the Lying-in Hospital of this city, in 1842, and subsequently in 1843-44, numerous cases complicated with uterine hemorrhage before and during labour came under my notice, in which either *spontaneous* or *artificial* rupture of the membranes—the last, particularly, when the placenta presented partially—was sufficient to terminate the labour favourably. From the details of the following few cases of total or central placental presentations—that being alone the subject of this paper—out of 3176 cases attended by myself, the reader will find proofs, which of the two modes of practice, viz., *Turning or Evacuation of the liquor amnii by perforation of the Placenta,* is preferable, both as regards the life of the mother and that of the infant.

Case I.—Mrs. A. K., aged 32, wife of a sergeant in the regiment at Edinburgh castle, tall and slim, emaciated, with sallow countenance, and shrunk pointed features, consulted me in February, 1842, on account of being subject to flooding. She was not aware of any cause, and had several attacks of it within the last six weeks; she had been married six years ago, and had had many miscarriages, and had a cough for several winters. Is at present in her seventh month of pregnancy. With enforcement of necessary precautions, I recommended to her an intelligent midwife, then attending the hospital, to watch her, and let me know of the first attack of flooding that should take place. In a fortnight afterwards the midwife sent for me, as Mrs. K. had been flooding for two successive mornings, and the hemorrhage had now been most alarming. When seen first at six a.m. she was gasping for breath, tossing her arms and moaning. The surface of the body was ice-cold, pulse wiry, and scarcely perceptible, respiration quick,

(*a*) See the *London and Edinburgh Monthly Journal of Medical Science,* 1845.
Cit. p. 174.

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performed by the diaphragm, with a rattle in the throat. The few pains she had were very slight, and each was attended with the renewed gush of blood. She struggles, sighs, is drooping, sinks down, pants, and is completely prostrated from loss of blood. Her head was placed low. The os uteri was thick, flabby, and open to the extent of one inch in diameter; it was occupied by a fleshy immovable mass, which I perforated by a female catheter, and the liquor amnii having been gradually evacuated, the hemorrhage gradually ceased, the pulse became fuller, the pains increased, and by the assistance of artificial dilatation of the os uteri, she was safely delivered in about an hour and a quarter, of a *living* male infant, three pounds and a half in weight, and she recovered rapidly.

Case II.—Being sent for by a medical student at three a.m., the 25th of October, 1842, to see a poor woman, forty years of age, who was flooding, and fainted frequently, I found her very weak, with pale, haggard, anxious and weary countenance, pallid lips, sallow exhausted features, surface of skin cold, pulse feeble and quick, tongue dry and parched. She was in her sixth month of her seventh pregnancy; the soft placentary mass presented through the os internum, which was dilated to two inches in diameter, it was perforated with a catheter, and after the liquor amnii had been evacuated, the whole ovum was thrown off, after a few pains, into the pelvic cavity. Her recovery was good. The preparation, with the secundines, was placed in Dr. Simpson's Museum, on account of its being entire, and the funis coiled round the waist and neck of the fœtus, visible through the membranes.

Case III.—Elizabeth Brown, aged 19, lost her mother a few days ago of the fever, which was epidemic in Edinburgh, having complained herself of weakness, probably from fatigue and uterine hemorrhage, which lasted for several days, was sent by her medical attendant to the fever ward, in the Royal Infirmary, under the charge of Dr. Craigie, on the 19th of May, 1844. On admission she went through all the routines of that establishment, her head was shaved, &c., &c., and she was placed in an adjoining closet, as she was flooding. The poor young woman had a white soft skin, and was of a chlorotic appearance; she was in her eighth month of pregnancy, and felt very weak. The red discharge continued. Having had scarcely any pains indicative of labour, she was not examined until the second day of her admission, at noon, by a medical gentleman,

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who pronounced the case to be one of breech presentation, and that it would soon terminate favourably. But the general debility and exhaustion having increased rapidly, and the gentleman not having returned in the evening, as he had promised, Mr. G. W. Dickson, the clerk of the wards, came for me to ascertain what was the matter with his patient, as "she was flooding and retching to death," adding that he had put a towel into her vagina, which he thought would do her good. It was nearly midnight when I saw her first, her face was of the most death-like paleness, the eyes half open, phosphorescent, pupils contracted, a film of mucus spread over the cornea, especially the right one, which was cloudy, the pulse, at the wrist, had a remarkable throb, at times scarcely perceptible, the whole body cold and bloodless, like a stucco figure. She was powerless and fainting; the under jaw fallen; the respiration was deep, laborious, and gasping, the gasps occuring at longer intervals; she lay still, as if dozing; the expired air was cold; there was no sickness, but the countenance expressive of risus sardonicus. The pillows were immediately removed from beneath the head. The woman was swimming in bed in her own blood, the mass of which was evidently reduced to the lowest point that was compatible with life. The towel, intended to act as a plug, was lying completely saturated with blood, beside the coagula, in which the nates and the thighs were embedded. The os uteri scarcely open to an inch, soft, flabby, thin, like an old stretched cotton glove, with a hole in the palm; when touched first, it had contracted a little, but only for a few seconds. To the left iliac fossa a round soft mass of the size of the first phalanx of the thumb presented, a little higher up towards the right thigh two larger substances, with a deep fissure between them, were felt; to the symphysis pubis the finger went deep, without any hindrance. The pains altogether gone. Thus, the three lobes of the placenta being the presenting part with immediate danger, from unavoidable hemorrhage, which had put her already into a state of anemia and sinking, were the conditions most compulsory for the employment of very speedy and judicious means to save her life. The external passages, and the sinking state of the system, would not admit of turning, consequently, nothing but the evacuation of the liquor amnii was admissible. *Operation.*—The two clerks of the Infirmary, Mr. Dickson, Dr. Cameron, and the nurse were present. The patient was lying on her left side; with the index finger of my right hand, I proceeded upwards nearly two inches, in the space towards the

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symphysis pubes, alluded to above, and through the soft stringy structure of the placenta, I felt the resisting tough membranes, and perforated them, during a slight uterine contraction, by a common female catheter. There was abundance of the liquor amnii, and as it was discharging gradually the hemorrhage ceased, and the head came in contact with the point of the finger, through the perforated membranes. It had cleared the os uteri of the part which had presented originally, and had occupied it entirely in half an hour afterwards. The uterus resumed its contractile power, and continued so to the end. She asked for drink ; the pulse became firmer and steady, and she felt herself stronger. The gentlemen present examined her when the head was in the pelvic cavity, after the first stage of labour was over. The half-putrid fœtus, with exfoliated cuticle of the cheeks and abdomen, was born at half past two a.m., in second position. The placenta was extracted ; it was studded with white rough particles, marks of adhesive inflammation. It showed the spot in which it had been perforated, namely, two inches from the insertion of the funis, on its longer half, which was attached towards the symphysis pubes. The pressure of the fœtal head, from the uterine contraction, had torn the placental mass sideways, towards the right groin. The membranes were entire and tough. Exhausted and weak as she was, from the loss of blood, and the delay in its being checked, she had a slight attack of phlegmasia dolens in the left thigh, but her recovery has upon the whole been good. Over the middle of the tibia of the right leg, there was a large indolent greenish ulcer, of four years' standing, the size of the palm of a hand, peculiar to chlorotic persons, it healed up rapidly under the use of Arsen. 6., taken three times a day, and she left the Infirmary sooner than she ought to have done, as the time appointed for her marriage was fast approaching. I saw her several times afterwards in the Cowgate, and she was quite well.

Case IV.—On the 18th of June, 1844, a little before midnight, Dr. Dickson, now of Glasgow, requested me to visit a case of flooding. On entering the room, which was dark, his patient, Mrs. Alison Cuthbert, aged 38, recognised my voice, having attended her about nine months ago in the Fever Hospital, at the time of the epidemic. She was in the last month of her sixth pregnancy, and had flooded within the last seven weeks, five or six times, profusely with intervals. And this time, the hemorrhage has been alarming an hour ago, inducing oppression at the præcordia, dyspnœa, long sighing, and moaning alternately, with accelerated respiration, tossing,

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coughing, and retching; she fainted now, her pulse was feeble, intermittent, lips and extremities cold; the pains scarce and trifling. Two lobes of the placenta presented at the os uteri, which was neither thicker nor larger than usual; by the side of one of them, towards the symphysis pubis, the catheter was introduced. It is remarkable, that as soon as the placenta was perforated, and the liquor amnii began to ooze, no blood whatever was lost, the faintishness, and all the former feelings of exhaustion gone; the woman sat up in bed, asked for milk, and expressed herself, that she felt stronger, and would not be better for a day. Having had at the same time a case of my own to attend to, I left the gentleman with her, confidently assuring him that all would be over in a short time; and the next morning I received the gratifying intelligence, that a *living*, full-grown female infant was born in less than two hours afterwards. The mother did well, and made a rapid recovery. The full account of this case is contained in a thesis, written by Dr. Dickson, for his degree of M.D., 1845.

Case V.—Mrs. C., aged 25, residing three miles from Edinburgh; of a low slender make, dark sallow complexion, and very nervous and excitable; has been under my treatment for nearly a year, on account of a cough and palpitation of the heart, which she has had from her infancy. Married six years ago, miscarried seven times, twins the last, is emaciated, delicate. In the beginning of May, 1844, when only seven months' pregnant, after a long sleep in the morning, took a sharp pain in the hypogastrium, which was followed by a gush of blood, to the extent of a pint. Reaction took place, and she got up on the third, complaining for a few days of constant pain in the same spot of the lower abdomen, where the pain first seized her, of which she in time gradually got rid of, by care and attention. In three weeks afterwards she had another attack of hemorrhage, and twice more, during the latter four weeks of utero-gestation. The pain commenced at six in the morning, on the 20th June, 1844, with slight flooding, which was moderated successfully by a very intelligent midwife, then watching her. When I saw Mrs. C. at about half-past seven a.m. her pulse was 110—130, soft and weak, skin dry, hot; the bed-clothes were saturated with blood; she was restless and moaning, asking for cold drinks, and retching, with gushes of blood during each pain. The os uteri small, rigid, and close to it a soft lobulated mass presented. The fœtal pulsation was in the left supra-umbilical region, the placental bruit was extending more to the right inguinal. The pains

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were now gone, and the hemorrhage ceased. The extreme irritability of the patient, the tenderness of the external passages, the rigidity of the os internum, the position of the fœtus, the weak state of her constitution, broken down by miscarriages, &c. &c., and the extreme anxiety of her husband about his wife, and the life of the infant, would not admit of turning, or any other additional shock to the system. With a return of the pains, and the danger of further loss of blood I perforated the placenta and the membranes at about two o'clock p.m., to give escape to the liquor amnii, and by assisting the fœtus to pass through the artificial orifice made in the placenta, the labour terminated three hours afterwards, by the expulsion of a *living*, small, full-grown female infant, which is thriving very well. The lady recovered rapidly, her cough became moderate, she soon regained her strength, and is now pregnant again.

Case VI.—Mrs. Margaret Lees, aged 26, a tall, strong, plethoric woman, dark complexion, red cheeks; was attended by me in her second confinement about two years ago; is now advanced between eight and nine months in pregnancy, and within the last five weeks, though the whole time confined to her room, not knowing of any cause, had three attacks of severe active flooding, but was going on unexhausted, till this morning 31st January, 1845, and when seen at five o'clock, her face was pale, pulse fluttering, skin cold, was breathless, faintish, and began to retch; then cold perspiration broke out on the face, the whole body became cold, and she was in a complete syncope, though the quantity of blood lost was not large at all. The head was lowered, reaction took place, the feet became warmer. Perforation of the placenta as above, and assisting the labour by artificial dilatation of the os uteri, was followed in the presence of Dr. Dickson, of Glasgow, who was anxious to witness the delivery, by expulsion of a *living* male infant, in an hour and a half afterwards, and by a very good recovery.

Case VII.—Mrs. Gardner, aged 34, between sixth and seventh month of her fifth pregnancy, and attended by me twenty months ago, in her last confinement, had for more than three weeks almost a constant uterine hemorrhage; increased by movement, diminished at night, but accompanied at first with hoarseness, sneezing, stitches in both hypochondria, with catarrhal cough, occasional profuse night sweats, thirst, vomiting of mucus after cough, full bounding pulse, and rusty sputa, expectoration of yellow muco-purulent matter, with sonorous and sibilant rales, bronchophony, and dulness on percussion,

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below the left scapula. All the common symptons of bronchitis, followed by pneumonia, were removed by proper means, the details of which have nothing to do with the subject of this paper. But, though altogether better in eight days after my first visit, in every respect, the hemorrhage did not entirely cease, its continuance, and another gush of blood have added to the weakness of the patient, though she bore its loss well at the time of the inflammation. She was now examined; the os uteri plugged with coagula, which when removed, disclosed the nature of the presentation. She was visited by two other medical gentlemen, recommended to her by her friends, but poor as she was she objected to them, as they wanted to bleed her, to prevent the hemorrhage. I had then strongly enforced the strictest quietude in her house, and as the hemorrhage subsided, I desired them to let me know, should another attack take place. I saw her next morning, she had passed the night quietly, and expressed herself to be pretty well; her pulse was soft, quick, but steady; in fact, the whole system was in a tolerably normal condition; though she kept her bed, another violent attack of flooding took place, at four p.m., on the 8th of April, 1845. When seen soon after, she was very exhausted from the loss of blood. It is perhaps as well to state, that at this season of the year, a kind of influenza was prevalent in the town, attacking chiefly the lungs, and that pregnant females generally aborted or miscarried. My patient has endured its severity; and I believe would have gone to the full period of gestation, had the presentation not been of a peculiar kind, and the vital powers reduced to the lowest ebb, which demanded immediate delivery, and that was accomplished safely, by the same measures that were had recourse to in the above-mentioned cases. A hand and funis presented after the operation, they were tilted aside from the field of protrusion, and the head of the fœtus was directed by the left hand through the abdominal parietes of the mother, to follow the index of the right hand. A small male *living* infant, seen by my friend, Mr. M'Gregor, Surgeon, now of Belfast, was born in less than an hour. It lived nine weeks. The mother's recovery had been very good.

Case VIII.—Mrs. Sandilands, aged 40, of a stout, robust habit, attended by me two years ago in her tenth confinement; sent for me on the 20th of September, 1845, having been suddenly attacked with a very alarming flooding, which took place in the morning while standing quietly at the breakfast table. Had scarcely

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advanced six months. When I saw her first at one o'clock p.m., the os uteri was dilated to an inch, thin, rigid, occupied by a placental lobe, by the side of which, towards the symphysis pubis; I perforated the placental mass at four p.m., with a female catheter introduced into the sulcus, towards the left groin, (the placental souffle has been more extensive to the right,) and pressed steadily during the pains, against the expanded membranes, as the pains have been regular, and the loss of blood returned half an hour ago, in gushes followed by fainting. There was no farther hemorrhage after the perforation, and five subsequent pains were sufficient to expel a small female fœtus, which was *alive*. It cried imperfectly and survived but a few hours. The placenta was torn sideway about an inch and a half from the point of perforation. The mother recovered rapidly, in ten days I saw her out in the street.

Case IX.—Mrs. Macdonald, aged 23, in her second pregnancy, small in stature, fair complexion, dark eyes, red hair, and spare habit of body. Her period of pregnancy will be complete in a week or a fortnight; had flooded four times within the last eight weeks, and cannot assign any cause for it, the last time the hemorrhage commenced yesterday very early in the morning, and had been profuse: and when I saw her about six a.m., she complained of a constant gnawing pain at the hypogastrium, increased by movement and coughing. The os uteri was oblong, transversely, and open to an inch. The cervix rather long, and tapering upwards. and a smooth lobulated surface presented higher up, the fœtal pulsation was most audible in the right supra-umbilical region, and the musical sound of the placental souffle across the hypogastrium, was most extensive to the left inguinal. Through the abdominal parietes, which were thin the cranium and the right shoulder could be felt distinctly. Rest in bed was enforced, the hemorrhage then subsided, and she has been well otherwise. At one o'clock this morning, Oct. 5th, 1845, I was summoned again, and found her weak; pulse 120—140—and skin cold. She had a few slight pains since my last visit, lost much blood, and was faintish. She s now restless, has continual dry retching, so as to alarm her friends. She is alarmed, moans constantly, and it is impossible to pacify her. The bed was soaked with blood, and a large quantity of coagula in the vagina, the os externum very rigid, the os internum more open than yesterday, and quite flabby, the soft surface of the presenting part is now in contact with it, the coagula were firmer towards the sacral and upper part of the vagina. During the three

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successive pains, three attempts were required to be made to perforate the membranes, on account of their thickness and unusual toughness, it was done at last, about two o'clock. From this moment she was quite composed, and the labour continued natural. A small quantity of liquor amnii escaped several times during the pains, and, to my astonishment, the head rested on the finger, and it came down in two hours afterwards, without any further loss of blood. It is remarkable, that as long as the placenta was felt between the head and uterine neck, to which the coagula were firmly attached, the dry retching continued ; but about three o'clock, the originally presenting part had receded, the head has expelled the coagula, alluded to before, and could be found presenting in the third position, and from this moment, the retching, anxiety, moaning, with all the above symptoms, disappeared. The labour advanced naturally, and terminated about four o'clock a.m. by expulsion in the second position of a large, *living*, full-grown male infant—its crying was more like the bleating of a goat. The enormous sized placenta was oblong, twelve inches long, seven broad.(*a*) The mother's recovery has been remarkably speedy and good.

Case X.—Mrs. M'L., aged 36, of thin, tough, emaciated habit of body, large sunken eyes, the face covered with dry scaly eruptions for six or seven months, for which she has not been under any treatment. Sent for me a fortnight ago, a discharge of blood having appeared the day previous, she being only in the sixth month of her ninth pregnancy. I attended this lady twice before, and nothing extraordinary occurred, and this time she felt no stirrage for ten days, her mammae were flabby, and abdomen sunk. With some

(*a*) On examining it, it was found that the fœtal portion of the Amnion and Chorion, from the point of perforation to the very edge of the placenta, had a zigzag irregular laceration to the extent of nearly four inches; that both edges of the lacerated membranes were separated from each other under an acute angle, so as to denude the subjacent portion of the placental mass, which was entire, but bloodless, paler, thinner, and harder than the rest. Around this blanched, whitish portion of the maternal surface of the placenta, about the size of the palm of the hand, a ring of coagulum remained attached. This portion became bloodless, probably from having been squeezed by the fœtal head in its passage through the os internum, or from its connexion with the uterus having been destroyed, as manifested by the repeated attacks of hæmorrhage, thus proving that there has been a circulation of *uterine* blood in the placenta, but it was destroyed upon its being separated, and that as the separation of the placenta was going on, the cavernous system of the uterine and placental vessels were all simultaneously pouring out their contents, but the calibre of the uterine vessels was diminished by uterine contraction, and that of the cavernous and placental vessels became plugged up by coagula, or obliterated by the establishment of the pressure from *within outwards*.

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short intervals, a discharge of *various* colours has continued ever since, and she got very weak. Slight pains took place yesterday morning, 18th October, 1845, with considerable loss of blood. On examination, the os uteri and the presenting part were soft, flabby, and imparted a cold pungent feel to the touch, it was open to an inch; proper means suppressed the hæmorrhage, but only for a few hours; though she kept her bed, it reappeared this morning with greater violence, and she fainted. Her system would not bear any further loss of blood. Perforation of the placenta and membranes, with artificial dilatation of the os internum, at four a.m., was followed in an hour and a half by expulsion of a doubled and completely putrid fœtus, the placenta was likewise putrid, and came away in pieces. She fainted again, but had a good recovery.

Another case of this kind is going on at present under my care. The placental bruit is more to the right hypogastrium, and the fœtal pulsation distinct to the left of the fundus. The woman is only in the seventh month of pregnancy, and has had two slight attacks of uterine hemorrhage.

REASONABLENESS OF EMPLOYING IDENTICAL MEASURES TO COMBAT THE BAD CONSEQUENCES FROM IDENTICAL CAUSES.

In partial placental presentation attended with most alarming hæmorrhage, I have seen that perforation alone of the membranes, by the side of the edge of the presenting portion of the placenta, proved always successful, and I cannot conceive, why the same treatment should not be applicable to both kinds of placental presentation? Is it absolutely necessary to multiply the means for removal of like effects proceeding from like causes? It is just to expose the danger from total placental presentation, because in the slightest detachment of the placenta, the chance of fatal hæmorrhage to the mother is greater than when the disunion of the organ is entirely complete;*(a)* but it is wrong to resort to turning, on all occasions, for, evacuation of the liquor amnii completely arrests the hæmorrhage, is sometimes sufficient to accomplish delivery by itself, (see case of Mrs. Cuthbert,) and with the assistance of the artificial dilation of the os uteri it is always the most successful and the safest

(a) Dr. Hamilton (Pract. Observ., 2nd edit., p. 314) says, that in one instance of *fatal* hemorrhage between seven and eight months of uteregestation, he found on dissection, that the "area of separated placenta was less than a square inch."

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treatment for the mother and to the infant—the presenting part of the latter acting as *a plug from within outwards along with the uterine contraction* is a most powerful compressor of the uterine and placental vessels, it presses on them and thus prevents the further loss of blood the more gradual is the escape of the liquor amnii—indeed, it is solely such a pressure as exerting *from within outwards*, and not from without inwards, that in the worst cases secures the life of the mother, and it is only by preserving the rest of the placenta (by perforating the membranes through it,) that the child's life can be saved.

PERFORATION PRACTICABLE.

Dr. Rigby, in his history of the practice adopted in Placental Presentation (System of Midwifery, 1844, p. 249,) says,—"Hence, therefore, in all cases of profuse hæmorrhage coming on before delivery, it was a general rule, if the case became at all dangerous, to turn the child," but, p. 259, he reprobates turning very strongly, saying,—"It is especially dangerous and impracticable in cases when the patient is some time short of her full time, and more especially if it be the patient's first child," (Rigby's Essay on Uterine Hemorrhage, p. 36.) and does not advise either from his own experience, or from the knowledge of the history "from the earliest times," any thing at all, except, perhaps, the plug, which he has deprecated at p. 94, and preferred to be superseded by a mixture of ergot, borax, and cinnamon; and though in his "system" he adduces many advocates for it, he believes (at p. 260,) however, and I am sure he has witnessed, that, "where the patient is too much reduced to undergo turning, there is a risk of dying during the operation." Now, what can a tyro say to all this?

Dr. Lee, (Op. Cit. p. 164.) positively asserts "the tampon or plug was not beneficial in any of them, and the ergot did positive injury." In Paul Portal's Work on accouchment, there is recorded case 39, in which the head burst its way through the placenta. Numerous cases of similar nature are found scattered through obstetric works, the same took place in Mrs. Cuthbert's case, but not till after the perforation.

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I do not see why we should neglect perforation entirely? Rigby's authority is great, and he confirms it (Op. Cit, p. 61.) Daventer in his Novum Lumen, &c., &c., 1733. Leyden, and Deleurye,*(a)* recommend the perforation by the finger or trocar. Baudelocque*(b)* speaks of it as useful, chiefly when the cervix does not permit of turning. It has been proposed again by the elder Ramsbotham,*(c)* and successfully employed by Gendrin,*(d)* but Rigby and Smellie*(e)* introduce the *whole hand(!)* through the perforated placenta, and turn the fœtus, and when they are afraid to come in contact with the point of the insertion of the funis, then they separate the placenta from the uterine parietes, and so on. All that does them much credit, but had they reflected for a moment on the consequences, they would have come to the conclusion that the passing of the hand through the substance was the safest of the two, as far more vessels are torn and far more injury is done to the mother, by forcing the hand along the side, and lacerating the uterine vessels, than when it makes its way through the very centre of the placenta, if it can be accomplished; the mother herself would be more satisfied if she were aware of what is the matter with her, to lose the child altogether, by destroying the placenta, which is not hers, than to endure the bad consequences from injuries done to the uterus, upon the soundness and totality of which depends her future life and health. Dewees's and Davis's objections against the piercing of the placenta *by the hand*, as used by Rigby and Smellie, are quite correct. Their contemporaries and followers remain confirmed in their opinion; none made any step farther regarding the treatment of these formidable cases, none have made any improvement in it at all, as if no opportunities offered themselves, or as if every one was quite successful to a wish, whereas, the above results prove to the contrary. These very results have frightened every student, and a young practitioner cannot trust to himself, on account of the vague and uncertain means hitherto employed. He often and unwillingly increases

(*a*) Traité des Accouchement, 1777. Paris. (*b*) Heath's Transl. vol. II, p. 38 (*c*) Practic. Observ., Part 2, p. 189. (*d*) Traité Philos. de Med. Pratique. Tom. 2, p. 548. (*e*) Case 8. N. 2. Collect. 35.

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the mortality; but he never can be at a loss if he conducts his case according to the rules laid down in this paper—his strict attention to them will assuredly be crowned with success.

I had intended concluding this paper by some observations on the different modes of treatment recommended in cases of placental presentation, especially that recently proposed by Dr. J. Simpson; but as he states that he is now engaged in the preparation of an extended essay, in which his opinions, and the facts they are grounded on, will be more fully and accurately stated than in his former papers, I think it advisable to postpone any remarks upon them till he has completed his present task.

OBSERVATIONS
ON THE PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF THE DIGITALIS PURPUREA.

By Francis Black, M.D., Edin.

The Digitalis Purpurea has long been employed in medicine, but has not, as yet, become so familiar to the Homœopathic practitioner as its virtues merit. This neglect arises, partly, no doubt, from this plant being prescribed in such large doses, for diseases of the heart and dropsy, in Allopathic practice, as to forbid its readministration in Homœopathic doses; and partly from the extensive and marked actions of this medicine being so little studied.

Great discrepancies exist among authors as to the action of Digitalis; some asserting that it directly depresses the heart's action, and others that it acts as a powerful stimulant. This variety of opinion, together with Hahnemann's pointed remarks thereon, led me to examine the observations of various writers; the information thereby gained appeared so satisfactory, as to induce me now to enter, not only on the special action of Digitalis on the circulating organs, but also

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on the whole pathogenesis of this plant. The plan pursued is:—*First*,—To give a detail of experiments illustrating the action of Digitalis on healthy persons; also, some symptoms derived from its administration in disease. *Second*,—From these observations to deduce its characteristic actions. *Third*,—To compare it with analogous medicines. *Fourth*,—To give a few remarks on its therapeutic applications.

In detailing the experiments with Digitalis, it is necessary to divide the writers into two classes; first, those whose observations are principally drawn from its action on the healthy body; second, those who report its effects principally from therapeutic application.

* Dr. Saunders, of Edinburgh, is, as far as I can learn, the first who attempted to ascertain the effects of Digitalis on healthy persons. His provers were frequently physicians and medical students. The mode in which these experiments were conducted may not to some appear very satisfactory; two or three met together, counted each other's pulses, and then took from 10 gtts. to 30 gtts. of the Tincture of Digitalis in a wine glassful of cold water, and the general result was, that these small doses increased the force and frequency of the pulse. (P. 194.)

Obs. 1.—In a discussion which took place in the Royal Medical Society of Edinburgh, several individuals doubted the experiments of Dr. Saunders. "One gentleman stated that he had made five experiments on himself, and in every one the result was contrary to the results of mine. Another stated that he had taken it repeatedly during these three years, and always found that the Digitalis diminished the force and frequency of his pulse. I replied that many mistakes might occur, but I had only one answer, that we should meet together and take a dose of the substance. Five of us retired to another apartment in the Society. Dr. John Gordon, President of the Society, counted the pulses, and administered the dose to each: the event was, that the pulses in four persons were immediately increased in force and frequency. The pulse of the gentleman who said that he had

* Treatise on Pulmonary Consumption, and Inquiry regarding the Medical properties of Foxglove. Edin. 1803.

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repeatedly taken it during these three years, was increased in number by 13 beats per minute. The pulse which was not increased is also easily explained; and is a proof of the necessity of attending to every particular. The gentleman had been keenly engaged in the debate; on returning from the hall of the society his pulse beat 116, and was rapidly diminishing in number, but a few drops of the tincture of Digitalis now given arrested instantly the diminution, and the pulse continued at 100. The gentleman who had made the five experiments I met next morning. He took 20 gtts. of Digitalis, which accelerated his pulse instantly, and at the end of an hour it was ten beats more than it was immediately before he swallowed the substance."

The following is Dr. Saunders's experience of this plant when taken by himself for some time :—

Obs. 2.—"To know what my pulse was in my usual state of health and manner of living, I kept a table of the number of pulsations, counted daily, for many weeks, before breakfast and before supper. In the morning, before I took any exercise, the pulse was uniformly 60, feeble; and at night, after sitting for about two hours, it was 56, feeble.

"I begun, 24th May, 1805, to take 15 gtts. Digitalis, in a wine glassful of water, night and morning. The first three days my pulse was about 70 in the morning, and 66 in the evening, during which time I felt myself uncommonly well, except I thought that I sometimes felt shifting pains in the heart.

"My daily reports after the 27th, on which I took 25 gtts,. are.:—May 28th: I passed a restless night, being hot and feverish, and the pain of the heart which I had been troubled with was more severe than ever this morning, and from the ensiform cartilage, upwards, my breast was sore to the touch. Pulse before breakfast, 76, and strong; in the evening about 70.

"29th.—I was harassed with tormina the preceding night after going to bed, which did not abate before three o'clock, a.m. I had a sense of weight in the head and uneasiness in the heart all day. Pulse as on the 28th.

"30th.—I slept but little during the night, and my mind had somewhat of that restless activity which I have expe-

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rienced after taking too much wine, but particularly after taking Tinct. Opii; pulse 80 in the morning, and 90 in the evening. During this day I took 50 gtts. of the Tinct. of Digitalis.

"31st.—I was very drowsy when I went to bed, but did not sleep soundly. I had a troublesome sense of weight in the head, which was relieved in the forenoon by an attack of epistaxis. I continued drowsy and incapable of study till the evening. Appetite still impaired; pulse nearly as that of last night. Gave up taking the Digitalis.

"June 1.—My head-ache still continued; slept during the night; appetite still impaired, and mind incapable of study; pulse nearly as on May 31st.

"On the 2nd there were still symptoms of disordered stomach, and slight head-ache; pulse 78 and pretty full. About the 9th the pulse returned to its usual standard." (P. 197.)

The inflated style, and rather loose manner, in which Dr. Saunders describes the results of his two thousand experiments, (?) and the remarks on medical subjects throughout his work,—as when he affirms "the names pneumonia and peri-pneumonia are only applied to the more rapid and violent species of phthisis," (p. 89,)—tended at first to excite in my mind great doubts as to the accuracy of his observations. But, after comparing his experiments with those of others, and considering the many well-known names given as attesting his observations, I now am induced, though still questioning the number of the experiments, to place confidence in the general results.

Obs. 3.—Mr. De Courcey Laffan* states that, in conjunction with Dr. Lee and others, he conducted numerous experiments with the Digitalis. The details of these he does not give, but the general result was, that Digitalis, taken by a person in health, raises and maintains, for a certain time, an increased force and frequency of the pulse.

That this action increases, but not in the direct ratio of the quantity of the medicine taken. That it in many instances

* Communication to Dr. Saunders from Mr. J. De Courcy Laffan, President of the Royal Philosophical Society of Edinburgh. (See Saunders Loc. Cit., p. 272.)

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produced a sedative effect, apparently greater than what could have been expected from the previous excitement.

The next observer is Dr. Hutchinson,* and his experiments, from their marked character, merit great attention.

Obs. 4.—"On the 2nd of February, at eight o'clock in the morning, I took sixty drops of the alcoholic Tincture of Digitalis, which is nearly equivalent to five grains of the powder of the dried leaves, (60 drops.) At two o'clock in the afternoon there was not any apparent effect; I took 60 drops more, (120 drops.) At eight o'clock at night I felt a slight heat of the skin and nausea. I experienced the painful feelings of hunger, and there was an increase of the salivary and urinary secretions. The pulse was 90, strong and full. The medicine had not produced any evident effect upon the heart. The brain did not appear affected, I took 60 drops of the tincture (180) at two o'clock in the morning. I had experienced during the evening a considerable degree of heat at the surface of the body, especially towards the head, nausea and a painful feeling at the stomach, analogous to hunger, although I had taken as much food as usual. My mouth was moist and thick. The quantity of urine excreted was much greater than the quantity of fluid drunk. The pulse was 100, strong and full; the action of the heart was more violent, and was more easily felt internally, and could be seen externally. There was an increased energy of the intellectual faculties; the imagination, particularly, was much more active than usual. (240.)

The 3rd February, at eight o'clock, a.m., the night had been very restless. The gentle sleep which I had several times was troubled by dreams, which were remarkable for excessive imagination. I had much thirst, nausea, and uneasiness at the stomach. The urine was very abundant; there was a slight fœcal evacuation. The tongue was covered with a white coat and slightly swollen, the pulse was 120, strong and hard. The action of the heart was

* I have been unable to find a report of Dr. Hutchinson's experiments in any English work, and have, therefore, translated them as given in Journ. des Progrès des Sciences Médicales. Vol. VI., 1821, p. 218.

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strong, and somewhat violent. Respirations 26 in the minute, but without any difficulty. The eyes were somewhat red, and more sensible than usual to the impression of light. I felt a slight pain and fulness in the frontal region. My intellectual faculties had undergone a slight change. I was in a state bordering on drunkenness. I took 60 drops of the Tincture of Digitalis (300,) the same day, at two o'clock, p.m. During the last two hours I vomited twice a large quantity of mucus. I felt much nausea, which was accompanied with a painful sensation at the stomach. I had several fluid stools, and after the last vomiting I felt a chill, which was followed by considerable heat and dryness of the surface of the body, to which succeeded slight pain of the inferior extremities, especially in the calves and knees. I felt somewhat weak, my pulse was 125, strong and wiry. The contractions of the heart were strong and violent, and accompanied with palpitations when I walked in my room. I took 60 drops of the tincture. (360.)

At eight o'clock, p.m., the symptoms were almost the same as those already described; the vomiting and shivering had not re-appeared. I took 60 drops (420) 4th February, eight o'clock, a.m. I slept during the night. I again felt great uneasiness at the stomach, and a very violent pain during the vomiting, which recurred frequently, and produced an evacuation of a large quantity of mucous matter.

I felt besides intestinal pains, and had several bilious stools; my tongue was covered with a yellow coating, and considerably swollen; my mouth was full of mucous; my urine was less abundant, and of a deep colour; my skin was a little hot, dry, and rough; the abdomen was strongly contracted upon the intestines, and was also very hot, dry, and rough to the touch; I experienced in my legs a feeling of great fatigue; my intellectual faculties were in a state bordering on delirium; my pulse was 150, small, hard, and wiry; the action of the heart was more feeble, and constantly accompanied with palpitations. I stopped the Digitalis.

The 5th February, twelve o'clock.—The last twenty-four hours passed amidst violent suffering, all the symptoms already mentioned were aggravated. I frequently felt shiverings, and

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my strength was extremely weakened; my pulse was 60, small and feeble, but regular; my intellectual faculties were in a state approaching stupor and delirium; one could observe, in a word, all the symptoms of a violent inflammation of the gastro-intestinal mucous membrane, as well as of the brain, resulting from the peculiar effects of the Digitalis. Dr. Cooper attended me on this occasion. Two weeks elapsed before it was possible for me to leave my bed, and nearly two months before my health was re-established. I shall not enter into all the details of this disease, as it did not differ essentially from what is usually called typhoid fever, with particular affection of the gastric viscera. I must, nevertheless, remark that the pulse was never less frequent than in the natural state, which was owing, doubtless, to the inflammation occasioned by the Digitalis, being a cause of excitement until its specific action had ceased. It was evident that I had employed the Digitalis too violently in this experiment, and that the inflammation which followed had been an obstacle to the accomplishment of the intentions in which I had made this trial.

"This is the reason that I determined to re-commence my researches with more precaution.

Obs. 5.—"On the 4th April, at twelve o'clock, I took ten drops of the Tincture of Digitalis, and repeated the dose every six hours. (40.)

The 15th.—There was no apparent effect; I continued as before. (80 gtt.)

The 16th.—No sensible result had yet taken place; I increased each of the four doses to fifteen drops. (140 gtt.)

The 17th.—I observed no very evident effect; I continued as on the evening before. (200 gtt.)

The 18th.—I felt a slight increase of appetite, and at times flushes of heat in the head. The pulse gave 80 pulsations per minute, after gentle exercise. I continued to take the same quantity of Digitalis as on the previous evening. (260 gtt.)

The 19th.—I was in the same state; I continued to take the same dose. (320 gtt.)

The 20th.—The effects were evidently less marked; each dose was increased to twenty-five drops. (420 gtt.)

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The 21st.—I experienced, at short intervals, a painful feeling of hunger; there was a slight increase of heat at the surface of the body, the pulse was 80 when I was at rest, but it rose to 85 or 90 when I had walked for a few minutes; the quantity of urine was increased, the skin was inclined to become moist, and the intellectual faculties a little more active. I continued to take the Digitalis at the same dose. (520 gtt.)

The 22d.—My situation was nearly the same; I continued the Digitalis as before. (620 gtt.)

The 23d.—The effects of the medicine appeared less evident; I took the same quantity of it. (720 gtt.)

The 24th.—I could scarcely perceive the effect of the Digitalis, were it not that I felt some uneasiness at the stomach after having taken a moderate quantity of the food I have already indicated as forming my diet during these experiments. I increased each dose to thirty-five drops. (860 gtt.)

The 25th.—The results were nearly the same as those of the 21st. I continued the same dose as the previous evening. (1000 gtt.)

The 26th.—The effects were the same, but more intense. The pulse gave 85 pulsations per minute, whether lying or sitting, and 90 to 95 when I had walked a little. The beating of the heart was stronger than usual. I continued to take the same dose of Digitalis (1140 gtt.)

The 27th.—Slight nausea, although there was a relish for food. The bowels were rather relaxed, and the urine was much more abundant. The pulse was 100, full and strong; the action of the heart was stronger than usual; the moisture of the skin had increased. I increased each dose to forty-five drops (1320 gtt.)

The 28th.—I was nearly in the same state, but my intellectual faculties were somewhat affected, and in the same way as if I had taken more wine than usual. I had, besides, passed a sleepless night, which had not, however, produced any moral depression. I continued the Tincture (1500 gtt.) The same day I suffered from a difficulty of digestion.

The 29th.—Last night was also sleepless, and I felt in no way disposed to sleep. This state resembled that in which I

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had been brought under the influence of mercury in other experiments. The functions of the stomach were considerably weakened. The intestinal evacuations were copious, and seemed to contain a good deal of bilious matter; the urine was more abundant and deeper in colour. I felt, at times, slight shiverings, which were followed by an increase in the heat of the skin. The pulse had fallen to 85, while I remained quiet, although it rose to about 100 after gentle exercise. The action of the heart was irregular, and appeared to have increased in force a short time after having taken the Digitalis, but soon after it approached nearer its natural state; I suffered a good deal from a dull pain in the head, and was unable to connect my ideas; I increased each dose to fifty-five drops (1720 gtt.)

The 30th.—I was nearly in the same state as last night; the pulse, however, was only 80; the dyspepsia and cephalalgia had increased. Last night I had had a little sleep, but disturbed by dreams; I felt my body weak and tired, and my intellectual faculties obscure and dull; I continued to take the same dose (1940 gtt.)

The 31st.—The pulse had fallen to 80 pulsations per minute, but it was strong and full. The force of the action of the heart was nearly natural, but its contractions were more brisk and rapid. I had a slight cough, which appeared sympathetic of the affection of the stomach. The listless state of the body and depression of the mind had increased; the latter was in a kind of stupidity. I increased each dose of the Tincture to seventy drops (2220 gtt.)

1st May.—I felt a good deal of nausea, of uneasiness and weight at the stomach. I had gentle intestinal evacuations, which were bilious and mucous. I felt no relish for food, and I suffered from indigestion when I took any. The urine was copious, and deposited a mucous sediment; the surface of the body was alternately hot and cold. The pulse gave 85 pulsations per minute; it was rather weak and irregular, especially after having taken exercise. The movements of the heart were more rapid, especially the systole; this organ appeared to dilate but slowly, and it experienced palpitations

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at each movement of the body. I felt again at this organ slight uneasiness, and at times cold sweats. I was extremely listless and weak; it was with difficulty that I could sleep, although I was at times in a state of stupor. The state of my intellectual faculties was such, that I decided upon suspending the employment of the Digitalis.

The 2d.—I was nearly in the same state as the previous evening.

The 3d.—On the whole, there was but a slight decrease of the symptoms, but the pulse had fallen to about 70, softer and fuller. The movements of the heart were a little more feeble, and it appeared to act with difficulty.

The 4th.—The pulse was softer and fuller; it gave 60 pulsations per minute, but it rose to 75 upon slight exercise. The action of the heart was less laboured, and its contractions more brisk; the nausea and painful sensation of the stomach were diminished; the dyspepsia was not so troublesome. There was constriction of the abdomen; the quantity of urine was lessened, but it was clear, and of a pale colour. I shivered at a temperature of 15° (Réaum.); the muscular debility was not so great, and there was less derangement of my intellectual faculties; I still, however, found it impossible to connect my thoughts.

The 5th.—The pulse was 50 to 65 when I remained quiet, but it rose to nearly its natural number when I used much exertion; still it was full, although soft and easily depressed. The painful sensation felt near the heart had disappeared, and its contractions were much slower, although they were a little weak and more irregular when I took exercise. The other functions approached the healthy state, although there was yet but little appetite, and a good deal of weakness. The pulse had never fallen below the degree just indicated, and nearly a week after it had resumed its natural rhythm. But the irregular action of the heart continued ten or twelve days an object of remark under the influence of the most trifling causes, or from the exercise of mind or body. About a month after I enjoyed my usual health.

Obs. 6.—The 12th of July I took twelve drops of the Tincture of Digitalis every eight hours, (36 gtt.)

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The 13th.—Sixteen drops every eight hours (84 gtt.)

The 14th.—Twenty drops every eight hours (144 gtt.)

The 15th.—Twenty-five drops every eight hours (219 gtt.)

The 16th.—The quantity of urine and saliva were increased. I felt at times fits of heat in the head, the pulse was 80, full and strong. I mention these symptoms as being the first evident effects of the Digitalis, but I shall not continue to detail the symptoms of excitement, because they do not differ from those I have already described in the last experiment, except in having been less violent. I continued the Digitalis, taking twenty-five drops of it every eight hours (295 gtt.)

The 17th.—Twenty-five drops every eight hours (369 gtt.)

The 18th.—Twenty-five drops every eight hours (444 gtt.)

The 19th.—Twenty-five drops every eight hours (519 gtt.)

The 20th.—The pulse gave 50 pulsations per minute. The action of the heart was remarkably violent. To avoid too minute details, the functions will form the principal subject of my observations in what remains to be described of this experiment, because they indicate more clearly the degree of action of the Digitalis, and of the other means that I have employed. I continued to take the same dose of Digitalis (584 gtt.)

The 21st.—I took thirty drops every eight hours (674 gtt.)

The 22nd.—I took thirty drops every eight hours (764 gtt.)

The 23rd.—The pulse was at 50 in the minute—the action of the heart was stronger than in the natural state. I continued the Digitalis in the doses (854 gtt.)

The 24th.—I took forty drops every eight hours (974 gtt.)

The 25th.—(1694 gtt.)

"The 26th.—The pulse was strong and full, it gave 46 pulsations in the minute, their shock was rapid, and they were separated by a considerable interval. The action of the heart was very violent, the general strength was very inconsiderable, without being, however, much diminished.

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This was the state of the pulse when the prover was at rest, on very slight exertion it rose to 70, and even 80, but became irregular and less full.

Dr. Jörg* founded a society for the purpose of testing the effects of medicine on healthy persons, by re-proving several medicines; among them was Digitalis. This medicine was administered, generally, in doses varying from a quarter to three grains, but unfortunately almost always combined with a few grains of Magnesia. I shall report three of the best marked experiments, and give an abstract of the others.

Obs. 7.—Siebenhaar, on the 9th August, eight, a.m., took half a gr. Pulv. Digit. with three gr. of Magnesia, in half an oz. of water. On the 10th, at eight, a.m., took three quarters of a gr. with three gr. of Magnesia. He experienced burning and scraping in the pharynx, followed at half-past eight by giddiness, sparkling before the eyes, double vision, and acceleration of the pulse. These symptoms entirely disappeared in half an hour. August 11, a.m., took one gr. of Digitalis with three gr. of Magnesia. The scraping in the throat was a constant symptom; sparks before the eyes and giddiness appeared about half past eight, and disappeared in half an hour. The pulse was a little quicker than usual; but after the effects of the medicine had passed away it became smaller and slower. The genital organs much excited, but no increase of urine.

13th August, eight, a.m., took one grain and a quarter, with Magnesia, as before. He immediately experienced scraping in the oesophagus, dizziness and sparks before the eyes, which did not last long; but the irritation of the genital organs was so very troublesome, as to induce him to suspend the medicine for a few days.

August 17th, eight, a.m.—Took one and a half gr. of Digitalis in half an oz. of water, but without Magnesia. It tasted more bitter than before, and produced scraping and burning in the pharynx. At half-past eight, giddiness and sparks before the eyes; pulse and digestive organs not affected; urine normal in quantity; genital organs much excited.

* Materialien zu einer künftigen Heilmittellehre durch Versuche der Arzneyen an gesunden Menschen. Von Dr. Jörg, Leipsig, 1825. Erster Band, p. 444.

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August 18th, eight, a.m.—Took two grs. of Digitalis in half an oz. of water; same symptoms as on the 17th; towards the afternoon the secretion of urine was increased.

August 19th.—After two and a half grs., same symptoms as on the 18th. They disappeared by the afternoon.

August 20th, eight, a.m.—Took three grs. Symptoms as on 18th. By ten o'clock the secretion of urine was increased, and forced him to make water every two hours, and twice during the night. The genital organs were much affected; the pulse remained unaffected. (P. 459.)

Obs. 8.—Otto. On the 11th of August, 1824, began to experiment with half gr. of Digitalis, which produced giddiness, lasting quarter of an hour. On the 12th took three quarters of a gr., with two grs. of Magnesia, in half an oz. of water. Shortly after he experienced a scraping sensation, with heat in the pharynx, and giddiness. This symptom was more intense, and lasted longer than on the previous day. No effect on the circulating organs or kidneys.

August 13th, eight, a.m.—Took one and a quarter grs. of Digitalis, with five grs. of Magnesia, in half an oz. of water. Experienced same sensation as on the 12th; towards the afternoon, experienced inclination to make water, followed by copious discharge of urine.

August 14th, eight a.m.—Took one and a half grs. of Digitalis in half an oz. of water. After a feeling of scraping in the pharynx, he experienced, at nine, a.m., a pressure on the head, which diminished the power of thinking in a considerable degree, and lasted about half an hour. Felt a sensation of unusual fullness in the hypogastrium, but eat his dinner with great appetite. After dinner experienced giddiness, with sudden dazzling of the eyes, followed by sparks as if around the eyes. These symptoms lasted quarter of an hour. In the afternoon the urine was passed abundantly, from three to ten o'clock, p.m., passing it six times. The urine, after standing a few hours, deposited a thin brownish sediment. The genital organs were excited; the pulse smaller and weaker. The next morning he was quite well.

August 15th, eleven, a.m.—Took two grs. of Digitalis in half an oz. of water. Experienced sensation of scraping in

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the throat. At twelve the head began to be affected. This increased, and became a pressive head-ache, spreading from the vertex all over the scalp. Same sensation in the eyes as on the 14th. Secretion of urine less abundant, but for half an hour great excitement of the genital organs. Pulse small and slow. Slept well, but woke with considerable head-ache, the same as on the previous day.

August 16th.—The pulse was quiet, soft, and weak; the artery at one time more and at another time less distended. After a good night's rest the head-ache disappeared.

August 17th.—Took two grs. of Digitalis, in half an oz. of water. Experienced same sensations as on 13th; pulse smaller; appetite impaired.

August 18th.—Slept well, but experienced the same head-ache as on the 15th, which increased so much towards the afternoon as to force him to go to bed. Pulse quiet and weak, the artery expanding itself irregularly.

Obs. 9.—Fran. Ch. On the 18th August, eight, a.m., took quarter gr. of Digitalis, with four grs. of sugar. Shortly after felt a pain in the hypogastrium, lasting half an hour, followed by more or less heat in the stomach, and extending to the oesophagus. This continued until the evening.

August 20th, eight, a.m.—Took half a gr. of Digitalis with seven grs. of sugar in half an oz. of water, and shortly after experienced a scraping in the oesophagus. A quarter of an hour after felt slight cutting pains in the stomach, and from nine o'clock slight affection of the head with pressive head-ache. At ten o'clock desire to make water, which was not relieved by micturition. In the afternoon suffered from pressive pain over the crown, and back part of the head; also from a sharp burning pain extending from the stomach to the throat; the secretion of urine increased until bedtime.

August 21st.—After a restless night, had head-ache, as on the 20th, but less severe; the desire to micturate ceased at three, p.m., and the increased secretion of urine was much diminished by the evening. The burning in the stomach lasted until the evening.

August 22nd, eight, a.m.—Repeated the dose, as on the 20th, with the addition of one and a half grs. of Magnesia;

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he soon experienced slight head-ache, griping in the abdomen, followed by increased warmth of the whole body; desire to urinate. From ten to eleven, pain in the region of the kidneys; the urine increased to such a degree that he passed every two hours more than he usually did in twenty-four; no increase of thirst. The head-ache disappeared on the 23rd; the increased secretion of urine continued until the evening of the 24th, and was very troublesome, especially at night. Besides these symptoms, he felt weak and exhausted. From the 22nd to the 24th the vision was weak and dim; the pulse kept small, weak, and a little quicker than usual.

Obs. 10.—Dr. Jörg. 19th August, eight, a.m.—Took one quarter gr. of Digitalis, with four grs. of sugar in half an oz. of water. An hour after he felt his head affected, also pressure over occipital region, which continued at intervals till noon; at the same time he observed that he saw objects in a false light. From ten to eleven he felt increased motion in the digestive canal, which passed into slight griping tearing pains in the bowels, extending from the hypogastrium to the testicles. At eleven, a.m., the pain disappeared, but a desire to urinate, with itching excitement of the glans penis, continued till the afternoon.

August 20th.—Took at eight, a.m., half a gr. as on the 19th; he soon experienced scraping in the throat, with hoarseness; the former soon disappeared, the latter continued all day. At nine o'clock felt head-ache as on the 19th, but more severe: it disappeared at twelve, but recurred several times in the afternoon. From ten to eleven borborygmi and griping pains in the hypogastrium, which ceased at eleven. From ten o'clock the urine was secreted in greater quantities than natural, passed without pain, but with the peculiar irritation of the glans penis, as on the 19th. This continued until twelve o'clock of the 21st; appetite and pulse not affected.

August 22nd, eight, a.m.—Took three quarter grs. of Digitalis, and three grs. of Magnesia in half an oz. of water: experienced rawness in the throat and windpipe, griping pain and desire to go to stool; at ten had a motion, which contained fæcal matter. From nine o'clock the affection of the head commenced, which Dr. Jörg compares to a spiritual in-

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toxication, describing it as an apparent expansion of the nervous life beyond the usual limits. This state of mind passed away without leaving any head-ache. In the afternoon flatulence, heartburn, and sensation, as if the throat was compressed, as if by enlarged tonsils. Until the morning of the 23rd there was much and even painful excitement of the genital organs. After this excitement ceased, the urine flowed abundantly.

August 23rd.—Took one gr. of Digitalis in half an oz. of water; experienced much the same symptoms as on the 22nd. On the 22nd and 23rd the pulse was smaller and weaker, never slower, but occasionally quicker than usual.

Obs. 11.—The following is an abstract of the rest of Dr. Jörg's provings:—Out of nine, in two the pulse not at all affected; in four, the arterial system not much affected, shown only by a softer and weaker, but not slower pulse than natural.

Obs. 12.—In four, the pulse was softer, weaker, and quicker."

I shall now give the results of four provings, undertaken under my own guidance; in conducting them care was taken that neither motion nor position should have any influence in affecting the pulse. The pulse was always counted after the prover had rested some time, and always while sitting, except when it is otherwise mentioned; no change was made in the diet. The preparation used was the tincture prepared by Mr. Headland, according to the directions given by Hahnemann.

Obs. 13.—Dr. L., middle aged, of a bilious temperament, after ascertaining that his pulse generally averaged from 48 to 55, took from ten to thirty-six drops daily, for six days, the quantity amounting in all to 172 drops. No effect whatever on the pulse, the only symptoms experienced were head-ache over the top of the head, with temporary giddiness. This was on the sixth day; on the seventh day he felt the same head-ache.

Obs. 14.—Dr. K., aged 24, sang-lymphatic temperament, took Tincture of Digitalis for several days; he began by taking ten drops twice a day, fifteen drops twice a day, then twenty

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once a day, then thirty, then forty, then fifty, then sixty drops, but without any effect on the pulse. During the whole proving he felt remarkably well, better than he had done for months before. He observed while taking the medicine that the urine was of a brownish colour, and of a heavy disagreeable smell.

Obs. 15.—I commenced October 21st to prove the medicine on myself, my pulse averaging in the forenoon 68, and in the evening 75.

At ten, p.m., after sitting quietly for an hour, felt my pulse, which was 68; took 10 gtt. Tinct. Digitalis; continued to sit quietly reading; in half an hour felt a dull frontal head-ache, pulse 68. The head-ache continued to increase; on going to bed felt momentary nausea.

October 22nd.—While dressing, took 10 gtt.; sat down shortly after, and in twenty minutes (nine o'clock) felt my pulse, which was 66; no head-ache. At eleven o'clock, pulse 76, of natural strength; after walking slowly four or five times up and down my room, pulse 83; experienced uneasy sensations across chest to left side. Two, p.m., pulse 75; took 10 gtt.; dull disagreeable sensation in region of heart. Half-past two, pulse 80; feeling of slight confusion in the heart, especially on moving, with painful sensation of weakness in the wrists and forearms. Three o'clock the pulse was felt by a medical friend, it was now 76; counted several times, it gave the first half minute 36; the second 40; and 3 beats failed to be felt. Eleven o'clock. Have all the evening been feeling dull, uneasiness in various parts of the head, with a sensation of weakness in the forearms; pulse 80; bowels moved naturally in the morning, and again at nine in the evening. Twelve o'clock. Pulse 78, but weak, beating strong from 12 to 20 times, and then very weak for 4 or 5 times.

October 23rd.—Passed a restless night, starting often in my sleep; wakened feeling great lassitude and depression; pulse while lying in bed 62, small and weak; on getting up, the depression and languor increased; occasional faintness, which, on moving, was attended with nausea; appetite good; pulse in the evening 72; felt very well.

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October 24th.—Slept well, and experienced no symptoms; eleven o'clock, a.m., pulse 80, full and regular, took 20 gtt.; quarter to twelve, pulse 90, weak; 3 or 4 pulsations in the minute hardly felt. Throughout the day experienced uneasiness in the mammary regions, especially left and extending to the left shoulder and upper part of arm; frequent griping pains in the bowels; palpitations of heart easily excited on going up even a slight ascent, which, in health, would produce no effect; eleven, p.m., pulse 82; nearly natural strength, but not steadily so.

October 25th.—Slept well; wakened with dull frontal head-ache and nausea: half-past eleven, p.m., pulse 76, took 25 gtt.; at twelve o'clock, pulse 84; frequent griping pains in the bowels, and uneasiness at the heart; in the evening, pulse 76, rather weak.

October 26th.—With the exception of slight uneasiness in the region of the heart, experienced no symptoms. Towards the evening, seized with very violent colicky pains, immediately followed by a sudden evacuation of liquid stools.

October 27th.—Half-past ten, a.m., pulse 72, took 30 drops; half-past eleven, pulse 88, irregular; half-past twelve, pulse 84, less irregular; three o'clock, pulse 72, regular; throughout the day experienced dull frontal head-ache, with frequent uneasiness in the region of the heart.

October 28th.—Half-past ten, a.m., pulse 72, regular; have felt well all day; towards the evening experienced a dull disagreeable pressure outwards in the chest and epigastrium; relieved by beating on the chest. This lasted three hours

October 29th.—In the morning, pulse 73; dull frontal head-ache, increased much by movement.

October 30th.—Half-past six, p.m., pulse 78.

November 4th.—Having been much occupied, and suffering from the Digitalis, I suspended the medicine until to-day. Eleven o'clock, a.m., pulse 73, natural; took twenty-five drops; half-past twelve, pulse 80; two o'clock, pulse 76; four o'clock, pulse 62. Suffered much after dinner from severe bruised pain in the epigastrium and over sternum, with feeling of languor and indigestion, going off

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after taking a little weak tea. Throughout the day, frequent uneasiness, amounting sometimes to pain in region of the heart; occasional nausea; seldom free of dull frontal head-ache; feeling of great fulness in the ears, as if they were suddenly stopped, attended with a flush of heat over the face, lasting two or three minutes, recurring frequently, especially after excitement. Before going to bed took fifteen drops.

November 5th.—In the morning pulse 72; during the early part of evening of the 4th suffered from pains, now to be reported as being felt more on the 5th. Bruised pain in nape of neck, between the shoulders, and extending forwards over anterior part of chest, where the flesh was painful when pressed, especially over the sternum. These were attended with dull frontal head-ache, bruised pain in the epigastrium, with feeling of distension of stomach. Appetite good. After dinner dull pain and distension of stomach; felt as if I had eaten too much. In the evening the bruised feeling over the sternum and epigastrium was very distressing, preventing any mental employment.

November 6th.—Passed a wakeful night, suffering from palpitation of heart and uneasiness, especially when lying on left side, together with pulsations in the ear, especially the left. Eleven o'clock, a.m., after walking, pulse 75, a little irregular; took thirty-six drops; at twelve, pulse 84; at half-past twelve, 86, slightly irregular. Palpitation and uneasy feeling at heart, readily excited by even moderate exercise. In the evening, took twenty drops; shortly after suffered from severe frontal head-ache, with pressure on the temples; pulse 100, irregular but full; increase of bruised pain in epigastrium.

November 10th.—Since the 6th, have taken no Digitalis, as I continued to suffer much from uneasiness in the heart, head-ache, and disorder of the stomach. The pulse was natural, but very readily excited. I still suffer from bruised feeling and weight in the epigastrium, occasional risings and flatulence; these appear principally after dinner.

The symptoms of disordered stomach did not disappear until about the 14th.

During all this proving the medicine did not effect the

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evacuations fæcal or urinary, except on October 26th; but I have omitted frequently in the report to mention, that from half an hour to an hour after taking the Digitalis, I experienced a gnawing colicky pain in the lower part of abdomen, which recurred frequently. No effect on genital organs.

Obs. 16.—A medical friend happening to talk of Digitalis, I asked him to take a dose, to which he consented. He had been walking for two or three hours. After allowing him to sit down for about five minutes, I felt his pulse, which was 72. He then took 20 drops. In half an hour (he, continued to sit still) his pulse was 84, and in half an hour after this it was 74.

SYMPTOMS DERIVED FROM THE ADMINISTRATION OF DIGITALIS IN DISEASE.

Obs. 17.—M. Joret administered Digitalis, in the usual medicinal doses, to thirty-seven patients labouring under affections of the heart and lungs.

He observed, in the great majority of cases, that the Digitalis, given in powder, watery extract, and especially in infusion, produced an irritating effect on the digestive organs, manifested by colic, diarrhœa, nausea, and vomiting. That in some cases these symptoms were produced by very small doses, such as three grs. of the powder, while other patients again took thirty-six to sixty-five grs. with impunity. That though great gastric irritation existed, the pulse nevertheless fell. He rarely observed any marked effects on the nervous system.

Obs. 18.—In one interesting case (Obs. XI) of tertian fever complicated with pulmonary emphysema, treated during four days with small enemata of infusion of fresh leaves of Digitalis, no symptoms were observed. On the fourth day the enema was retained all day and night; no effects next morning. The enema was then suspended for a day, and on the day after this the patient experienced violent headache, redness of the face, disordered vision and embarrassed speech. This cerebral congestion (?) was relieved by 15 grs. of Calomel.

In many of the cases reported by M. Joret, the existence

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of dropsy, &c., renders the action in the kidneys less to be depended on; but in a case of pneumonia, and one of bronchitis, the urine was considerably increased.*

Obs. 19.—M. Sandras has published the physiological effects of Digitalis, as observed in the administration of it to fifty-seven patients: thirty-one of these had disease of the heart, or phthisis; four bronchitis; two asthma; seven epidemic affections; one a scirrhous tumour of the ovary; one amenorrhea; one was a malingerer. But, unfortunately, he does not detail each case separately, but gives simply the dose, and the general effect produced in all; so that doubts may justly exist as to what is attributable to the disease, and what to the medicine. The effects he observed, from doses ranging from two to twenty-four grs., were nausea, vomiting, sensibility, pain and heat in the epigastrium. In one case of anasarca there was salivation, with slight increase of appetite. In four cases (Joret also gives two) there was bitterness of the mouth; in two cases redness of the tongue; in six, diarrhœa; and in two, constipation.

Six, experienced head-ache; four, hallucinations; three, complete fainting, when they wished to move; four, peculiar precordial anxiety, extremely distressing to the patient.

One patient after taking nine grs., another after sixteen grs., and a third after eighteen grs., were seized with delirium; in the two latter cases furious. In the first case the pupils were contracted, together with disorder of the digestive organs; in the second, they were normal; in the third, and in two patients who took six grs., one nine grs., and a fourth eighteen grs., the pupils were dilated.

The cases treated by M. Sandras presented so great disorder of the heart and lungs, that the result of Digitalis in these instances, on the pulse, are of little value.

In many of the cases the urinary secretion was much increased; in three instances dysuria was produced.†

Obs. 20.—M. Chrestien has advantageously employed the etherial infusion, or Tincture of Digitalis, rubbed on the

* Considerations Physiologiques et Thérapeutiques sur la Digitale pourprée, par M. Joret. Arch. Gen. de Méd., Tom. IV., 1834. p. 9, p. 385.

† Sandras. Bayle Bibl. Thérap. Tom. III, p. 335.

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abdomen, as an excellent means of producing diuresis; and he states that used in this way it did not excite erythism, which he often found to follow the internal administration of Digitalis.*

M. Trousseau found that a decoction of Digitalis, applied over the abdomen of dropsical patients, was a very certain means of exciting diuresis, and that without producing gastric irritation.†

Obs. 21.—Professor Henderson informs me that he recollects having seen Digitalis, given in an ordinary dose, produce, in a case of phthisis, and in one of disease of the heart, great increase of the pulse, and violent delirium. These symptoms soon passed away.

Obs. 22.—Dr. Blackhall (on Dropsy, p. 173,) states that one of his patients, while taking two drachms of the infusion of the leaves daily, was attacked with pain over the eyes and confusion, followed in twenty-four hours by profuse watery diarrhœa, delirium, general convulsions, insensibility, and almost complete stoppage of the pulse, although, though some relief was derived from an opiate clyster, the convulsions continued to recur in frequent paroxysms for three weeks; in the intervals he was forgetful and delirious, and at length he died in one of the convulsive fits.‡

Obs. 23.—A man, aged 55, labouring under humid asthma, took about a scruple in place of a grain of the powder of Digitalis which had been prescribed. In an hour after he took a little soup, but vomited it immediately. The vomiting continued, to this was added vertigo and dazzling of the sight; the patient could not sit up or distinguish objects. An infusion of the flowers of the melissa officinalis was administered, but he took very little. During all the day he continued to vomit a bilious, mucous matter, and to retch violently, which was attended with severe abdominal pains. This continued all night and next day; the patient was much exhausted, the pulse slow, and a little irregular; a drink with a little laudanum was given. The next day he only vomited once, he continued to complain always of his

* Bayle Bibl. Thérap. Tom. III, p.409.
† Journ. des Connaissances Méd.-Chir., Fevr., 1834.
‡ Christison on Poisons, p. 888.

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abdomen; pulse slow, but regular; thick whitish expectoration; a little cinnamon water was added to his drink.

On the 4th day, same state of weakness, but no vomiting; expectoration very abundant.

The 5th day, the pulse was still slow; the abdominal pains a little easier; the asthma much improved. The weakness and slowness of pulse continued for the two following days, but, on the 8th day, the latter symptom diminished, and disappeared completely on the 9th. At this time the sight was still confused, the fire appeared to him to have a blue colour, &c.; it was not until the 14th day that these symptoms disappeared, and that the appetite was restored. Shortly after this, being wet weather, his asthma returned.*

Obs. 24.—A preparation principally composed of Digitalis has long been used in Ireland as a domestic remedy; the following case illustrates the effects of an over dose of it:—"The effects of a single dose (four oz.) were vomiting, soreness of epigastrium, cold extremities, cramps, and great depression and irregularity of pulse, continuing for several days. I exhibited the remedy myself in the same form, and I am not surprised that the profession should shrink from employing it. The first dose produced the most violent vomiting, followed by cold sweats, feeble and irregular pulse, and these symptons again, by intense gastritis, accompanied with great sinking of the vital powers, and double vision, which continued for several days, sufficient to deter me from ever again venturing on its administration in such a dose. There are some circumstances connected with the effects of this large dose that may be worth noticing here. It was given at ten a.m., at twelve the pulse had fallen 30 beats, viz., from 86 to 56, and there was slight head-ache, with very slight nausea; it was not until eight p.m., ten hours after the administration of the dose, that the violent symptoms set in."

He goes on to state, "In 1828, Sir P. Crampton informed me that he had superintended its exhibition in four cases, and that in three of these cases (epilepsy) it had been successful;

* Obs. de M. Bidault de Villiers, Journal de Médicine, &c. Nov. 1817, quoted by Orfila, Traité des Poisons. Tom. II, p. 299.

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but that he did not venture beyond the first dose, its effects were so violent. It caused violent and continuous vomiting, like that of sea sickness, which continued incessantly for twenty-four hours, with irregularity and feebleness of pulse, that remained for several hours after."*

Before entering upon the general action of Digitalis, it will be well to discuss, first, the debated point,—What is the action of Digitalis on the heart? At present this question refers entirely to the degree of action, hence diminution or increase of the rapidity of the heart's action is the point at issue. This is taking a very incomplete view, but the discussion will be thereby much abridged, and when this one point is settled, the peculiarity of the effects of Digitalis on the heart will be more readily studied.

Three answers may be given to the question—

1st.—Digitalis diminishes the rapidity of the heart's action.

2nd.—Digitalis increases the rapidity of the heart's action.

3rd.—Digitalis is regarded by Hahnemann to have the property of diminishing the frequency of the pulse, (primary effect,) and that at the end of a few days the vital power produces an opposite state, (reaction or secondary effect,) that is to say, the pulse becomes quicker and smaller.†

The observations already quoted do not agree entirely with any one of these opinions, especially with that of Hahnemann. Looking to the proving of Digitalis, by Hahnemann, it is evident that the great mass of his symptoms are drawn from therapeutical observers, and such being the case, his statements admit of being more easily discussed than if they were the results of pure experiments on himself or others.

* Dub. Hosp. Gaz. 15th May, 1845, quoted in Lond. and Edin. Monthly J. No. VI, for 1845.

"Composition of mixture.—Fresh leaves of Digitalis, four oz.; beat into a pulp, and pour over it a pint of boiling beer; infuse for eight hours, and strain with expression; of this give every third day four oz., with fifteen grs. of dried root of Polypodium.

"I have as yet been unable to procure any cases showing the morbid appearances observed in those who have died from taking an over dose of Digitalis. In the three instances, which I have read, no morbid appearances could be discovered."

† Note to symptom, 315.—Hahnemann, Mat. Med. Trans. par Jourdan, Tom. II, p. 240.

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Under the symptoms collected by himself we find,—"Pulse one half slower during several days. Pulse hard, small, and quick." (P. 222, Loc. Cit.)

From the manner in which these symptoms are reported it is impossible to say whether the former is a primary, and the latter a secondary effect; or whether these symptoms were experienced by the same person, or in what order they appeared.

Turning to the symptoms collected by others, we read at p. 240, symptom 315,—"The pulse was much slower than usual during twenty-four, and even forty-eight hours; it then became quicker and smaller." (Lettsom.) "This phenomenon," adds Hahnemann in a note, "is the most ordinary and the most certain effect of Digitalis." But from what source is this observation derived, not from a proving on a healthy person, but from Dr. Lettsom, who gave this medicine to patients labouring under disease of the heart, and asthma. I have looked over several papers of Dr. Lettsom, (Trans. Mem. of Med. Soc. of London,) but regret that I have not been able to find the passage Hahnemann quotes. Again, at symptom 320, it is stated, "The pulse falls from 65 to 50 pulsations, which were quite irregular; always between three or four soft beats there was one hard and full, the first day; on the third day the pulse was 75. (Franz.)" It is probable, from other symptoms, that Franz proved the medicine on a healthy person. Had this symptom been given more carefully, and the conditions in which the prover was on the third day mentioned, then it would have been more valuable. For example, if the prover on the first day felt his pulse while at rest, and in the recumbent position, and then on the third day, after exercise or while standing, felt his pulse, it is very probable that it rose from 50 to 75. The important influence of posture in modifying the pulse of a person under the action of Digitalis, is mentioned in Hahnemann's proving, (see symptoms 324 and 326,) and also by Dr. Baildon,* who while labouring under phthisis, took this medicine in large doses.

* "I suspect that the difference in the accounts we have of it by different practitioners, has arisen from a circumstance very clearly marked in my case, and which strongly points out the great care and attention necessary in exhibiting this very active drug. I observed and repeated the experiment a great many

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Here then is a symptom drawn from the administration of the medicine in disease, and one, to a certain extent, unsatisfactory, drawn from a proving in a healthy person; these, however, are more than counterbalanced by Obs. 1, 2, 3, 4, 5, 7, 9, 12, and 15, which show that the pulse is increased in frequency; and by Obs. 3, 5, 6, 7, which show that after the medicine has been persevered with for some time, the pulse, after rising, falls below the natural standard. Even the remaining symptoms quoted by Hahnemann militate against his own views. (See symptoms 314, 316, 317, 318, 319, 321, 322, 323, 325.) In these the pulse is stated to be much diminished in frequency, but no note made of its again rising; though separated, symptom 327 is a portion of 322, this is explained at p. 88. Six of these symptoms are drawn from Withering, Maclean, Mossman, and Lentin, who are therapeutical observers; the remaining two are given by Becher and Homburg, who, judging from the mode in which they report in other parts of this proving, I can suppose to be *pure* provers.

That the view of Hahnemann is not entirely correct will appear more evident after discussing the first opinion, viz., *that Digitalis diminishes the frequency of the heart's action.*

The writers who support this view have, without exception, drawn their results from the administration of Digitalis in disease, especially in affections of the heart and lungs, and they have given the medicine in such large doses, and so frequently, as to prevent the symptoms being considered pure.

Their evidence, then, being taken from so uncertain a source, not supported, but rather opposed by the results of numerous experiments on healthy persons, it is just to conclude that they are in error. But this conclusion may be

times, that after the Digitalis had taken effect my pulse was not lessened in frequency when I stood erect, it was then upwards of 100. When I sat down it fell considerably; when lying on my back it fell much more; thus, during the time it was at 40 when lying, it was about 75 when sitting, and above 100 when standing; this was invariably the case; when I turned on either side it fell two or three and intermitted. I have found the pulse to vary in this manner in all the patients to whom I have given the Digitalis to any extent. I need hardly point out the absolute necessity of carefully attending to this circumstance." Dr. Baildon. Edin. Med. and Surg. Vol. 3. p. 271.

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objected to on the ground that Hahnemann's evidence goes to prove that Digitalis diminishes the frequency of the heart's action, and that he was ever careful in selecting the sources from which he drew his symptoms. Were such really the fact in the case of Digitalis, the great mass of therapeutical evidence would, as compared with the experiments on healthy people, acquire a much greater value than they in the present instance merit.

A glance at Hahnemann's Mat. Med. will show that his authorities draw their symptoms from unsatisfactory sources.*

"314.—Slowness of the pulse.—Lentin."

I am unable to determine whether this person proved the medicine on a healthy person, or administered it in disease. If it is correct to judge from the few other symptoms to which his name is attached, viz.—84, 95, 118, 123, I would be inclined to think that he tried the medicine in the latter way.

Sympt. 315 has been already discussed, (p. 85) and it is from an unsatisfactory source.

Sympt. 316.—"Pulse 40 pulsations in the minute."—(Withering.) 322.—"The pulse falls to 50, and at last to 35 pulsations in the minute"—(Withering.) 327.—"Before death, pulse 100."—(Withering.)

The disjointed manner in which these symptoms are reported, tend to give very contradictory evidence. In 316 and 322 the pulse falls, and in 327 it rises. It is much to be regretted that Hahnemann, throughout his Materia Medica, gives merely the name of the author, without referring to the exact passage, hence it is impossible, unless otherwise acquainted with the name, to determine whether it is that of a pure prover, or of a therapeutical observer; and if the latter, where to examine the original source. On this account I have had difficulty in finding the passages Hahnemann refers to. Symptom 316 is thus given by Withering†:—

"I recollect, about two years ago, being desired to visit a travelling Yorkshire tradesman. I found him incessantly vomiting, his vision indistinct, his pulse 40 in a minute.

* Hahnemann Mat. Méd. Transl. par Jourdan, Tom. II., p. 240.

† An account of the Foxglove, and some of its medical uses.—1785. (p. 10.)

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Upon inquiry it came out, that his wife had stewed a large handful of green Foxglove leaves in half a pint of water, and given him the liquor, which he drank at one draught, in order to cure him of an asthmatic affection."

Symptoms 322 and 327 are both taken from one case, and should not have been separated. "In one case in which it was given properly at first, the urine began to flow freely on the second day; on the third, the swellings began to subside. The dose was then increased more than quadruple in the twenty-four hours. On the fifth day sickness came on, and much purging; but the urine still increased, though the pulse sunk to 50. On the seventh day a quadruple dose of the infusion was ordered to be taken every third hour, so as to bring on nausea again. The pulse fell to 44, and at length to 35. The patient gradually sunk, and died on the sixteenth day; but previous to her death, for two or three days, her pulse rose to near 100."*

Symptom 319 refers more to the irregularity of the pulse, and is quoted from Dr. Maclean's publication on the use of Digitalis in phthisis, pleurisy, &c.

Symptom 321. Diminution of the pulse, which falls from 100 to 40."—(Mossman.) Looking over Dr. Mossman's cases, who published a paper on the effects of Digitalis in phthisis, I cannot find the exact symptom, but one in which the pulse is said to fall from 120 to 74.†

It is sincere respect for the Mat. Med. of Hahnemann that has forced me to be thus tedious in details, which examination, however, notwithstanding the symptoms by Becher and Franz, has led me to consider the evidence of Hahnemann outweighed by the pure provings already reported in this paper.

THIRD OPINION: DIGITALIS INCREASES THE FREQUENCY OF THE HEART'S ACTION.

To this view I feel more inclined to assent than to either of the other two;—but still it only gives an imperfect statement. Obs. 1, 2, 3, 4, 5, 7, 9, 12, 15, show that the

* Withering, Loc. Cit. Introduction, p. xx.
† Bayle, Bibl. Ther. Tom. III, p. 159.

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administration of Digitalis to healthy people increases the frequency of the heart's action; and Obs. 3, 5, 6, 7, show that, if the medicine is persevered with, the frequency of the heart's action is considerably reduced below the natural standard; and the great mass of therapeutical evidence is to the same purport. It is not just to conclude that this depression is the result or reaction from previous stimulus, for diminution of frequency is observed in cases where there has been no previous frequency.

The limits of this paper prevent me entering on the difficult subject of primary and secondary symptoms; a point of great importance, on which the successful administration of medicines depend, and which, when carefully studied, will, no doubt, prune our Materia Medica of many symptoms, and much confusion. At present I may, perhaps, be allowed to use terms, which in a future number will be more fully discussed.

Increase and diminution of the heart's frequency are both primary, or, as I wish to call them, *primary* and *alternating* symptoms of Digitalis. Digitalis, as regards its action on the heart, cannot be ranked under such classes as stimulant or sedative. It is quite possible to suppose that its action on the heart is of such a nature, as at one time to increase its frequency and diminish its power, and at another to diminish both frequency and power. The pulse may be rendered weak and irregular; or, quick, weak, and irregular; or, slow, strong, and regular, but irregularity easily excited, or, in this latter case, quick instead of slow. In these instances, however apparently dissimilar, I believe that the condition of the heart is essentially the same in all; the heart being deprived of its ordinary nervous stimulus. By this it is meant that the power of acting which the heart derives from the brain, is modified and deranged. In the great majority of observations already cited, when the pulse is quickened it becomes weak and often irregular; or, if regular, the heart's action is readily disturbed, and irregularity produced. Dr. Saunders' experiments—Obs. 1, 2—do not at first seem to corroborate this, but at another portion of his work, when he gives an abstract of his experience, he writes, "Sometimes

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the pulse flutters for the first three or four seconds, and then becomes regular, firmer, and more frequent than before the dose was taken; occasionally it will evince a degree of irregularity in the strength and succession of its beats, even for an hour."*

Throughout Obs. 4 and 5, though the pulse is increased in frequency, and *apparently* in force, though there is marked excitement of the other organs, still the action of the heart is feeble and accompanied with constant palpitation, (Obs. 4, Report of the 4th;) though the action of the heart is strong, it is irregular, and though the pulse becomes softer and fuller, the movements of the heart are weaker and irregular, (Obs. 5, Report of 1st and 3rd May.) The same is shewn in Obs. 6. I observed the same phenomena, in my own experience, and in the Obs. of Dr. Jörg, whenever the pulse was quicker it was generally weaker and smaller. The peculiarity of the action of Digitalis on the heart is shown in cases (Obs. 17, 19,) where it produces marked excitement of the stomach, brain, and kidneys, yet in these instances the frequency of the pulse is not increased. The state of the heart in some diseases will convey a better idea of what appears to be the effect of Digitalis. For example, in nervous affections of the heart, attendant on hysteria or dyspepsia, the pulse may be slow and full, or slow and irregular, then, without any assignable cause, or a very slight one, there is a series of quick, weak, fluttering, irregular beats, with slight anxiety, or the beats may become frequent and strong, attended with more or less irregularity; and again, when this has passed, the pulse may remain long under the natural standard, as, for example, in some cases of Hypochondria. Again, in Hydrocephalus, the pulse, in the course of a few hours, will vary from 120 to 50. In a case I saw lately of Hydrocephalus, this was frequently observed. In one half hour the pulse would vary from 120 to 80, and gradually from being a quick and regular pulse, become, in two hours, a weak, slow, and intermitting one, falling even to 50. Now, in such cases, if it is right to conclude that the condition of the heart, or rather of its nerves, is essentially the same, whether the pulse is slow or

* Saunders, Loc. Cit., p. 196.

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quick, and it seems to be so, then I think it justifies me in considering the quick, weak, and regular or irregular, the full slow pulse readily made irregular, and great tendency to palpitation, to be *primary* and *alternating* symptoms of Digitalis.

(To be continued.)

CASES OF THE PATHOGENETIC ACTION OF SULPHUR AND CANTHARIDES.

The following two interesting cases were observed at the Liverpool Homœopathic Dispensary:—

CANTHARIDES.

F. T., aged 17, had been all day engaged in making the "Emplastrum Cantharidis" of the shops. He had been standing over the pan in which the material was boiling, but toward the close of the day he was affected with the following symptoms:—Great dimness of sight, attended with smarting and burning round the eyelids, and round the balls of the eyes; constant lachrymation; the eyes turned towards the nose; twitching of the eyelids; he could not close his eyes without great pain, from smarting of the lids chiefly; there was considerable redness, and an apparent distress from the inflammation of both eyes.

On hearing how he had been engaged, the suffering was at once attributed to Cantharides; but, whether he had been affected by the mere effluvium, or any particles of the powder had got into his eyes, he could not tell.

Some drops of the strong Camphor tincture were at once given him.

The next morning every thing appeared to him to be yellow. The nose was also considerably affected; some swelling with redness and heat, within as well as without, with the appearance of suffering from very severe coryza. He took spirits of Camphor every hour.

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The third day his eyes were quite well; the dimness and haziness of sight had given place to the usual clearness of vision; slight appearances of the affection of the nose only remained. The day following he returned to his usual occupations.

SULPHUR.

John Kerney, aged 21, had severe tooth-ache; and having read in a newspaper that smoking Sulphur was a certain cure for tooth-ache, he smoked three pipesful in rapid succession; he then went to bed, and fell asleep, but awoke in an hour in great fright and distress; his symptoms were dyspnœa to a sense of suffocation, with severe constriction of the chest, extreme faintness, vehement palpitation of the heart, and horror of instant death. There were universal tremors; his head seemed to him distended, with loud noises in the ears; he distinguished especially a boring pain over the left eye; his bowels were obstinately obstructed for four days, and no action could be produced by various aperients which he took. The day after smoking the Sulphur he had intolerable itching over the whole body; this was followed, in a day or two, by the appearance of reddish blotches over the trunk and extremities; he had severe pain across the loins.

He was seen, as a dispensary patient, for the first time, on the 18th September, 1845. At that time, his face was very pale, and collapsed with an expression of great anxiety; there was still vehement palpitation, the pulse feeble and very irregular; considerable dyspnœa, with sense of constriction; intense head-ache, with sensation that his head and ears were stuffed; loud noise in the ears; tremor of the limbs, with considerable itching of the arms and legs, but no eruption was to be seen; he complained of pains throughout the body. Pulsatilla 3 was given every four hours, and this medicine was continued through the treatment (with the exception of a few doses of Aconite.)

September 27. No symptoms remaining, except a very slight uneasiness on taking a deep inspiration. He was allowed to return to his employment.

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REVIEWS.

An Inquiry into the Homœopathic Practice of Medicine, by WILLIAM HENDERSON, M.D., *Professor of Medicine and General Pathology, and lately one of the Professors of Clinical Medicine in the University of Edinburgh. London: J. Leath,* 1845.

In all countries where Homœopathy has as yet penetrated, it has speedily made converts of some men already distinguished in the old school for science or practical skill. In Germany it numbers several professors occupying chairs in ancient universities among its most zealous adherents. In France it boasts of its profound d'Amador at the head of the Montpelier School of Pathology,—its philosophical Simon, its experienced Petroz, and a host of less distinguished names. In Italy and in Sicily many physicians and surgeons of note owe their success entirely to Homœopathy. Spain, Portugal, Russia, and America, can each exhibit a host of witnesses for the new faith; men whose learning or skill had previously gained for them an honourable standing among their former colleagues. England, alone, could hitherto show no convert who had already gained laurels in the ranks of those we are forced to call our adversaries. Doubtless, young men of talent, zeal, and learning have enrolled themselves under the banner of Hahnemann, but still some one of name and authority has ever been wanting.

Many of the causes which contributed to the early diffusion of Homœopathy in Germany, have been in this country wholly inoperative, or even tended to retard its progress. Hahnemann, at the time he promulgated his discovery, was already known as a man of scientific attainments; he was recognised by the most influential physicians of his day,—one who lived in intimate communication with the great philosophers who were, at that time, collected at Berlin, as deserving of respect for his learning and abilities, altogether independent of his peculiar medical doctrines. He wrote, moreover, in a powerful and ornate style, and was evidently well aware of the advantages he derived from his literary talents. Much as the Homœopathic doctrines gained from the celebrity of their author, and from the vigorous and powerful character of his writings, still much of their early popularity was due to the comprehensive and systematic nature of their conception. Physicians in Germany had always sought to practice the art of medicine in accordance with some large general theory, and this tendency to subject their practice to general rules, even although it had frequently led them into dangerous errors, had never dispossessed them of the idea that the art could only be elevated from a groveling position of empiricism by the discovery of some comprehensive laws, which might serve to guide them to greater certainty in the administration of their remedial appliances. Hahnemann's doctrines were advanced in the form of such a system, and

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although they gave great offence by the fierce attacks they made upon the prevailing theories of the day, yet they were not of a purely destructive character; but while they preserved, in a modified form, some of the most popular of these theories, they also offered more than an equivalent for the destruction they seemed desired to produce, by the largeness of their generalization, which left no theoretical deficiency in the conception of a perfect law,—simple alike in its enunciation, and in the ease with which it could be submitted to experimental verification. In England, on the other hand, at the time when Homœopathy was made known there, so far were any general theories from holding sway over practice, that the most influential physicians were characterized by an extreme shyness to theorize at all, and seemed to hold the opinion that all that was yet possible was the accumulation of well-ascertained facts, from which, perhaps, at some infinitely remote period, a medical philosopher might inductively construct a general theory of their relation. To such minds the notions of subordinating their practice to any general law, must have seemed little short of insanity, and when the law proposed was one paradoxical in its aspect, and involving a renunciation of all the means they had been accustomed to regard as essential to the treatment of individual cases, and the adoption of measures which must have seemed to them simply ridiculous, it is no wonder that the systematic announcement of Hahnemann's doctrines should have given rise to nothing but a smile of derision on the sagacious and practical English countenance. It was evident that nothing could be made of England on the theoretical side. Hitherto they had practiced medicine with little reliance on theories, and it seemed an inversion of the order of things to give a theory the precedence. Hence, while the theoretical part of Homœopathy has been attacked in Germany with much perseverance, ability, and learning, the attacks in this country have been chiefly of the derisive kind, involving a repetition of the facts which attest the truth of the thing.

The only way in which Homœopathy had any chance of success here was by well-attested facts. And how hard it is to establish facts! Of all facts, medical ones are the most difficult to substantiate. How many loopholes are open for the evasion of the conclusion, that a disease is cured by a medicine. Both the capacity and integrity of the observer of the disease must be known; and if these be conceded, can he prove that the recovery was not spontaneous? If statistics were appealed to, they were met by the objection of their being taken from foreign hospitals, conducted by persons unknown in this country, and whose ability and veracity could not be gauranteed. The only chance of obtaining any thing like a fair general trial for Homœopathy in this country, (except from the gradual pressure from without,) was the evidence of some physician whose position and reputation afford a security of his capacity and his disinterestedness.

Let us examine what has been done in our country by the advocates, the upholders of the new system.

Without entering into a minute analysis of the many works on Homœopathy with which the press has of late years teemed, we may arrange them under five categories:—1st, Pamphlets and other publications, lavish of abuse on the old school and its adherents, whence the authors had but

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emerged, written for the obvious purpose of advancing the interests of Dr. A. or Mr. B., whose address and hours of consultation are almost the only information in the book, the accuracy of which can be relied on. Such works, written in a spirit so contrary to that in which a new doctrine should be advocated, cannot fail to disgust inquirers, to mortify the true friends of Homœopathy, and to bring the system into disrepute. The character of their authors is easily seen into; they belong to that class of needy adventurers who prey upon the genius of other men, who, like parasites, destroy the noble plant by which they live. Such men are always to be found crawling in the train of great reformers, deriving an uncertain and fictitious lustre from the glory which surrounds their adopted hero; but such have no more claim to be termed Homœopathists, than have the Abernethy biscuits to be the invention of the great man whose name they bear; and these would as soon prove Abernethy to have been a baker, as those would Hahnemann to have been an illiterate quack.

The second class includes such works as attempt to give a simple and concise view of the principles of Homœopathy, either addressed to medical men exclusively, or taking the more popular form of an appeal to the public generally. Non-medical,* as well as medical men, have distinguished themselves in this field, and several excellent treatises (especially that of Dr. Simpson) have been produced. The Organon of Hahnemann, which has been translated, may be said to belong to this category, but, for the reasons we have above given, it failed to make much impression on the medical men of England. The circumstance of the other treatises being written by men who were comparatively or totally unknown, and who had never distinguished themselves in, if, indeed, they had ever belonged to the Allopathic school, was sufficient to ensure total neglect by the medical men of this country, who are very much guided in their opinion by the prestige of a name.

In the third category, we shall range works on Homœopathy of a purely practical tendency; but of these, again, some are addressed to the medical profession exclusively, while others are more adapted for popular use. The former are generally translations from the German, and are intended to assist the practitioner and aid him in his search for the right medicine. For such as do not possess, and cannot make use of the German originals, these works are indispensable, and it is much to be regretted that more such valuable translations have not been executed. The latter are chiefly works on Domestic Medicine, Homœopathic Buchans. Of these there are many, good and bad, and some indifferent; several of them useful works in their way, and, no doubt, calculated to spread a knowledge of Homœopathy among a certain class of the community, but not at all liable to produce any impression on medical men, except indirectly, when, in the course of their experience, they happen to meet with remarkable cures performed by amateur practitioners with the help of one of these books. The first divi-

* We cannot refrain from alluding specially in this place to the excellent work of the Rev. Mr. Everest, which displays a zeal for the prosperity of the cause, and an intimate acquaintance with the true principles of our science, which could not have been expected in gentleman of his profession.

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sion of this class of publications is, of course, not adapted for the use of any but such as are already practising Homœopathy in good faith, or are trying its merits in sincerity and honesty.

The fourth class includes periodical publications, but on them, for obvious reasons, we refrain from making any remarks.

We now come to the last class of publications on Homœopathy,—such, namely, as contain the results of an impartial examination into the practical merits of the new system. The work whose title stands at the head of this article is, we may say, the only one of its kind which has hitherto been given to the English public. The paper read by Mr. Kingdon before the London Medical Society, October 10th, 1836, recorded in the eighth No. of the *Lancet* for that year, is, to be sure, of the above character; but we believe that it was not published in a separate form; and, although many striking cases of the action of Homœopathic medicines are therein recorded, it failed to produce any great effect; possibly, in consequence of the indecision of Mr. Kingdon himself, with respect to the absolute preference to be given to Homœopathy over the old system; but, principally, we believe, in consequence of that gentleman's imperfect acquaintance with the Homœopathic system, and his acknowledgment that the cases related were picked from among many, and, consequently, unfit for the purpose of drawing any accurate general conclusions.

In the work before us we have what, as we have endeavoured to show in the preceding observations, appears to be precisely suited to obtain a hearing for Homœopathy by medical men of our own country, to induce them to give some consideration to the subject, and to lead them to investigate for themselves a matter of such vast importance. English practitioners are averse to theories, and look with a suspicious eye on any thing brought before them in a systematic form;—the work of Dr. Henderson is as purely practical as could be desired. Any thing brought forward in a dogmatical style by a determined and well known partisan is naturally regarded with distrust. Professor Henderson's work is a dispassionate inquiry into the value of the Homœopathic practice, an impartial investigation into the truth or falsehood of the assertions of the adherents of the system. Doubts might be entertained respecting the ability of an obscure and unknown individual to undertake such an inquiry, or of his credibility in regard to the results he obtained. Professor Henderson is neither obscure nor unknown,—his talents have obtained for him the eminent situation he at present adorns;* he was believed and looked up to as an authority of no

* As detraction is now busy trying to discredit the value of Dr. Henderson's evidence we may give the opinions published by some who are now foremost in this ungenerous attack in regard to his qualification for the claim of pathology on account of his practical knowledge of medicine. The *Northern Journal of Medicine*, edited by Dr. Seller, contains the most virulent articles on Professor Henderson. The following is Dr. Seller's language at the time of the election in 1842 :—"Give me leave to say, that an acquaintance with the alterations after death, as the effects of disease, to which, of late, the term pathology has been often improperly limited, valuable as that is, makes but a small, and that the easiest part of the science of pathology. In its true spirit, pathology is the appreciation of the rise of these effects, at a time when some of them are capable of being removed;—the scrutiny of diseases during their progress, not merely to distinguish each shade or variety by its

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mean value in matters connected with medical science before, and even during his investigations into the merits of Homœopathy. He has lost none of his claims to the esteem and confidence of his colleagues by the publication of the results of these investigations. Had Professor Henderson sought to draw the attention of the profession to a new remedy for gout, or a new mode of treating rheumatism, they would have at once been tried by his brethren on his recommendation, and the medical press would have joined in advising a fair trial to be given them;—will the case be otherwise with his recommendation of Homœopathy? It will be tried, we are confident, by many medical men on his recommendation; though, meanwhile, the medical press will teem with abuse, ridicule, and calumny, directed against the system and its bold impartial investigator. "*La plupart des grandes découvertes ont commencé par paraître absurdes, et l'homme de génie ne fera jamais rien s'il a peur des plaisanteries; elles sont sans force, quand on les dédaigne, et prennent toujours plus d'ascendant quand on les redoute.*"

Dr. Henderson commences by stating that the object of his work will be obtained, if he succeed in convincing medical men of the injustice of the condemnation which has been passed on Homœopathy by the profession at large. He was led to doubt the propriety of the common opinion respecting it, by finding that it had been embraced by well-educated and intelligent men in almost every country in Europe, as also in America, by the testimony of Homœopathic practitioners on whose integrity and judgment he could rely, and by certain effects of the practice which had fallen under his own notice. He adverts to the ignorance which prevails among medical men in this country on the subject, and exposes the irrationality of those who dispute the experimental evidence appealed to by Homœopathists,

appropriate name, but, as far as it is permitted, to penetrate the veil which, during life covers their internal characters, and to survey these, in their progressive state, in connexion with the external signs of their several stages, and thus to obtain a foundation for further improvement in the knowledge of the whole phenomena of diseases, and of the principles on which remedies operate in their cure. That Dr. Henderson has pursued the study of, pathology in this spirit I have had frequent occasion to observe, and if the testimony of his friends should seem too partial, the papers which he has published in the two Edinburgh Medical Journals, and in the *British and Foreign Medical Review*, will afford an unerring test of his ability and zeal in pathological pursuits." Dr. Cormack, editor ef the other monthly journal, in which his claims to notice are treated with affected contempt, announced his appointment in the following unqualified and emphatic words:—"Dr. Henderson's appointment will prove of great benefit to the university, as he is a popular lecturer, as well as an erudite and practical pathologist."—(*Monthly Journal of Medical Science*, 1842, p. 874.) But one of the most explicit testimonials to this effect was given by one of his present colleagues, whose temporary occupation of the chair of pathology, and intimate acquaintance with Dr. Henderson, as well as his high ability, render his opinion on this matter of the greatest value. Professor Simpson observes: "It is with the most sincere pleasure that I offer my humble but conscientious testimony to the pre-eminent merits of Dr. Henderson, as a medical teacher and practitioner. The very great number of his pupils during the present session, and his unparalleled success as a lecturer on the practice of physic, attest much more forcibly than I can, the great estimation in which he is held by the students of the Edinburgh Medical School as a teacher, and I feel assured, that every one who has had the pleasure of meeting him, as I have done, at the bedside of the sick, will rejoice to bear witness to the admirable powers of discrimination and depth of judgment which he ever displays in the practical exercise of his profession."

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on no better ground than "that it is not known to be true by those who will not submit it to the only competent test of its truth, and will not believe it on the testimony of those who have done so." Then follows a masterly exposure of the fallacy of the arguments employed by the opponents of Homœopathy, and the following sentence we cannot forbear quoting:—

"Nor will the discovery that what is hypothetical in the new system, system, (invented with the view of explaining the facts of its therapeutics,) is unsatisfactory, and some of the practical precepts of its founders manifestly absurd, appear adequate grounds of objection to the whole, in the opinion of those who are wise enough to regard imperfections as unavoidably incident to a sphere of science so obscure as therapeutics, and who, tutored by their own experience, are candid enough to make allowance for some erroneous statements connected with the difficult art of observation."

After noticing the great comparative success of the Homœopathic method in the Hospital at Vienna, in the treatment of those severe and dangerous acute diseases, pneumonia, pleurisy, endo-, and peri-carditis, he makes use of the following sound and logical arguments:—

"If the Homœopathic have been merely a negative practice, what is the advantage of the treatment usually esteemed so necessary and so potent? These who hold that the recoveries under the ordinary treatment have in any measure, been due to it, must entertain a very preposterous estimate of the curative powers of the expectant method, allied to a lively imagination, or must admit the agency of some unaccountable influence in the Homœopathic remedies; and those who maintain that the results which have followed the employment of those remedies, are no more than the remedial efforts of nature are capable of yielding, cannot avoid the predicament of conceding that the severe measures of the ordinary practice might have been dispensed with. The only course, in this state of the question, that is presented to the latter, if conscientiously desirous not unnecessarily to enfeeble their patients, is to lay aside the ordinary remedies, and to trust every thing to nature; and the only alternatives open to the former are, either a course similar to this, or an experimental examination of the asserted virtues of the Homœopathic remedies." p. 16.

And again:—

"It has often been said that the benefits of Homœopathy flow mainly from the omission of medicine altogether, of which the system is supposed by its opponents in reality to consist. This opinion had better be reconsidered, if it lead to the practical inference, as I think it does, that some eighty or ninety per cent. of the patients who employ medical practitioners would be better off without them." p. 237.

At page 22 he enters into a consideration of the pathological argument against Homœopathy, and very ably exposes the ignorance of those who argue as though the rules which guide the ordinary practice had sprung from a certain amount of acquaintance with the essential nature of diseases, or knowledge of their *primæ causæ*, which seems to be a delusion pretty common among our Allopathic brethren, some of whom we might expect to be better informed.

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"Irritation, torpor, want of tone, and so forth, may answer well enough, perhaps as well as any other term, to designate an unknown something, which must be represented in the detail of a process, or the unfolding of a method, when we desire to proceed in what is termed the rational mode of practice; but it is a mere delusion to fancy that they are entitled to be considered as expressing any actual knowledge of what that something is. The very dissensions that prevail in all such speculations in pathology are of themselves enough to show that nothing can be said to be actually known on that difficult part of the science; and I may add, that these same dissensions, prevailing as they do among those who employ the same means of treatment, not less than among those who are opposed in such matters, prove also of what little consequence to practice are the notions entertained respecting proximate causes."

At page 27 he combats the allegation which has frequently been made that Homœopathists, in attending to symptoms alone, overlook the nature and seat of the disease:—we must refer the reader to this part of the work, which is altogether of a very important character. We may be permitted to make here a few observations on this interesting point. The symptoms, objective and subjective, which we observe in, and elicit by the examination of any case of disease, are our only clue for ascertaining the nature and character of that disease,* and our only guide in the administration of a remedy. Whatever we can detect in this way is a symptom, and the whole difference between the Allopathist and Homœopathist consists in this,—that while the former is satisfied on discovering an inflammation of the skin, lungs, or bowels, and imagines that this is the disease, which being found, he need seek no farther,—the latter will only regard this inflammation of the skin, lungs, or bowels, as one symptom of the general diseased state, nor will he rest content with ascertaining its existence, but will prosecute his researches further, believing, as he does, that this inflammation is but one feature of the general picture of a certain morbid state, which picture must be filled up in all its details, before an accurate idea of it can be obtained, and before the physician can hope to prescribe successfully. Thus, what is with the Homœopathist but a symptom (no doubt a highly important one, and possibly the chief one) of the general morbid condition, is with the Allopathist the whole disease.† This considers all the other symptoms as subsidiary to, and values them only as they guide him to the detection of, a certain structural or functional change, that holds this structural or functional change, together with all

* The exciting or occasional cause forms a part of the *anamnesis*, and does not teach us the actual morbid condition, but directs us in our examination, and in some cases gives a hint as to the particular class of remedies among which we are to seek.

† There are, however, many morbid states which present no particular symptom, no structural change or inflammatory character, which can be fixed upon as the disease. In such cases, the imaginative faculties of the Allopathic physician are put in requisition, and some particular organ is fixed upon as being the seat of some not very well defined morbid process, accordingly the stomach, the liver, the spleen, the rectum, have, at divers time, incurred the blame of the whole disturbance, and the patient has been said to be bilious, dyspeptic, splenetic, or suffering from suppressed hæmorrhoids, according to the fancy of the physician, or agreeably to the prevalent notion of the day.

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the other symptoms, to be the result of some specific derangement of the general system. The treatment of both differs accordingly,—the Allopathist directs his whole energies to the subduing this one symptom, which he has elevated to the dignity of the disease, *par excellence;* when this is knocked in the head his triumph is complete, although the patient may still suffer from some of the other symptoms, or from the effects of the treatment. The Homœopathist, on the other hand, selects his remedy, which corresponds perfectly to the whole morbid condition, and he does not consider the disease as cured until all the symptoms are subdued. Which has the most rational view of pathology, we leave to the impartial to determine; he who considers a particular symptom as the disease itself, or he who takes into account the whole morbid picture as nature presents it to him. The imputation that the Homœopathist necessarily neglects pathology, is at once false and absurd,—if any thing, he pays more attention to it than does the Allopathist, as not only does he avail himself of all the light thrown on it by morbid anatomy, but he investigates and notes the minutest objective and subjective symptoms with a carefulness and accuracy not dreamed of by the disciples of the old school. With hypothetical conjectures as to the nature and seat of the disease, and the conditions on which it depends, he does not trouble himself, as the history of medicine teaches him, that such hypothesis have done more to retard than advance the medical art.

We are rather more sanguine than Professor Henderson with respect to the cure, by Homœopathic means, of some affections which have hitherto been deemed incurable, and we need only refer to the case of Field-Marshal Count Radetsky, detailed in the 1st volume of this journal, in confirmation of the reasonableness of our hopes. The evidence of those two eminent professors of Ophthalmology, Jaeger and Flarer, with respect to the nature (scirrhus) and incurability of the tumour in the illustrious patient's orbit, may be fairly taken as the deliberate opinion of the Allopathic school on the subject, and yet the Gallant Count, after remaining some time under Homœopathic treatment, got rid of the disease, and is, up to the present time, in enjoyment of excellent health. Several other equally well-marked and well-attested cases, of what is termed malignant disease, cured by Homœopathic means, are to be found in the various works on Homœopathy, and, indeed, if our system be so decidedly superior to the old method, as its adherents assert, it is no more than might be expected, that it should succeed in curing many affections in which the latter fails. But, at the same time, we must regard such cases as, for the present, exceptional, and fully concur with Dr. Henderson in condemning the extravagant pretensions to the cure of phthisis and other organic diseases, which some of its enthusiastic admirers attribute to Homœopathy, in its present still imperfect state.

The following is extremely gratifying as expressive of the conviction which Dr. Henderson's trials have led him to form of the value of Homœopathy:—

"From what experience has taught me of its operation in disorders curable by any medical treatment, I do not hesitate to say, that I feel bound to give it a decided preference over the ordinary practice; and in those curable disorders in which I have not hitherto had an opportunity of

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employing it, the correspondence of the results I have witnessed, with what the practical works on Homœopathy declare to be the consequence of the employment of Homœopathic remedies, leads me to anticipate, with confidence, practical advantages of the like nature. In a word, I am satisfied that Homœopathy, in its full technical meaning, is substantiated by an adequate experience as a natural truth, having the full amount of generality possessed by any other general law, in reference to the particulars on which, when rightly interpreted, it lays claim to that character." (p. 39.)

Dr. Henderson proposed to himself to conduct his Homœopathic experiments in a real spirit of scepticism, viz., by comparing the result of cases treated according to the new method, with that of other similar cases left entirely to themselves; "but," he observes, "in the course of fulfilling the former term of the inquiry, I found myself persuaded of the actual power of the remedies, and relinquished the purpose of undertaking the latter; because what I had mainly proposed to myself by the investigation—the satisfying of my own mind on the subject—was accomplished, and I did not feel inclined to encounter the personal risks and anxieties that would necessarily attend the completion of the inquiry in the manner originally intended."

The number of cases recorded amounts to 122, which constitute scarcely a fifth of those which Dr. Henderson has treated Homœopathically. The following conditions were attended to in the selection of these cases:—That they should not be of a slight nature, such as commonly yield with ease to confinement and nutritious diet; that they should not include disorders previously subject to repeated alternations of decline and increase; and that there should be some reason to suppose that the persons subjected to the treatment were likely to give it a fair trial in point of time and attention. Cases of pulmonary consumption, of old organic disease, and a great many of those mild disorders which compose the bulk of general practice, such as catarrh, coryza, rheumatic pains, feverish colds, bowel complaints, papular and vesicular eruptions of recent date, measles, worms, colic, hoarseness, slight sore throat, have been excluded. But at the same time the author remarks, that with respect to these mild disorders, he has found them to disappear so rapidly under Homœopathic treatment, and to leave the patient in a state of such perfect health, that no doubt rests in his mind that in such cases, also, it should be always preferred to the old practice.

As Dr. Henderson makes no pretension to be considered a perfect adept in Homœopathic practice at the time these experiments were instituted he deprecates the result of these cases being taken as the most favourable result which Homœopathy can show. "I am conscious," says he, "that in some of these unsuccessful cases I was myself in fault; and it is but justice to the system to presume that I may have erred in some of the others."

The first eight cases consist of cynanche tonsillaris of various degrees of intensity, which all yielded, in a short time, to the remedies employed, their average duration, under treatment, being under forty-eight hours; that of the whole disease being less than four days. A comparison of them is

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instituted in a note, with thirteen cases of the same kind treated by Louis, with bloodletting, gargles, mustard footbaths, and poultices, the mean duration of which was nine days; and of ten cases treated by the three last alone, ten days and a quarter. We have not space to enter into an analysis of each individual case, but we may be permitted to point out a few which show most strikingly the effect of the remedy or remedies employed. Case IX is that of a child under a year old, which was affected with gastritis, all ingesta being constantly vomited; *Arsenic* 6 effected a rapid cure. Case X, a very severe dysentery, made over to the author by Dr. Graham, who believed the man to be dying; in little more than a fortnight after commencing the treatment, all traces of the dysentery had disappeared. The three following cases of the same disease show, likewise, a very favourable result.—XVIII.—A case of diarrhœa, in a girl two years old, cured by a single dose of *Mercurius* 6. XX.—Erysipelas, a rather severe case, reported perfectly well on the third day. XXVIII.—Inflammation of the hip joint, which was rapidly cured by *Merc.* The virtues of Dulcamara, which M. Trousseau asserts to be without action on the human frame, are shown in a case of sciatica, No. XXIX. No. XXXIII is very interesting on account of its being the fatal case of pneumonia, which attracted so much attention to Dr. Henderson's Homœopathic practice in the hospital. No doubt can exist on the mind of any who reads Dr. Henderson's account, that the chance of this man's recovery, under any treatment whatsoever, was feeble in the extreme. Previous habits of inebriety, a recent confinement in gaol for a fortnight, a stomachic affection of two years' standing, double pneumonia, pulse 130, soft and intermittent, hypertrophied heart, and delirium, were certainly enough to discourage the most sanguine; and, as nothing could be hoped for on the old system, it was surely quite justifiable to give the patient a chance of his life by the new method; and one cannot but admire the presumption of those who dare to cite this case in evidence against Homœopathy. No. XXXVI, and the three following cases, are good and satisfactory instances of the cure of chronic head-aches by the Homœopathic method; and many others of a like character are to be found in the following pages. An interesting notice of the cure of a case of supposed consumption by *Calcarea* 30, is recorded in a note at p. 134; of course, the issue satisfied the author that the disease was not what he had supposed it to be, a supposition which he was unable to verify by stethescopic examination. No. LV well illustrates Homœopathic aggravations produced by *Arsenic* 6, 12 and 18. Nos. LVI, LVII, LVIII, and LVIX, illustrate the good effects of our method in gastralgia, an affection which so frequently defies the remedies of the old school. From LXXV to LXXXI, we have a series of cases of chronic constipation, treated with perfect success by the Homœopathic method. These cases are peculiarly instructive, as they had all been long treated according to the Allopathic system, by aperients, which had latterly become essential to their existence, but which their Homœopathic treatment had enabled them entirely to discard. Nos. LXXXIII, LXXXIV, and LXXXV, are instances of the rapid cure of hemorrhoids, an affection which in the old school is so frequently handed over to the tender mercies of the surgeon.

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From LXXXIX to CII, we have cases of menstrual derangement of various characters, which all yielded easily to the remedies employed. No. CIV is a very remarkable case, as well from the rarity of the disease as from the successful result; there seemed to be a continual formation of false membrane in the bladder, attended with excruciating agony to the patient, a boy of 14. He had previously been for a long time under Allopathic treatment without amelioration. Of the cure of skin disorders we find Nos. CVI, CVII, CIX, CX, CXI, CXII, and CXIII, offer good examples. Such cases, where the disease is almost entirely of an objective character, are well worthy attention, as no mistake can be committed with respect to the diagnosis; and they are generally of so obstinate a character, as to yield with difficulty, and sometimes not at all, to the various medicines and topical applications of the Allopathic school.

We have, in the above enumeration, pointed out the best and most striking cases, but all more or less illustrate the beneficial action of the Homœopathic remedies, and deserve a careful perusal by all who are desirous of ascertaining the grounds on which Professor Henderson has declared his allegiance to the Homœopathic system. It must be borne in mind, that the cases detailed by Professor Henderson are not *selections* from his practice, but are merely a transcript of notes of general practice, made in accordance with the conditions we have above explained, whereby slight affections are not recorded; otherwise the general average of successful cases had been vastly increased. It must be also remembered that the cases recorded in this work are not intended as models of Homœopathic treatment, but they must be viewed in the light of experiments with Homœopathic remedies, by an earnest seeker after truth, consequently an impartial and conscientious inquirer. If the results of such investigations, by one who is comparatively a beginner in Homœopathy, for a perfect acquaintance with whose details, years of patient study are necessary, are so favourable, it may readily be supposed that still more brilliant results are to be obtained after the experience and study of many years shall have rendered the practitioner thoroughly conversant with all the intricacies of the art. The modesty with which Dr. Henderson begs the cases he has recorded not to be considered as showing the best style in which Homœopathy may be practised, completely disarms all criticism with respect to his treatment of some of the cases, which, were they presented to the profession as examples for imitation, we might be inclined to censure.

As might naturally be supposed, the medical press has not beheld with indifference the defection from the Allopathic school, of one of the ablest and most esteemed professors of the university of Edinburgh; it has, accordingly, given vent to indignation in articles breathing strains of most lugubrious ridicule, and querulously demanding how a person holding such views can retain or be allowed to retain the chair of pathology, in the first medical school in Britain. This clamour betrays an incapacity for thought and a childish ignorance, for which those who raise it will, ere long, be heartily ashamed. We suggest the following observations to their serious attention: 1st. Is it possible that any conceivable therapeutic principle (that is, a principle involving the relation of the curing thing to the thing to be cured)

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can supersede the necessity of a knowledge of disease in the person who applies the cure? Do they know that in all places where Homœopathists have formed themselves into associations, a complete medical education, including a knowledge of pathology, was a pre-requisite for admission? Can any change in opinion, regarding the best means of applying medicines, modify the positive knowledge of a lecturer respecting the causes of disease, morbid action, morbid products, or the relations of internal organs to external phenomena? If not, then the conversion of such an one to Homœopathy will not necessarily affect his teaching of etiology, pathology, proper morbid anatomy, and symptomatology. But it is urged that a profession of Homœopathy involves a denial of what are generally regarded by the old school as pathological truths, of doctrines, respecting the validity of which there can be no doubts; that, in fine, a belief in the Homœopathic law is subversive of faith, in what are deemed established pathological laws. We think we shall be able to show that so far from this being the case, so far from Hahnemann's discovery acting as an impediment to the advance of true pathology, it will be the means of opening up a wider field for the researches of the pathologist, and affording a clue to the labyrinth of unarranged and apparently unconnected facts, which the labours of observers in that department have accumulated in such vast profusion. If, indeed, the Homœopathic be an incontrovertible law of nature, as its upholders declare it to be, then it is difficult to perceive how it can be at variance with any other law of nature; certainly, we should like to know what authentic pathological law it is subversive of. Opposed it may be to some pathological doctrines, at present taught in our schools, but are these doctrines entitled to rank as natural laws, or are they not the offspring of some ardent imagination, doomed to fade and be forgotten by the spread of some more happy theory, even as they themselves eclipsed and extinguished the less happy hypothesis that preceded them? If, as our opponents assert, there is no truth in the Homœopathic dogma, then let the evidence adduced in its support be controverted by counter experiments, conducted in the careful, cautious, and conscientious manner displayed by the author of this book, and not, as has hitherto been the case, by bringing to bear on the point facts and assertions having no earthly connexion with the subject, or ludicrously irrelevant to the matter at issue. Those who now so fiercely declaim against any thing which threatens to create a revolution in the pathological theories of the present day, would do well to remember the fate which has attended the pathological theories of the past, and to examine whether the former do not partake of the partial and one-sided character which proved the ruin of the latter; to look to it that they do not rest on a basis of vague hypothesis, but are built on accurate and comprehensive views of human physiology.

But we may ask, to what fixed and determinate pathological doctrines is the Homœopathic dogma opposed? The ancient doctrines of the Humoral school are dead, but in the doctrine of dyscrasias, which at present engages so much the interest and investigations of the Vienna school, we have a revived modification of them, and at the same time the nearest possible approach to Hahnemann's doctrine of chronic diseases. Now we will not

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dogmatically assert that, in the points where they differ, Hahnemann is absolutely right, and the Vienna pathologists positively wrong; we would rather be inclined to believe that neither are absolutely right, but that both have seized upon a portion of the truth, though the whole truth has not yet been revealed. To this most modern pathological doctrine, then, the Homœopathic dogma is not opposed. Is the Vital-principle school assailed by Homœopathy? Hahnemann himself was of this school, and strove to make the facts of his discovery harmonize with its doctrines, with what success we shall not stop to inquire, but, assuredly, he cannot be accused of overthrowing the doctrines of this school, which has its partisans in every European school of medicine. The principle of specificity contained in the Homœopathic law is perfectly in accordance with the views of the No-vital-principle school, as was pointed out by the late Dr. Fletcher, in his "Elements of General Pathology." To the principles of the modern Iatro-chemists, with whom the organism is a chemical laboratory, and diseases mere chemical combinations, or decompositions, excess or deficiency of chemical elements, Homœopathy and all medical experience are at variance; but such doctrines have made little progress among physiologists or pathologists, and are chiefly confined to mere chemists. Thus it must be evident to all, that the professing, nay, the teaching of any of the established general doctrines of pathology current in the present day, is not incompatible with a belief in the Homœopathic law, as there are to be found among the disciples of Hahnemann, some who profess each of the above received pathological notions.

Is it, then, to the facts of pathology that Homœopathy is opposed? So our opponents would have us—no, not us, but those who are disposed to inquire into our system—believe. Were there any one fact in the whole domain of pathology and therapeutics, the cause and process of which was so palpable and evident, that it was plain and distinct to every observer, then, indeed, might there be some reason to suppose that, if this one fact proved adverse to the Homœopathic doctrine, the probability was, that the latter was false; but when we examine the explanations by various authorities of any such facts, we find such a vast discrepancy of opinion as to convince us that none of the explanations hitherto given have the slightest title to be considered absolutely and undeniably true. Are we told that the effects of bloodletting in curing inflammation run counter to our doctrines? The effect of bloodletting in relieving the congestion, in which, according to some, the essence of inflammation lies, has never, and can never, be denied by Homœopathists, but the danger and bad consequences attending the abstraction of blood are such as to prohibit its employment in such affections altogether, if a better and safer means be known, and this better and safer means we allege is known to us. Does bloodletting cure inflammation by directly withdrawing the irritation in which, according to others, inflammation consists? We may concede this point, for the blood being a powerful stimulus to the irritability, its abstraction must, of course, diminish this stimulus; but, again, the same objections which we have above stated may be urged against the propriety of thus mechanically diminishing the stimulus, which, when the stage of irritation is past, will be again required to carry on the functions normally

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Is it said that the action of so-called counter stimulants, counter-irritants, revulsives, &c., is inimical to the admission of the Homœopathic law? Is there not the greatest difference of opinion among the very advocates of these methods with respect to their mode of action? Some say the morbid process is derivated from the affected part to the place where the artificial irritant is applied, (*metaschematism*, this operation has been termed;) and among Homœopathists this opinion is to be found respecting the action of Homœopathic remedies;* others regarding the morbid process as indicative of debility in the part affected, imagine that the artificial irritant, or stimulus, acts by exciting the diseased tissues and organs up to the normal standard of tonicity, and this, we need hardly say, is the opinion of many Homœopathists with regard to the action of their remedies. A cure of diseases by evacuants is by some said to be effected by removing from the system some morbid product,—a childish and absurd doctrine, which has, however, still its advocates, who, to be consistent, must needs recommend the use of the pocket handkerchief as the very best remedy for coryza. By others, evacuants are said to act by derivation or by stimulation, consequently the observations we have above made apply equally to them. The phenomena of crises and critical evacuations have been variously explained, by considering them as real metaschematisms, the cause, therefore, of the cure of the morbid process in the originally affected part, or, as the consequences of the sudden return to the healthy state of irritation in that part, a kind of over stimulation being thereby sympathetically produced in a distant part. By one set, then, they are regarded as real derivatives; by the other as sympathetic irritations. A vast number of medicinal agents, whose *modus operandi* has never been explained, unless in the same manner as Moliere's learned *bachelierus* explained the action of opium, and which have variously been dubbed *specifics*, *antis*, and *fuges*, have ever proved a stumbling-block to those who have sought to lay down any general law, according to which diseases are cured and medicines act. We cannot assert that Hahnemann has discovered their mode of action, but he has, at least, discovered the law according to which they act; and it is by the discovery of this law we unhesitatingly affirm, that we now have a chance (slight though it be) of arriving at the construction of a theory to account for the mode of action of remedies in general, to explain the actual process in diseases, natural and medicinal; for if the Homœopathic law be true, then is pathology in a state similar to that in which astronomy was before the appearance of Newton. The investigations and observations of Kepler had made him acquainted with the motions of the planets, and the laws by which these motions are governed; but it was reserved for the master-mind of Newton to show why these things must be so. Hahnemann has discovered the *law* whereby remedies act; we know not whether some future medical Newton shall succeed in showing us why remedies must act as they have been ascertained to do by Hahnemann. But it is almost needless to observe, the science of physiology must be immensely advanced before this can happen. If the Homœopathic law be not true, it is supported by a mass of evidence greater than was ever brought to bear on any

* *Vide* Gerstel's *Scientific Foundation of the Homœopathic Principle*, reviewed in the 2nd Vol. of this Journal, p. 398.

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false hypothesis, and it would better become our opponents to make use of this evidence, in order to endeavour to discover where truth actually lies, than to indulge in slanderous imputations on the character and motives of its defenders, or make a jest of their sincere convictions. It is an easy matter to raise a laugh against any thing by placing it in a ridiculous light, as it is to caricature any picture by showing it in a cylindrical mirror; but when we turn from the distorted reflection to the original, the beauties are soon perceived, and admiration succeeds to ridicule or contempt. The clamour which is now raised against Professor Henderson by the medical press, is at once most unphilosophical and childish in the extreme. While the illustrious Professor of Pathology in the Parisian Medical School is praised and cited by our adversaries for his Homœopathic experiments, conducted with the utmost carelessness and neglect of the first principles of the subject he pretended to examine, the Edinburgh professor is bespattered with abuse for investigating the same subject with all the attention and scrupulous exactness it was possible for him, under the circumstances, to bestow upon it, and which its importance demanded. The former constructed a Homœopathy of his own, a man of straw, which it required little ability to demolish; the latter examined attentively the Homœopathy of Homœopathists, and his examination convinced him that it was a great fact. The efforts of the one were directed to overthrow the dogma of Hahnemann; those of the other, to inquire into its truth. Of four professors of pathology in various European universities, who have undertaken to examine the truth of the Homœopathic law, three have declared in its favour, one against it; the former are Professor d'Amador, of the University of Montpelier; Professor I. W. Arnold, late of the University of Zurich; and the author of the subject of the present review; the latter is Professór Andral, of the Parisian School of Medicine.

HOMŒOPATHISCHE PHARMACOPÖE *in Auftrag des centralvereins homœopathischer Aerzte bearbeitet und zum Gebrauch der Pharmaceuten herausgegeben von* CARL ERNST GRUNER, *Apotheker, zu Dresden. Mit einem Vorwort von Medicinalrath Dr. C. Fr. Trinks, Dresden and Leipzig,* 1845.

HOMŒOPATHIC PHARMACOPEIA, *prepared and published for the use of Pharmaceutists. By* CARL ERNST GRUNER, *Apothecary at Dresden; by the authority of the Central Society of Homœopathic Physicians, with a preface by Dr. Trinks.*

The essential requisites of a useful pharmacopeia are, that the processes given for the preparation of the medicines, should be so simple and accurate that, on repetition by persons of ordinary skill, the same result may be always obtained; and that the work emanate from a source of such authority, as to secure its recognition and the adoption of the recommendation it contains, by all whose duty it is to prepare the drugs, for which it affords the directions. In the present state of Homœopathy, it is obvious that a great difficulty obstructs the attainment of the latter condition. There being, as yet, no colleges or other corporate bodies, which have the power of

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enforcing their commands, the duty must devolve either on private individuals or societies, whose only authority is derived from the general respect they command. In these circumstances there is certainly no body better entitled to issue such a work than the *Central Society* of Germany, and no individual to whom its execution could have been committed with greater propriety than to Gruner. His fidelity and his skill have obtained for him the perfect confidence of all the German Homœopathic physicians. He is, besides, an excellent chemist, and describes his processes in very clear language. So we may fairly look upon this book as the most authoritative that can be published, at present, and accept of it as a great boon to the cause of Homœopathy.

While we fully recognise the merits of the work, there is one point on which we must express our decided disapprobation. We allude to the adoption of the decimal scale of dilution and trituration. In this we do not, of course, blame Gruner, but the central Homœopathic society, at whose instigation he has adopted it. We regret much that the society should have recommended such a step, for hitherto a general and beautiful uniformity has prevailed in the symbolic language of Homœopathy. Bellad. 30, expressed the same idea over all Europe and America. But in the work before us, the decimal scale is recommended to supersede the centesimal, and henceforward in the narrative of a case, unless it be mentioned what numeration is adopted, we shall be quite at a loss to know whether 3 after a drug means $\frac{1}{1000}$th or $\frac{1}{1000000}$th. Nothing but urgent necessity should induce even an authority to meddle with established standards of weights and measures, for the immediate confusion must be great, and the benefit uncertain and distant. But in this case neither is there the plea of necessity, nor a sufficient authority to enforce the change. The advantages ascribed to the decimal scale are,—1st, that more complete mixture is secured by greater sub-division; and, 2nd, that we have a greater number of dilutions, and, consequently, may be more accurate in our doses. The former advantage is easily obtained by the chemist making the triturations and dilutions according to the decimal scale, and only preserving, or, at least, furnishing to physicians every alternate dilution, numbered as Hahnemann directs, and the latter, by interposing between some of the lower centesimal dilutions. Some decimals might be differently marked, as was originally proposed by Moritz Müller, and has been for some time used by ourselves and many others. Thus, let 1-10th be marked A, 1-100th No. 1, as usual, 1-1000th B, and so on in alphabetical order; but it would be quite unnecessary to carry this further than two or three letters, as a minuter sub-division than by hundreds is quite superfluous, after passing the third or fourth dilutions; in fact, at present, not nearly all the dilutions are in use. We never remember to have seen the 29th dilution prescribed by any Homœopathist. Although the decimal scale has no decided advantage, it has, at the same time, no disadvantage; and if it should come to be generally adopted in Germany, as that country is still the great nursery of Homœopathy, we should recommend its adoption here, for the very reason we now object to its adoption there, for the sake of uniformity. Until that time, however, though it may with great advantage be followed by the pharmaceutist in making the triturations and dilutions, we trust that no person in

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this country will make use of it. With regard to the preparation of the medicines, the processes appear to be very excellent, and M. Gruner has already attained great celebrity for his metallic preparations. They are made from precipitates of their solutions, and the superiority of this method to that of simple trituration by hammering, or any other merely mechanical means of subdivision, may be seen by giving a glance at the plates given in No. 9 of this journal, where the microscopic appearance of the two are contrasted.

We were surprised to see that Noack and Trinks had admitted Causticum into their Handbuch; and now we must express our regret that the Central Society have not decided on at once expunging it from the Pharmacopeia, on the simple, but, to the therapeutist, quite satisfactory ground, that it is an *uncertain* preparation. We do not object to it on the ground that its recommendation was suggested by a false chemical hypothesis, for it might be a very efficacious empirical preparation notwithstanding; nor do we doubt that the symptoms attributed to it by the provers are *bonâ fide* the effects of the substance swallowed; nor that the cures attributed to it were *bonâ fide* the effects of the dilutions administered. But as the symptoms of Tinctura acris have been incorporated with those of Causticum, prepared according to the later formula, and, therefore, an essentially distinct substance; and as scarcely any two specimens of Causticum, according to the later formula, agree in essential characters, it follows that the symptoms of Causticum, in the Materia Medica, do not correspond with those of *any* individual specimen of Causticum in the possession of the practitioner. And for the same reason no cure with Causticum, by one practitioner, (that it has often been highly useful is undeniable,) can form any safe guide for any other practitioner who possesses a somewhat different specimen of the substance. For these reasons we have entirely abandoned the use of Causticum, and hope soon to see it universally expunged from Homœopathic Pharmacopeias and works on Materia Medica.

Notwithstanding these trifling faults, we tender our sincere congratulations, as well to the Central-verein as to M. Gruner, for the exceedingly creditable way they have executed their work; and we trust it will be soon translated into English, and become a manual in this country and America.

Journal de la Medicine Homœopathique, publié par la Société Hahnemannienne de Paris. Tome I. *No.* 1, *Novembre*, 1845.

This is the first number of a new journal for the spread of the Homœopathic doctrines, published in Paris, by the Hahnemannian Society, and designed to appear every month. This is the seventh Homœopathic periodical in the French language which has appeared since the year 1833. 1st. The *Bibliothèque Homœopathique de Genève*, which was the first established, ceased after publishing eighteen volumes. It was very ably edited by the late Dr. Dufresne, and Dr. Peschier. It was commenced in 1833, and terminated rather abruptly in 1842.

2nd. The *Archives de la Medicine Homœopathique*, edited by Drs. Simon and Libert, commenced in 1834, and terminated in 1838; consists of six volumes.

3rd. The *Revue de la Medicine Specifique*, by Drs. Chargé, Petroz, and Roth, begun in 1840, left off in 1842, forms five volumes.

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4th. The *Journal de la Doctrine Hahnemannienne*, by Dr. Molin, appears to have existed but one year, (1840,) during which two volumes were issued.

5th. The *Annales de la Medicine Homœopathique*, published by Drs. Simon, Jahr, and Croserio, was commenced in the year 1842, but we are unable to say how long it lasted; its existence, however, could not have been very long, as it has long ceased to be advertised.

6th. The *Bulletin de la Medicine Homœopathique*, by a Society of Homœopathists, was announced in the beginning of the present year, and still continues to be published. From the celebrity of the names of many of those who compose the Hahnemannian Society of Paris, we may look for some excellent articles in the future numbers of this publication. The present contains an able introduction, which is followed by a translation of the remarkable experiments of Dr. Gross, with the highest dilutions of remedies. A highly useful practical essay on the medicinal properties of *Calcarea Carbonica*, by Dr. Croserio, comes next, in which a careful analysis of the Hahnemannic symptoms is presented to us; and some curious observations by Dr. Perry, with regard to the administration of medicines by olfaction, concludes the number.

We congratulate our French brethren on the appearance of this periodical, and trust it may enjoy a longer life than its predecessors.

PATHOLOGY.

In publishing the following series of Papers by Dr. Engel,* a gentleman well known to the Pathological world, we think it will be universally acknowledged that we render an important service to our fellow-countrymen, who are unable to procure elsewhere the information here given: for these papers give a concise and clear idea of the tendency of the Vienna school, and of its labours in the field of Pathological Anatomy, as well as of the general deductions made from the vast number of facts which have been collected, more especially by the profound and original Rokitansky. Of course, in accepting and acknowledging the value of these researches, as contributions to Pathology, we are by no means to be understood as adopting generally the theoretical views contained therein. On the contrary, in so far as they are concerned, we distinctly deprecate any attempt to revive a purely Humoral Pathology, or, indeed, all those doctrines which refer the phenomena of disease to any *primary* alteration of the blood.—Eds.

THE DOCTRINE OF THE DYSCRASIAS.

By Dr. J. Engel, of Vienna.†

PRELIMINARY REMARKS.

Numerous observations have shown that the alteration of the physical and anatomical properties of the blood is dependent on a change of its constituent parts, or of its proportional composition, and that, consequently,

* Dr. Engel has lately been appointed Professor of Anatomy in the University of Zurich.

† From vol. I of the Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien.

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under certain circumstances, we may give attention to the former, and draw an inference with respect to the latter. It is true, that on this purely anatomical basis no theory respecting the pathology of the blood can be constructed; yet it cannot, on the other hand, be denied, that anatomical facts can alone form a proper foundation for comprehensive chemical labours. The anatomist, by making an accurate diagnosis of the disease and its particular stage, by a glance at all the changes in the organism, and by determining their mutual relations in every respect, can alone form a plan for the chemical investigations of the blood, and prepare the questions which it is for chemistry to solve. And, on the other hand, it is undeniable that the labours of chemists, conducted and carried out in this manner, must react beneficially on anatomical researches. Anatomists and chemists cannot dispense with the conclusions arrived at by Therapeutists, but the latter can never fix the plan for chemical investigations, for they have not the resources which are at the command of the anatomist, because the abstraction of blood, for the sake of chemical analysis, is frequently in opposition to their plan of treatment, and they cannot obtain the whole, but only a portion of the mass of the blood for examination, and conclusions drawn from a portion with respect to the whole are often wanting in probability. The data given by the Therapeutist, as respects the quantity and quality of the evacuated matters, are, however, of importance.

On the side of chemistry, it is a well-ascertained fact, that certain matters in the blood preponderate over certain others, and that in certain morbid states this relative proportion may be either increased or diminished. But numerous *post mortem* examinations have shown, that, according as there exist in the blood a relative excess of one or other constituent, there is, irrespective of the alterations in its physical and anatomical characters, a tendency in the blood to separate this constituent, that is, in excess, which occurs either at the moment of death, in the circulating apparatus itself, or during life, in the form of what are termed exudations. Moreover, it cannot be denied that certain constituents of the blood may undergo changes of a peculiar nature, *e. g.*, the fibrine may lose its coagulability, whereby the blood incurs further chemical changes, included under the extremely general terms, putridity, scurvy, &c. In this case, changes in the physical and anatomical properties of the blood, to a still greater degree than in the cases before alluded to, occur; the blood shows a disposition to exude *in toto* through its vessels.

From what has been said above, it will be seen that there are two principal ways which may lead, from the anatomical point of view, to a pretty accurate knowledge of the abnormal conditions of the blood, in regard to the relative properties of, or the alterations undergone by, its constituent parts; these ways are, an accurate study of the changes in the physical and anatomical properties of the blood, and attention to the exudations, in their relation to the blood. With respect to the first, it is of great importance to establish a normal standard to which we may refer in order to judge of the abnormal states: every condition of the blood differing from this normal state, we may designate generally *Dyscrasia*, which must, however, be taken in a wider sense than is commonly understood by the term.

It is unquestionably a most difficult matter to establish such a normal standard, when we reflect what a vast number of circumstances may occur

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to alter the true constitution of the blood, and how seldom it happens that we can obtain, for examination, individuals who have been carried off in the full enjoyment of health. A number of subjects, such as is only to be met with in an extensive public hospital, is alone capable of supplying, in some measure, this want.

The following circumstances must be particularly attended to, as they exercise considerable influence on the state of the blood:—the age, the duration of the disease, the quantity and quality of the exudations that have occurred during its progress, the mode of disease, more particularly with respect to its greater or less rapidity, the healthy or morbid condition of the lungs. Of less importance are,—the sex, the temperament, the previous employment of medicines, unless, indeed, they have been of a powerfully alterative or evacuant kind; the period that has elapsed after death for the examination, provided it be not so ill selected that putrefaction shall have already commenced, or made much progress. The last-named circumstances are of that description that no particular changes are thereby produced in the state of the blood, or, at least, such changes cannot be easily recognised. The condition of the lungs, however, is of great importance. Every disease of these organs which is connected with an impediment to the circulation, and obstacles to the free passage of the blood, occasions a greater separation of its fibrine, more especially in the heart. To these belong pneumonia, tuberculosis, emphysema, oedema, compression of the parenchyma from various causes, hepatization of the parenchyma, &c. In cases of slow death, in extremely prolonged agony, the separation of the fibrine, more especially in the heart, is very much increased; in rapid death, it is diminished. Copious effusions, occurring in a short space of time in any disease, be they in the form of exudations, or by the bowels, the kidneys, the skin, &c., according as they possess greater or less plasticity, will produce a poverty of plastic constituents, or an inspissation of the blood, and so produce a perfectly different character in the blood from that which properly belongs to the disease. Such effusions occurring in long periods of time, have little or no perceptible influence. As perfectly healthy individuals seldom came under examination, we must exercise our discretion in the selection of subjects for determining the normal standard. The best are such as have died from not very extensive inflammations of the cerebral membranes, of the lungs, or serous cavities; extremely emaciated or obese individuals must be avoided; all diseases which we shall hereafter refer to, under the name of Dyscrasias, must be rigorously excluded; as also cases of poisoning, death by asphyxia in irrespirable gases, &c. As regards the periods of infancy and old age, less care is required in the choice, as their diseases prove fatal when yet of little intensity, and before they are able to effect important changes in the blood.

The most important differences are offered by the period of life; indeed it is perfectly impossible to fix a normal standard applicable to every age, on the contrary, for every age there must be a different standard.

(To be continued.)

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MISCELLANEOUS.

LAWS AND REGULATIONS
OF THE
BRITISH HOMŒOPATHIC SOCIETY.
1844.

President.
FREDERIC FOSTER QUIN, M.D.

Treasurer.
JOSEPH GILIOLI, M.D.

Honorary Secretary.
WILLIAM WOOD, T.C.D.

CHAPTER I.
Constitution of the Society.

I.—This Society has for its objects the diffusion, advancement, and extension of the principles and practice of Homœopathy.

II.—The Society shall be divided into Fellows, Members, Inceptive, Honorary and Corresponding Members.

III.—The Officers of the Society shall consist of a President, a Treasurer, and an Honorary Secretary.

IV.—The election of the first President shall be for three years; afterwards the election shall be annual.

V.—The Treasurer and Honorary Secretary shall be elected annually.

VI.—Should the Society hereafter find it necessary, the President may be assisted by a Council, which shall be elected annually.

VII.—The President, the Treasurer, and the Honorary Secretary shall be re-eligible.

VIII.—The Council, which may hereafter be elected, shall be re-eligible.

IX.—The President shall hereafter be elected from among the Fellows.

X.—The Treasurer and Councillors shall be elected from among the Fellows or Members.

XI.—The office of Honorary Secretary may be held either by a Fellow, a Member, or an Inceptive Member.

XII.—Members must be Medical Men of some recognised University or School of Medicine, resident in London or in the United Kingdom, whose knowledge of Homœopathy and experience of its principles and practice enable them to treat their patients homœopathically; they shall pay a sum of admission of two guineas, contribute annually two guineas to the funds of the Society, and have a right of voting when present at the Meetings.

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XIII.—Fellows must possess the same qualifications as stated under Law XII, with the addition of having been in practice for seven years, five years of which period must have been devoted to Homœopathy. They must also have been Members of the Society for at least two years, and have written at least one Dissertation, and two or more original Communications, and have obtained their Diploma of a Member of the British Homœopathic Society.

XIV.—Inceptive Members shall be divided into two classes—1st, Medical Men, Members of some recognised University or School of Medicine; 2nd, Students of Medicine.

XV.—Inceptive Members of the First Class shall be Medical Men, resident in London or in the United Kingdom, who are convinced of the truth of the Doctrine of Hahnemann, but whose knowledge of Homœopathy does not warrant their adopting the New System of Medicine until they have gained more experience in the practice of it. They may petition to be Members, after having been at least a year enrolled in the Society, and after having fulfilled the other obligations required in Law XXV.

XVI.—Inceptive Members of the Second Class shall be Students of Medicine who believe in the fundamental Doctrines of Hahnemann, and who are desirous of improving their knowledge of the principles and practice of Homœopathy. They may petition to be Members, after having been at least two years enrolled in the Society, and after having fulfilled all the obligations required by Law XXV. They must in the meantime have taken their degree or diploma at some recognised University or School of Medicine. (Vide Law XII.)

XVII.—Inceptive Members of both classes shall possess the right of attending all Public Meetings, and taking part in the Medical and Scientific Discussions; they shall be subject to annual payments of one guinea, and shall pay a sum of admission of one guinea. They shall not be entitled to vote in matters relating to the regulations of the Society until they petition to be admitted, and are received as Members.

XVIII.—Corresponding Members must be Medical Men of some recognised University or School of Medicine practising Homœopathy out of the United Kingdom; they shall not be subject to annual payments, but shall pay an admission fee of one guinea.

XIX.—Honorary Members must be either Medical Men retired from the active exercise of their profession, or men engaged in auxiliary scientific pursuits, and who are interested in the advancement of Homœopathy; they shall have the right of attending the Public Meetings, and taking part in the Medical Discussions.

CHAPTER II.

Elections.

XX.—The Members of the British Homœopathic Society shall be elected by ballot.

XXI.—Every person desirous of becoming a Member of the British Homœopathic Society must be proposed by two Members. The name, profession, quality, and place of residence of the Candidate shall be specified by the proposers. The proposal must be in the following form:—

We, the undersigned, attest from our personal acquaintance with
Member of University or School of Medicine,
that he is a proper person to become a Member of this Society.
(Signed by two Members.)

The proposal must be publicly read by the President, and shall be suspended in a conspicuous part of the room during two meetings before the Candidate is ballotted for.

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XXII.—The Degree or Diploma of such Candidate, before he can be balloted for, must be sent for examination to the President, who shall be responsible for the proper qualifications of the Candidate. The Diplomas of Universities or Schools of Medicine, exacting from their Graduates residence during the curriculum of study and personal examinations, shall alone be recognised by the President.

XXIII.—A majority of four-fifths of the Members present must be in favour of the Candidate for his election.

XXIV.—Every person elected a Member shall, before his admission, pay into the hands of the President the sum of two guineas for his admission fee, and two guineas for his first annual subscription, and shall subscribe an obligation as follows:—

By subscribing my name to the Laws of the British Homœopathic Society, I publicly declare that I will, to the utmost of my power, promote the honour and welfare of the Society, and advance the doctrines and practices of Homœopathy, and that I do recognise and will observe the Laws and Regulations of the Society; and further, that I will be careful that every person becoming a Member of this Society shall subscribe this obligation as I now do in the presence of the Society.

XXV.—Before an Inceptive Member can become a Member, he must have been, if of the first class, at least one year, and if of the second class, two years, enrolled in the Society, (Vide Laws XV and XVI,) and have written an essay connected with the Hahnemannian doctrines, and a dissertation on some practical points proposed to him by the President assisted by two Members; after these have been read and discussed at a Public Meeting, he will be admissible as a Member by a simple majority by ballot at a subsequent Meeting.

XXVI.—The Inceptive Member, who has been elected a Member, shall pay an additional fee of admission of one guinea.

XXVII.—A Member desirous of becoming a Fellow must petition the Society, through the President, who must certify that the Member has fulfilled the conditions in Law XIII, entitling him to present his petition before it can be taken into consideration.

XXVIII.—The election of a Fellow shall be determined by a majority of two-thirds of the Members present after the petition has been read from the chair, and affixed in a public place in the Library during two Meetings.

XXIX.—Any Member who, in the opinion of the Society, has distinguished himself, may be elected a Fellow by a majority of at least three-fourths of the Members present at the Annual Assembly. The obligation to furnish the usual number of Dissertations or original Communications may be dispensed with at the discretion of the Society.

XXX.—A Member who has been elected a Fellow shall pay an additional fee of one guinea.

XXXI.—The Office Bearers of the Society shall be elected by Ballot.

CHAPTER III.

Branch Societies.

XXXII.—The President shall be empowered to authorize the formation of Branch Societies in any locality of the United Kingdom where at least nine members of the British Homœopathic Society are resident. A requisition to that effect must be transmitted to the President by nine or more Members.

XXXIII.—No Society shall be recognised as a Branch Society which has been formed by Medical Men practising Homœopathy, who have not been previously elected Members of the British Homœopathic Society.

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XXXIV.—When Branch Societies have been formed in any locality of the United Kingdom, according to Laws XXXII and XXXIII, having their local fines and periodical Meetings, and making scientific and Medical contributions on a par with the Parent Society in London, the Members thereof having fulfilled the regulations stated in Law XIII., shall become eligible as Fellows.

XXXV.—Branch Societies shall be guided by the same Laws and Regulations as the Parent Society.

XXXVI.—The Branch Societies shall have the right of electing their Local Officers, viz., a President, a Treasurer, and an Honorary Secretary. The President may be assisted by a Council, if necessary, as in Law VI.

XXXVII.—The election of the Local Officers shall be notified to the President in London, for the purpose of being recognised and registered in the Archives of the British Homœopathic Society.

XXXVIII.—Branch Societies cannot admit a Member into their body till he has been elected a Member of the British Homœopathic Society.

XXXIX.—Branch Societies shall, however, have the power of electing Inceptive Members, following the regulations in Laws XV, XVI, and XVII, the proposal and qualification of the Candidate having been previously transmitted for approval to the President in London.

XL.—The Dissertations and Papers read at the Branch Societies shall belong to the General Society, and cannot be published without the authority of the President, according to Law LXV.

CHAPTER IV.

Annual Assembly.

XLI.—An Annual Assembly of the British Homœopathic Society shall be held at London in the month of August, of each year, for the purpose of taking into consideration all matters pertaining to the general interests of Homœopathy and of the British Homœopathic Society.

XLII.—Nine of the Members present in London for the Annual Assembly shall form a Quorum.

XLIII.—The Annual Assembly shall consist of a certain number of Meetings hereafter to be determined.

XLIV.—At the last Meeting of the Assembly, all the Members present shall proceed to the election, by simple majority, for the ensuing year, of the Officers of the British Homœopathic Society, who must be resident in London during their tenure of Office.

XLV.—The President of the Society shall preside at all Meetings.

XLVI.—The President shall make the necessary arrangements for the Meetings of the Annual Assembly, and instruct the Secretary to send timely information to Members residing at a distance, and to the Branch Societies which may be hereafter formed.

XLVII.—During the absence of the President of the British Homœopathic Society, one of the Local Presidents, according to seniority of the Branch Society, shall preside over the Assembly; but if there be no Local President attending the Meeting, a Fellow shall preside; or if there be no Fellow in attendance, a Member shall be requested to take the chair.

XLVIII.—At the Annual Assembly any Member may propose a new Law; the proposition must be in writing and seconded; it must be read from the Chair, and affixed during two Meetings in a conspicuous part of the room before it can be discussed, and three-fourths of the Members present must be in favour of the proposition before it can pass into Law.

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XLIX.—No Member shall bring forward a motion involving a material change in, or the repeal of, any of the existing Laws, without the consent of a majority of four-fifths of the Members present; the proposition shall then be reduced to writing and seconded; it shall be read from the Chair, and affixed in some conspicuous part of the room for two successive Meetings, and cannot pass into Law without a majority of four-fifths of the Members present.

L.—On rejection of such motion, no resolution affecting the same Law, or of a like tenor, can be brought forward during the same Assembly.

CHAPTER V.

Visitors.

LI.—Visitors may be admitted on the recommendation of any of the Members to the President, on whose invitation they may, if Medical Men, take part in the discussions.

LII.—No Visitor is admissible without a ticket signed by the Member introducing him, and countersigned by the President.

LIII.—A book shall be kept by the Secretary, in which Members introducing Visitors shall see that they sign their names previous to admission.

CHAPTER VI.

Ordinary Meetings.

LIV.—Regular Meetings of the Society shall take place once a month.

LV.—Five of the Members resident in London shall form a quorum for the ordinary transactions of the Society.

LVI.—The Business of the Society shall be divided into Private and Public.

LVII.—Private Business shall commence at Eight o'clock, P.M., and shall not be prolonged beyond Nine.

The order shall be as follows:

1. The Roll called, and the Society constituted.
2. The Minutes of the preceding Meeting read and revised.
3. Notices of New Motions.
4. Candidates for admission balloted for.
5. Motions brought forward at former Meetings discussed.
6. New petitions for admission read.
7. Miscellaneous business.
8. New Members called in and the Laws signed.
9. Names of the Visitors for the evening, and their proposers, read by the President.
10. Society adjourned.

LVIII.—Public Business shall commence at or before Nine P.M., and shall not be prolonged beyond Half-past Twelve o'clock, except by the unanimous vote of the Members present. Members desirous of leaving at Half-past Eleven o'clock, may do so without being subject to fine for not answering the last Roll-call, on signing a paper prepared, and placed on the President's desk by the Secretary, for that purpose.

The order shall be as follows:

1. The Roll call, Society constituted.
2. Visitors announced.

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3. Subject of the Dissertation, and Communications to be read at next Meeting announced from the chair.

4. Communications from Correspondents and Translations read and discussed.

5. Dissertation read and discussed.

6. Roll called and Meeting closed.

CHAPTER VII.

Extraordinary Meetings.

LIX.—An Extraordinary Meeting shall be called on the motion of any Member, if supported by a majority of the Society.

LX.—The President shall have the power of calling an Extraordinary Meeting.

CHAPTER VIII.

Offences and Penalties.

LXI.—If any Member has cause of complaint against another, either for acts committed during the Meeting or in private practice, he shall be entitled to claim the protection of the Society. The President, with two Members of the Society, (the person complaining, and the person complained of, each choosing one,) shall investigate the grounds of the accusation, and determine whether the matter can be settled by an amicable adjustment, or be deserving of an admonition from the President, or ought finally to be brought under the consideration of a full Extraordinary Meeting of the Society as conduct deserving a public reprimand in the presence of the whole Society, or expulsion of the offending Member.

LXII.—Any Member having cause of complaint against the President, if supported by two-thirds of the Members, may move in writing for an Extraordinary Meeting, to take into consideration the accusation. If the allegations are found by the Society to be just, the President shall either make a suitable reparation, be censured, or be required to resign; if not just, the accuser shall incur the penalty of Twenty Shillings.

LXIII.—The President cannot, while in the chair, join in the debate; for so doing he may be fined on the motion of any Member, carried by two-thirds of the Society.

LXIV.—No observation or notice on the conduct of the President can be brought forward till the Meeting subsequent to that on which the alleged irregularity was committed.

LXV.—Any Member who shall publish, or furnish any materials for publishing any transactions of the Society without the authority of the President, shall incur the penalty of expulsion.

LXVI.—Any Member who shall intentionally infringe the Laws and Regulations of the Society, or shall intentionally, by speaking, writing, printing, or otherwise, do any thing to the detriment or dishonour of the Society, shall suffer the penalty of expulsion, under the obligation signed by him on admission.

LXVII.—Any person who shall announce by inscription on any public place, or shall publish in any advertisement or circular letter his practice or place of abode, or shall sell, or cause to be sold, any secret remedy or nostrum, or shall publish any pamphlet or book in which cases of cure are detailed, and the remedies concealed, is not admissible as a Member; and if any such person shall be proved to have committed any of the above acts since the foundation of the British Homœopathic Society, he shall cease to be a Member thereof; and moreover, if any Member shall commit any of the above offences against the Society, he shall incur the penalty of expulsion.

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LXVIII.—Any Member assuming a title to which he has no right, if continuing to do so after being admonished to the contrary by the President, shall incur the penalty of expulsion.

LXIX.—No accused Member shall be permitted to resign his seat until the accusation be decided. Expulsion deprives a Member of all the privileges connected with the Society, and his name shall be struck off the list of Members. The vote of expulsion, determined by a simple majority, shall be entered upon the Minutes, and a copy of such Minute shall be forwarded to the Member expelled; and it shall lie at the discretion of the Society whether the Minute be published in the daily papers or other journals, or merely in the printed transactions of the Society.

CHAPTER IX.

Finance.

LXX.—The finances of the British Homœopathic Society arise from Admission Fees, Annual Subscriptions, Fines, Donations, and Fees for Diplomas.

LXXI.—Admission Fees are divided into two classes, those paid by Members and those by Inceptive Members.

LXXII.—Members shall each pay two guineas admission fee.

LXXIII.—Inceptive Members shall pay one guinea admission fee.

LXXIV.—Annual subscriptions shall be divided into three classes, those of Fellows, Members, and Inceptive Members. Fellows shall each pay three guineas, Members two guineas, Inceptive Members one guinea.

LXXV.—Members of every class shall pay one guinea annually for the purposes of the Annual Assembly; this to be increased, if necessary.

LXXVI.—A table of fines shall be determined upon to enforce regular attendance of the Members at the Meetings of the Society, and on other accounts connected with the Library, &c., as shall hereafter be specified by the Society. (Vide Chapter XVII.)

LXXVII.—The funds of the Society, consisting of admission fees, annual subscriptions, fines, and donations, shall be appropriated to the necessary expenses of the Society, to the purchase of medical periodicals, both Foreign and British, first Homœopathic, and then Allopathic, and to the formation of a Library.

LXXVIII.—Half the admission fee shall be appropriated to the purposes of the Annual Assembly.

LXXIX.—Admission fees, annual subscriptions, fines, and donations, shall be paid into the hands of the Treasurer, and all his disbursements shall be subject to an order or orders of the President, whose voucher or vouchers shall be his quittance.

LXXX.—The President shall order a statement to be delivered annually of the employment of the funds.

LXXXI.—After a Branch Society has been formed in any locality, one-third of the admission fees of Members elected after each formation shall be appropriated to the purposes of the Annual Assembly, and one-third to the Branch Society.

LXXXII.—When a Branch Society has been formed in any locality, five-sixths of the annual subscription of Members elected, after such formation, shall be appropriated to the purposes of the Branch Society.

CHAPTER X.

Diplomas.

LXXXIII.—The Diplomas of the British Homœopathic Society shall be divided into—Diplomas of Member, President, Corresponding Member, Honorary Member, and Fellow.

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LXXXIV.—An Inceptive Member is not entitled to a Diploma.

LXXXV.—Any Member or Fellow wishing for a Diploma, shall petition in writing to the Society through the President.

LXXXVI.—The qualifications for obtaining a Diploma of Member are as follows:—The petitioner shall have written one or more dissertations, and two or more original communications. He shall have been a Member of the Society for at least two years. He shall have discharged all his debts to the Society.

LXXXVII.—The President shall ascertain that the Member has fulfilled the conditions entitling him to present his petition, and thereupon countersign it.

LXXXVIII.—No petition shall be taken into consideration by the Society unless countersigned by the President, and until it has been placed in a conspicuous part of the Library for two Meetings.

LXXXIX.—On delivery of a Diploma of Member, the Member so receiving it shall pay into the hands of the President the sum of one guinea.

XC.—Corresponding and Honorary Members shall not be required to pay any fee for the Diplomas conferred by the Society.

XCI.—Any Fellow wishing to obtain his Diploma, must have fulfilled all the conditions required in Law XIII, and petition to the Society through the President, as above.

XCII.—On delivery of a Diploma of Fellow, the Fellow so receiving it shall pay into the hands of the President the sum of two guineas.

XCIII.—The President shall be authorized to deliver a Diploma on a simple majority of the Society by ballot.

XCIV.—On delivery of a Diploma of President, the President, so receiving it, shall pay into the funds of the Society the sum of three guineas.

CHAPTER XI.

Library.

XCV.—No member shall have in his possession at any one time more than two volumes of any standard work and one number of a periodical, except upon special order of the President to a Member engaged in preparing his Dissertation.

XCVI.—The time allowed for any work to remain in the possession of a Member shall be marked in each volume.

XCVII.—All books shall be returned within the time specified on each, under a fine.

XCVIII.—Any works soiled or injured must be replaced.

XCIX.—No periodical shall be taken from the Library until the two subsequent numbers are published.

C.—A book shall be kept in which every Member taking a work shall sign his name, and in which the Secretary shall attest its return by his signature.

CI.—Any Member taking a work from the Library without entering it in the Library book incurs a penalty.

CII.—The Secretary must attest the receipt of all works at the Meeting immediately subsequent to their being returned.

CIII.—A book shall lie upon the Library table, in which each Member may propose the purchase of such works as he may think suitable for the Library—which book shall be laid before the Society at their next Meeting and the proposition considered. No books shall be purchased without being ordered by the Society, or by a Committee appointed for that purpose.

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CIV.—All fines incurred by breaches of the above Rules, shall be appropriated to the purposes of the Library.

CHAPTER XII.

Dissertations.

CV.—Every Member shall in his turn present a Dissertation, to be read before the Society; failing to do which, he incurs a penalty.

CVI.—Each Member shall furnish three copies of his Dissertation to the Society, one to be placed in the Library at least a fortnight previous to its being read, and the other two copies to be circulated among the Members. All Dissertations shall be upon paper of a uniform size, to admit of being bound into volumes.

CVII.—Any Member keeping a Dissertation beyond the time specified on the cover shall incur a penalty.

CHAPTER XIII.

President.

CVIII.—The President shall conduct the business of the Society according to the forms prescribed, and regulate the debate, authorize by his signature the admission of Visitors, receive them, and invite them, if Medical Men, to join in the discussion.

CIX.—He shall read the Minutes of the former Meeting, announce from the chair the subject for the evening's Discussion, signify any vacancy occurring in the Office Bearers of the Society, and report progress in case of adjournment of any Meeting.

CX.—He shall make arrangements for the Meeting of the Annual Assembly, instruct the Secretary to send notice according to Law XLVI, and preside at its Meetings.

CXI.—He shall authorize the formation of Branch Societies according to Law XXXII.

CXII.—He shall receive from the Secretary the Admission Fee and Yearly Subscription of each newly elected Member according to Laws XXIV and CXLII, and shall pay over the same to the Treasurer according to Law CXXIII.

CXIII.—On all occasions of voting, he shall receive from the Secretary the report of the Ballot, and communicate the result to the Society.

CXIV.—The Dissertation furnished by each Member shall be read from the chair by the President, unless the author prefer reading his own paper.

CXV.—The President shall be empowered to grant leave for the publication of any part of the Transactions of the Society, and, in cases of doubt, he may take the sense of the Society upon the policy of so doing.

CXVI.—If any breach of decorum, or etiquette, or any offensive, personal, or disorderly expression should occur during the debate, the President shall immediately censure it, and if the offending Member refuse to make concession to the person aggrieved and to the Society, the President shall, at a subsequent Meeting, if a previous apology have not been made, bring the matter before the Society in conformity with Law LXI.

CXVII.—The President has a vote as a Member, and also a casting vote.

CXVIII.—The Seal of the Society shall remain in possession of the President, to be by him affixed to the Diplomas and Acts of the Society.

CXIX.—He shall countersign the petitions for Diplomas, in testimony that the Member or Fellow petitioning has fulfilled the conditions entitling him to petition. (See Chapter X.)

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CXX.—The President is ex-officio chairman of all Committees which may be appointed, but with the option of declining attendance, whereupon another chairman shall be chosen.

CXXI.—The President shall not be allowed to resign his office without the consent of two-thirds of the Society.

CHAPTER XIV.

Treasurer.

CXXII.—The Treasurer shall take charge of, and be responsible for, all the funds of the Society.

CXXIII.—The Treasurer shall receive from the President previous to, or on the succeeding Meeting, the entrance Fee and Subscription of each newly elected Member.

CXXIV.—The Treasurer shall be furnished by the Secretary with a list containing the amount of fines due from each Member, with a specification of the offences for which incurred, and it shall be his duty to collect the amount.

CXXV.—The disbursements of the funds in the hands of the Treasurer shall be subject to the order of the President, according to Law LXXIX, and he shall furnish an annual statement thereof according to Law LXXX.

CXXVI.—The Treasurer shall keep a cash book of all his receipts and payments, which shall be laid upon the President's table every quarter or at such other times as he may be called upon to do so, at a month's notice.

CHAPTER XV.

Honorary Secretary.

CXXVII.—The Secretary shall keep a list of the fines incurred, and of the offences for which incurred, which he shall furnish to the Treasurer quarterly.

CXXVIII.—He shall also keep a book of incidental expenses and disbursements, for payment of which he shall receive an order on the Treasurer signed by the President.

CXXIX.—He shall transcribe into the Records all Transactions and Minutes of the Society, and deliver them to the President to sign and read at the ensuing Meeting of the Society.

CXXX.—New Laws and Regulations shall be inscribed into a Book, provided for that purpose, before a subsequent Meeting.

CXXXI.—The Secretary shall call the Roll at the Meetings, and mark and report the Members absent.

CXXXII.—He shall require the payment of the fines incurred according to the Regulations, either for absence, breach of the Laws of the Society, or other offences.

CXXXIII.—He shall lay before the President the names of the Visitors and of the Members who propose them, the title of the Papers to be read at the present and ensuing Meeting, and the names of the Authors.

CXXXIV.—In cases of voting he shall distribute the balls, bear round the Ballot-box, attended by a Member as teller, and report upon the ballot to the President.

CXXXV.—He shall give notice to Members of any Extraordinary Meeting.

CXXXVI.—He shall, in conformity with the instructions of the President, give timely notice to the Members residing at a distance, and to the Branch Societies which may be formed, of the holding of the Annual Assembly.

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CXXXVII.—He shall keep an account of the periodical publications in the Library of the Society, and report any deficiency to the President.

CXXXVIII.—He shall receive the original Dissertation and Copies, and distribute the latter according to Law CVI.

CXXXIX.—He shall put the Stamp of the Society on all books and papers.

CXL.—He shall, *pro tempore*, take charge of the Library, and be responsible for the Regulations connected with that department being carried into effect.

CXLI.—He shall arrange a list of circulation for the transmission of dissertations, &c.

CXLII.—He shall receive and pay over to the President on the same evening the Entrance Fee and Annual Subscription received from each newly-elected Member on his signing the declaration.

CHAPTER XVI.

Committees.

CXLIII.—Committees shall be appointed by Ballot.

CXLIV.—Fellows, Members, and Inceptive Members can serve on Committees.

CXLV.—Any Member absent from a Committee shall be fined.

CHAPTER XVII.

Fines.

CXLVI.—Members who reside in London, or in the immediate vicinity, are alone subject to fines for being absent from Meetings: all Members wherever resident, are, however, also subject to the fines for non-attendance if in London during any of the meetings of the Society.

OFFENCES.	PENALTIES. £	s.	d.
1. The President being absent from a whole Meeting without due notice	0	5	0
2. The President taking part in a debate while in the Chair, (Vide Law LXIII.)	0	3	0
3. Members not answering to the several Roll calls of ordinary and adjourned Meetings, except in cases of certified illness, each Roll call	0	1	0
4. Fine for absence during the whole evening	0	2	6
5. Fine for not answering to the Roll call at Extraordinary Meetings, each Roll call	0	1	6
6. Fine for not attending a Committee	0	2	6
7. A Member interrupting the proceedings of the evening, after being called to order by the Chair	0	2	6
8. A Member proposing a new resolution and withdrawing it	0	1	0
9. On rejection of his resolution by more than two-thirds of the Society	0	3	0
10. A Member failing to appear in support of a motion previously announced, unless he deputes another Member to speak to the question	0	1	0
11. Fine for preferring an accusation against the President without being able to prove it	1	0	0

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12. Fine for preferring an accusation against the Treasurer or Secretary without being able to prove it	0	15	0
13. Fine for preferring an accusation against any other Member without being able to prove it	0	10	0
14. A Member omitting to pay subscription when due, *for one month*	0	2	6
15. For *each successive month* till paid	0	2	6
16. Fine for failing to furnish Dissertation when due	0	10	6
17. Fine for each successive Meeting till Dissertation is presented	0	10	6
18. Fine for presenting an Essay on a subject already written on, or announced during the session	0	5	0
19. Fine for taking any work from the Library without entering it in the book kept for that purpose	0	5	0
20. Fine for not returning any volume within the specified time, *per week*	0	1	0
21. Fine for not returning a Periodical within the specified time, *per week*	0	0	6
22. A Member not paying his fine or fines within the specified time, unless he appeal	0	1	0
23. Fine for each month the fines continue unpaid after the specified time	0	2	0
24. A Member appealing against a fine, if the fine be confirmed, a further fine of	0	2	6
25. A Member omitting to discharge his debts to the Society before the close of the Annual Assembly	0	5	0

FORM OF DIPLOMAS.

Diploma of Member.

SIMILIA SIMILIBUS CURANTUR.

SOCIETAS BRITANNIARUM HOMŒOPATHICA, Anno Domini MDCCCXLIV. constituta, Præside N.N. omnibus hæc visuris salutem.

Virum ingenuum N.N. quem assiduum Scientiarum Medicinam adjuvantium cultorem Artisque Medicæ secundum Hahnemanianum Therapiam professorem studiosum cognovimus, ad nostros receptum liberis suffragiis SODALEM adscivimus; eique, officia et studia nostra disputationibus prolusionibusque multa cum laude et solertia excolenti, hoc honoris testimoniam, per hasce literas sigillo nostro impressas ac manu Præsidis obsignatas, lubentissime donavimus.

Datam in Societatis Aula Die Mensis Anno a Christo nato a Societate condita

Diploma of Corresponding Member.

Ὅμοιον πάθος, ὅμοιον φάρμακον.

SIMILIA SIMILIBUS CURANTUR.

SOCIETAS BRITANNIARUM HOMŒOPATHICA, Anno Domini MDCCCXLIV. constituta, Præside N. N., omnibus hæc visuris salutem.

Virum ingenuum doctissimumque N. N. quem assiduum Scientiarum Medicinam adjuvantium cultorem, Artisque Medicæ secundum Hahnemannianam Therapiam professorem studiosum cognovimus, ad nostros receptum SODALEM EXTRANEUM liberis suffragiis adscivimus; eique in studiis theoreticis et practicis ad novam Medicinæ doctrinam provehendam extra Societatis nostræ

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pomœria diligentissime versato, necnon consilia, et quæ in exteris partibus de studiis medicis gerantur, nobis continue nuncianti, hoc honoris testimonium, per hasce literas sigillo nostro impressas ac manu Præsidis obsignatas, lubentissime donavimus.

Datum in Societatis Aula Die Mensis Anno a Christo nato a Societate condita

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Diploma of Honorary Member.

Ὅμοιον παθος, ὁμοιον Φαρμακον.

SIMILIA SIMILIBUS CURANTUR.

SOCIETAS BRITANNIARUM HOMŒOPATHICA, Anno Domini MDCCCXLIV. constituta, Præside N. N. omnibus hæc visuris salutem. Quod felix, faustum fortunatumque sit.

Ornatissimum præclarumque virum N. N. quem propter ingenii felicis elegantiam et eximias in Literis et Philosophi et Scientiarum studiis laudes fama celebrari audimus, quippe qui novam clarissimi Samuelis Hahnemanni Therapiam disciplinasque tum theoreticas tum practicas in majus provexerit, multum etiam in Artis Medicæ incremento extra Societatis nostræ pomœria laboraverit, in SOCIORUM HONORARIORUM ordinem liberis omnium Sodalium Sociorumque suffragiis cooptavimus. Ad Primates ideoque honoratissimos adscriptum in perpetuam rei memoriam hisce literis meritorum ejus atque existimationis quæ sit apud nos testimoniis sigillo nostro et Præsidis Sodalium Sociorumque manibus impressis lubentissime donavimus.

Datum in Societatis Aula Die Mensis Anno a Christo nato a Societate condita

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Diploma of Fellows.

Ὅμοιον παθος, ὁμοιον Φαρμακον.

SIMILIA SIMILIBUS CURANTUR.

SOCIETAS BRITANNIARUM HOMŒOPATHICA, Anno Domini MDCCCXLIV. constituta, Præside N. N. omnibus hæc visuris salutem.

Virum ingenuum spectatissimumque N. N. quippe quem jam Sodalem nostrum Literas humaniores Scientiasque Medicinam adjuvantes assidue excolentem, Hahnemannianna Therapiæ veritates firmasse, easque experimentalibus studiis diligenter in majus provexisse, necnon Societatis nostræ officiis summa cum laude solertia ac utilitate nostra perfunctum, vel disputantem vel disserentem collaudabamus, hinc SOCIUM liberis suffragiis meritissime cooptavimus, hasque literas honoris hujuscemodi testimonia sigillo nostro sancitas manuque Præsidis obsignatas mitti animo lubenti jussimus.

Datum in Societatis Aula Die Mensis Anno a Christo nato a Societate condita

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Diploma of President.

Ὅμοιον παθος, ὁμοιον Φαρμακον.

SIMILIA SIMILIBUS CURANTUR.

SOCIETAS BRITANNIARUM HOMŒOPATHICA, Anno Domini MDCCCXLIV. constituta, Præside N. N. omnibus hæc visuris salutem. Quod felix, faustum, fortunatumque sit.

Virum ingenium, doctissimum et spectatissimum jam Socium nostrum, N. N. quem in Literis humanioribus, Scientiisque Medicinam adjuvantibus, laudatissimum, Hahnemannianam Therapiam summo studio ac diligentia augentem, animumque in Societatis nostræ officiis ac studiis omnibus assidue versantem ad honorificum PRÆSIDIS munus Die anni elegimus, hoc autem, cum laude magna nostraque utilitate, vel in privatis vel in publicis occasionibus necnon in generalibus annuis conciliis optime perfunctum, ne merita

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ejus toties spectata honoribus famaque careant, hisce literis liberis suffragiis sigillo nostro Sodalium ac Sociorum manibus sanctis meritorum hujusmodi testimoniis lubentissime donari jussimus.

Datum in Societatis Aula Die Mensis Anno a Christo nato a Societate condita

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PRIZE OF A GOLD MEDAL.

At the Ordinary Meeting of the British Homœopathic Society, held on the 3rd September last, Dr. Quin, president, announced that it was his intention to present a gold medal, value ten guineas, to the writer of the best volunteer Essay, on some subject connected with Homœopathy, to be determined at a future meeting of the society.

At the meeting on the 4th December, the intention of the president was taken into consideration by the society, and it was resolved, that the subject proposed by the president for the Essay should be adopted, viz. :—

"*On any class of diseases dependent on or modified by sympathy, their causes and Homœopathic treatment.*"

The competition for the medal is open to all members, ordinary, inceptive, correspondent, and honorary as well as others, who may be enrolled in the Society before the 10th of April, 1846.

The Essays must be sent to the President, No. 4, Arlington-street, St. James's, before or on the 10th of July, 1846.

The medal will be awarded at one of the meetings of the General Assembly, in August, 1846.

N.B.—To entitle the successful competitor to receive the medal, at least three competing Essays must be sent in.

All the Essays will be read at the General Assembly. The names of the competitors, except that of the successful one, will not be divulged unless at their own desire.

The Essays must be written in the English language. Foreign members competing, if unable to write in English, must have their Essay translated.

ANECDOTE.

The following amusing anecdote, related by the celebrated Dr. C. Hering, of Philadelphia, will serve to show the contrast between the certainty of the two rival schools of medicine, and gives us reason to hope that ere long the differences of opinion among medical men, which have always been proverbial, may be completely done away with, to be succeeded by the unanimity which obtains among professors of the positive sciences to the rank of one of which Hahnemann's discovery has raised medicine :—

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"Whilst travelling in Germany," says the Doctor, "I one day came to a village, the proprietor of which invited me to spend the night at his house, in place of putting up at the inn. He was a rich old gentleman, a great original, always an invalid, having ennui and good wine to a great extent. Learning that I was a young medical man, about to commence my travels, he told me he would sooner make his son a hangman than a doctor. On my expressing surprise at the observation, he produced a large book, saying, that it was now twenty years since he first became ill in body but not in mind; that two doctors of celebrity, whom he then consulted, had quarrelled about his disease, and that, consequently, he had employed neither of them nor their medicines, but that he had registered the affair in his book. Then, after finding that the disease did not get better, he set out on his travels, resolved, *if he could find three doctors who perfectly agreed upon his case without any hesitation*, to allow himself to be treated by them, but never by any other. For this purpose he had consulted at first all physicians of any reputation, and afterwards others whose names were less known, but having, in spite of all his sufferings, never abandoned his first resolution, and keeping an exact account of every consultation in a book for the purpose, he never succeeded in finding any who agreed respecting his case. Accordingly, not having followed the advice of any, he still remained an invalid, but he was still alive. As may be well supposed, the book cost him a pretty sum of money.

"This book had the appearance of a ledger in large folio, and was kept in the form of tables. In the first column were the names of the physicians, amounting to 477; in the second, those of the disease, with explanations concerning its nature: of these there were 313, differing importantly from each other; in the third column were the remedies proposed, these consisted of 832 prescriptions, containing in all 1097 remedies. The sum total appeared at the end of each page.

"He took up a pen, and said coolly, 'Wont you prescribe something for me?' But having no great inclination to do so, I only asked if Hahnemann was not in his list. With a smile he turned to No. 301, name of the disease O, remedy prescribed O. 'That was the wisest of the lot,' he cried, 'for he said that the *name* of the disease did not concern him, and that the name of the remedy did not concern me, but that the cure was the essential point.' 'But why,' I inquired, 'did you not allow him to treat you?' 'Because,' he replied, 'he was but one, and I must have three who agree.'

"I asked him if he were willing to sacrifice some hundred francs for an experiment, in which case I should be able to mention not *three*, but *thirty-three* physicians living in the neighbourhood, and in countries and parts of the world widely separate, who should all be of one opinion. He expressed his doubts, but at the same time resolved to undertake the trial. We then made out a description of his disease, and when the copies were finished, we sent them to thirty-three Homœopathic practitioners. He inclosed a louis d'or in each letter, begging each physician to name the remedies which were capable of curing, or at least of alleviating his disease.

"A short time since I received a cask of Rhenish, of the vintage of

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1822. 'I send you wine of the year 1822,' he wrote, 'because twenty-two physicians agreed respecting my case. I thereby perceive that there is certainty in some things in this world. I have got various works on the subject, in order to gain information upon it. Out of about two hundred medicines, twenty-two physicians have fixed upon the same remedy. One could not expect more. The physician nearest me has got me under his care, and I send you the wine that I may not be tempted to drink too much from joy at seeing my health improving from day to day.'"

HAHNEMANN'S MONUMENT.

OMISSION IN THE FORMER SUBSCRIPTION LIST.

Dr. Massol, London .....£2 2s.

BOOKS RECEIVED.

Homœopathic Examiner, New Series, Nos. 1 and 2.

Hahnemann's Chronic Diseases, Vols. 1 and 2, Translated by Dr. C. Hempel. Radde, New York.

Journal de la Medicine Homœopathique, No. 1. By the Societé Hahnemannienne de Paris. To appear Monthly. Baillière, London and Paris.

Homœopathic Domestic Medicine, by J. Laurie, M.D. 3d Edition, revised, enlarged, and arranged to serve in some measure as a practical work for Students. London, 1846. J. Leath.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE USE OF ARSENIC.

By Dr. Wurmb, of Vienna.

(Continued from Vol. III, p. 469.)

Par. 16.—We come now to the effects which Arsenic produces on the urinary organs. They are the following:—Shooting in the kidneys, (region of the loins,) whilst inspiring and sneezing; burning, tearing in the urethra; burning in the bladder; urgent call to urinate, with retention of urine; diminished flow of urine; suppression of urine, (also as if from paralysis of the bladder,) or frequent calls, with great flow of urine; increased flow of urine, especially at night; further, hæmaturia, involuntary flow of urine; the urine passed is either cloudy or colourless. *At the commencement* of the act of passing urine, burning in the urethra; *during* the act, contractive pain in the left groin; *after* urinating, feeling of great weakness.

We have then here evidently oppositions, alternating actions.* From a careful examination of the recorded

* We have no doubt it has already struck many of our readers that many symptoms exactly opposed to each other, consequently apparently contradictory, have been given among the effects of arsenic, and more especially here, among the symptoms of the urinary organs. But should any one feel astonished at the occurrence of such opposite symptoms, which, when they belonged to the primary action of the medicine Hahnemann termed alternating action (*Wechselwirkung,*) or should any one, as many of our ignorant opponents have done,

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symptoms, it may be determined which of the two alternating actions is the more important.

Symptom 457 taken from Alberti (*Juris-prudentia Med.*, Tom. IV, p. 260,) "retention of fœces and urine, notwithstanding urgent desire from within," should be included between brackets expressive of dubiety, as the following history of the case of poisoning, whence it is derived, sufficiently shows:—"A young man received from his bride, in the evening, a piece of bread and butter containing Arsenic, shortly after which there occurred pains in the abdomen, 'as if the lower part were completely cut off from the upper part,' (symp. 393,) and vomiting, which continued with great violence until death, which occurred at four o'clock the following morning. A short time before this he lost the power of speaking, and was attacked with convulsions. 'It seems, (?) also, that during all this time there was neither motion of the bowels nor *urinæ fluxus*, although he experienced *conatus*.'"

adduce these as an *argumentum contra homœopathiam*, we must beg to remind them, *a*, that the expression, "medicinal substance," is equivalent to medicinal disease; *b*, that the same thing happens in ordinary diseases. What physician has not observed a similar occurrence in some patient or other? Look, for instance, at the typhus process: at one time there is diarrhœa, at another constipation; now the patient is inundated with perspiration, and now the skin is dry; in one case the pulse is so quick, it can scarcely be counted, in another it is slower than in the healthy state; one typhus patient lies in a state of stupefaction, the too active imagination of another produces in him fancies of the most wonderful description, &c. Should, however, any one, notwithstanding this, doubt the occurrence of such alternating actions, we can give him no better advice than to institute on himself a physiological trial of any good remedy. The result would certainly make him of an opposite way of thinking. We, however, go farther, and maintain, the more a medicine abounds in such alternating actions, the more useful it is as a remedy; for in like proportion does it lose the character of onesidedness, in like proportion do the indications for its employment increase, and the domain of its therapeutic utility extend. Thus it happens that all valuable and established polychrests are rich in alternating actions. It need scarcely be repeated that these alternating actions differ in value as remedial indications, as Hahnemann (*Organon*, pars. 115, *et seq.*) teaches: we must, therefore, carefully observe "whether the symptoms were produced frequently, that is, in many (healthy) persons, or seldom, that is, in few individuals." Sometimes it is easy to determine which series of symptoms of an alternating action is the most important, the practically useful; in other cases it is very difficult to determine this, and sometimes it is quite impossible, owing to the present state of our Materia Medica.

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We doubt very much whether symptom 460, (from Guilbert,) rests on a trustworthy foundation, as in Wibmer and Gmelin, where we have read the case of poisoning referred to, (we were unable to obtain the work cited by Hahnemann,) we find nothing said with respect to "suppression of urine." This must be determined by Fowler, as the authority for symptoms 461 and 462, of the R. A. L., provided they are taken from the following words:—"In several instances it (that is, the arsenical solution) has proved evidently diuretic; yet, in two or three, it has seemed to diminish the natural urinary discharge." What Hahnemann has adduced from the *Neue Med. Chir. Wahrnehm.*, Vol. I, 1778, we are unable to corroborate, as we cannot obtain access to the source whence he derived it.*

We must, then, from what we have said, either consider the diminution of the urinary excretion as altogether a questionable symptom, or at least as a rare alternating action. On the other hand, we consider an increase of urine, more especially as the experiments of Hahnemann himself (see symptoms 463, 466 and 468) speak for it, as the more frequent alternating action, but without, however, attaching to it any very high value, as it appears to us to be a not very constant or remarkable symptom, and Arsenic falls very much behind many other remedies in this respect.† The symptoms likewise appear to indicate that the involuntary emission of

* Vide *Hygea*, Vol. XIX, p. 271, where the symptoms from this source are called in question.—*Eds.*

† Many physicians ascribe to arsenic a powerful diuretic action. Their authority for this is Sherwin, whose experiments are recorded in the *Memoirs of the Med. Soc. of London*, Vol. II. 1789, No. XXXV. "I rubbed," says he, "into the palms of my hands a grain of arsenic (that is, soluble, or tartarized arsenic) at ten o'clock one night. I slept, as usual, well, and on rising in the morning it appeared to me that the secretion of urine was increased, but no other effect was observable. The following evening I repeated the experiment on myself and two young men. We all observed the same effect, namely, increased flow of urine, but nothing else worthy of notice. On the third day we all three repeated the experiment. The increase in the urinary discharge was in all three very considerable, and I experienced in the morning a kind of nausea." Sherwin also made a couple of experiments with the internal administration of arsenic, to the extent of 1-16th of a grain. He experienced from this a disagreeable sensation in the œsophagus, like heartburn, and the emission of urine was increased. He further took half a grain of arsenic dissolved in

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urine is the rarer, the painful call to micturate the more frequent alternating action. Yet, even in this respect, Arsenic comes short of many other substances; we need only refer to *Cantharides*, *Petroleum*, *Terebinthina*, and *Sepia*. Hahnemann himself has enclosed the symptom 472—"urine almost colourless"—between brackets, showing that it stands in need of further corroboration. Thus we have only to remember that from symptom 457 to 474 we have no characteristic symptom of Arsenic, and hence we cannot perceive any urgent reason for administering it in primary affections of the urinary apparatus.

Par. 17.—Arsenic stands in close relation to the sexual organs, male as well as female, and it is much to be lamented that its peculiarities in this direction have been so little investigated. On the *male* sexual organs it exercises an irritant action, producing inflammation, or even gangrenous destruction, indicated by the following symptoms: gnawing itching on the penis, near the scrotum, necessitating scratching; itching in the glans; erection of the penis; nocturnal seminal discharges, with or without voluptuous dreams; glans swollen of a blueish red colour, and covered with fissures; inflammatory swelling of the genitals proceeding to gangrene.*

Par. 18.—In the female genital organs Arsenic produces shooting, itching in the parts; thick yellow leucorrhœa, causing rawness of the parts; increased sexual desire; too profuse catamenia.† *During* the catamenia, sharp shootings in the rectum into the anus and vulva; pinching and shooting cuttings, from the pit of the stomach to the lower part of the abdomen, also in the back and sides of the belly, compelling the person to bend double; at the same time moaning,

half an ounce of water, but he does not say what effect it had. If after a series of fresh trials the same result should take place, we must then certainly acknowledge arsenic to be one of the most important diuretics.

* G. E. Stahl, from whom Hahnemann gets symp. 486, seems to have known this very well, since he says,—"*Deinde accedit (id est ex usu arsenici) fere in viris, specialissima repentina sphacelatio, et post mortem præceps putredo in genitalibus;*" of which he, thereupon, gives two examples. (*Opusc. Chym. Phys. Med.*, p. 454.)

† Increased sexual desire, and too profuse catamenia, are generally met with together.

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lamentations, and weeping. *After* the catamenia, flow of bloody mucus.

Par. 19.—We arrive in this paragraph at the second division of the arsenical symptoms, and following Hahnemann's order, we commence with the *respiratory organs.* We find here, especially in reference to their mucous membrane, a large number of the most varied symptoms, all indicating a hyperaemic and inflammatory condition, and necessarily appearing under different forms, according as they involve the mucous membrane of the nose, that of the larynx, or that of the trachea and its branches, although in each the affection is the same. Thus, the state of irritation or inflammation in the mucous membrane of the nose, shows itself by frequent sneezing, (even without coryza;) dry coryza, alternating with fluent coryza; fluent coryza with hoarseness and sleepiness; burning in the nostrils in consequence of the acrid mucus that flows from them. All these affections, however, indicate nothing but what is termed generally a catarrhal state, which is caused by so many other medicines; and hence Hahnemann justly observes that the coryza of Arsenic has not been noted with sufficient accuracy, with respect to its peculiarities, (which are only to be found in symptom 505.*) Arsenic excites, moreover, violent hœmorrhage from the nose. (*V.* symp. 498.) In this case Hahnemann refers to his own observation, against which we have nothing to say; but when he cites Heim as his authority for symp. 497, we cannot give our full assent—for in Heim's *Vermischte Med. Schriften,* Leipzig, 1836, p. 302, we find, "A man who, contrary to my orders, took forty instead of six drops (of an arsenical solution) at once, was attacked with violent vomiting, followed by great bleeding from the nose. I cannot say whether this should be regarded as the effect of the Arsenic, or of the efforts whilst vomiting."

Par. 20.—For the action of Arsenic on the mucous membrane of the *throat and larynx,* we have but few symptoms:—"In the morning the throat is raw and hoarse; dryness of

* Every morning on awaking, (consequently periodically,) sneezing and coryza, which passes off each time rapidly.

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the larynx; rough speech and hoarseness." So much the more numerous are, on the other hand, the symptoms of the mucous membrane of the *trachea* and its branches. Proofs of its irritated or inflamed conditions are: constant tickling throughout the trachea, which, independently of respiration, excites coughing; sensation of rawness, soreness, and burning in the chest; tough mucus in the chest, expectorated with difficulty; streaks of blood in the mucus that is hawked or coughed up; expectoration of coagulated blood, followed by nausea and anxiety. The *cough* excited by Arsenic is *dry*, hacking, fatiguing. It is either continued, (this is, rare,) or it occurs only in the morning, or in the evening, or at night. In the latter case, it frequently is so violent as to threaten suffocation. It is aggravated by drinking, corporeal exercise, and the open air. During the cough there are not unfrequently present,—bruised pain in the abdomen; nausea and retching; shootings in the pit of the stomach, in the chest, and in the abdomen; heat in the head, &c. The irritative or inflammatory condition which Arsenic, as the foregoing symptoms show, produces in the larynx and bronchial tubes, is not distinguished by any particular violence, and is in this respect far surpassed by many other substances, e. g., *Belladonna, Carbo veg., Mercurius, Drosera, Phosphorus, Spongia.* But Arsenic can show a series of symptoms connected with these organs which are not to be met with in so constant and marked a manner among any substances hitherto tried, as,—sensation of contraction, compression of the chest, or constriction of the trachea and chest; tightness of the chest; rapid, short, difficult, anxious, groaning, whistling respiration; want of breath; fits of suffocation; in a word, we find in Arsenic all degrees of difficult breathing, described by the older physicians as dyspnœa, asthma, orthopnœa, and apnœa. [For the sake of brevity, we include all these symptoms under the expression, difficulty of breathing.] They appear either in fits, sometimes (*v.* symp. 578) frequently repeated; or according to Hahnemann's own observation, (*v.* symp. 592, "Difficulty of breathing, lasting for eight days, constriction in the region of the sternum on breathing deeply,") they last a considerable length of

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time.* They occur (if symptoms 565, 569, 584, and 591 may be believed) chiefly in the evening or at night, and are not unfrequently excited by walking, going up stairs, deep inspiration, cough and vexation; but they also appear without any assignable cause, and (symp. 589) in all positions of the body. Sometimes as *symptomata symptomatum*, (*v.* symptoms 577, 587, 595,) they accompany the attacks of pain and feelings of anxiety† in the abdomen and precordial region; they are, however, as the proper medicinal symptoms themselves, accompanied by great weakness and extreme lassitude, restlessness and anxiety, raw pain in the precordial region up to the middle of the chest, and generally dry, hacking cough. Besides the chest—symptoms we have just mentioned, Arsenic presents another series of symptoms, or rather of fragments of symptoms, for the following, which are indicative of an affection of the pulmonary parenchyma and pleura, can scarcely be otherwise denominated: pressive, tearing, shooting, tensive pains in the chest; (the shooting pains are felt chiefly in the right side, and are aggravated by stooping; the tensive pains, on the other hand, appear whilst sitting;) cold sensation in the chest, especially in the evening

* On this point Hahnemann refers to Timaeus a Gueldenklee, (*Opp. Lips.*, 1725, p. 280,) from whom he takes the symptom 580: "Long continued tightness of the chest." In the work referred to is the following:—"*Christophorus Hammermeister, Pharmacopœus Colbergensis, in præparatione Arsenici fixi occupatus, cum a vaporibus et fumis venenatis non satis sibi cavisset, in lipothymiam incidit, exhibitis aquis quibusdam cordialibus, cum ad se rediret, de insigni præcordiorum angustia, spirandi difficultate, siti inextinguibili, linguæ, faucium et gulæ ariditate querebatur; corpus hinc inde jactitabat, pedes imprimis, quorum, dolore vehementer tenebatur; aderant et vigiliæ perpetuæ aliaque symptomata, quin et lipothymiæ frequenter repetebant.*" Here there is, no doubt, mention made of tightness of the chest, (*spirandi difficultate,*) but it is not said to be of long continuance.

† According to Morgagni's observation, (*v.* s. 577,) the difficulty of breathing is chiefly occasioned by an intolerable sensation of anxiety in the abdomen. But on the other hand, we see that anxiety accompanies the asthmatic sufferings: Hence Dr. Helbig justly remarks (*Hygea* VII, 225,)—"On studying the action of medicines, we find certain groups of symptoms which appear to be inseparably connected together. Thus, for instance, anxiety almost always brings other symptoms along with it; such are, tightness, heat, trembling, fear of death, perspiration, palpitation, &c. If we investigate the subject still further, we find that this fraternity is almost always present; that tightness, palpitation, fear of death, &c., in their turn cause anxiety."

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and after supper, and (as an important alternating action) burning and great heat in the chest. After death we find (according to Wibmer) "sometimes reddened spots in the trachea; in the lungs, either no change, or only occasionally partial congestions of blood; effusion of lymph in the *cavum thoracis*. Arsenic has also been found in the secretion of the pleura."

Par. 21.—The heart belongs to those organs which are principally attacked by Arsenic. We think we do not err if, relying upon our own experience at the sick bed, we maintain that a large proportion of the symptoms connected with respiration we have above described, must be ascribed to the baneful action of the poison on the heart; though, at the same time, we are far from denying that they may partly be owing to an idiopathic affection of the respiratory organs or spinal cord. Be this as it may, this, at least, is certain, that symptoms indicative of an affection of the heart generally appear in a very violent degree at the commencement of poisonings by Arsenic, and are but rarely absent. In the R. A. L. the following symptoms relating to this point are to be found:—Anxiety in the precordial region; shooting and ulcerative raw pain in the precordium whilst coughing; pain under the precordium, which takes away the breath; palpitation of the heart; at three o'clock in the morning irregular, but very strong palpitation of the heart, so that the person imagines he hears it, combined with anxiety; on lying on the back the heart beats quicker and stronger; excessive, very troublesome palpitation. The changes in the pulse, at all events, partly belong to this place, we shall describe among the febrile symptoms, agreeably to Hahnemann's arrangement. We shall only mention here symptom 603:—"On stooping low, the artery on the left side of the neck swells to an extraordinary degree."

According to Wibmer, pathological anatomical investigations show "the heart to be generally flaccid, not distended with blood; in the interior, and especially on the *columnæ carneæ* and valves of the ventricles, chiefly of the left side, a red expansion, of greater or less extent, generally small red spots, that penetrate almost a line in depth into the muscular

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substance. The pericardium generally contains some serum. The blood is generally dark coloured, blackish, and of the consistence of pap, thickly coagulated."

Par. 22.—We now come to the effects produced by Arsenic on the trunk and extremities. (*a*) *On the body*:—Distortion of the muscles of the neck; tensive stiffness of the neck; stiffness of the nape, as if bruised, or as if strained, with a similar pain over the hips; drawing betwixt the scapulæ, in the back and loins; stiffness in the small of the back; bruised pain and powerlessness in the back and loins. These symptoms appear generally at night, or early in the morning, (*v.* symptoms 601, 610.) According to Wibmer, the spinal cord is always affected in cases of poisoning by Arsenic; the under part of it appears to suffer principally. The frequent discovery of injection of the vessels of the *cauda equina* proves the truth of this observation.

(*b.*) *In the superior extremities*:—Tearing, shooting, drawing pains, often only at night, (*v.* symptoms 620, 621,) sometimes also periodically, (*v.* symp. 630;) cramp, stiffness, coldness, and (according to Pyl, symp. 626*) insensibility of the hands and fingers.

(*c.*) If Wibmer's assertion, that in cases of poisoning by Arsenic, the lower part of the spinal cord is chiefly affected, be correct, this may be (at least partly) the reason why the number of symptoms produced by Arsenic in the inferior extremities is so large, and preponderates so greatly over that in the superior extremities. Thus the R. A. L. has 200 symptoms, which refer exclusively to the lower limbs. In order

* Symptom 626 (*v. Pyl's Sammlung*, VIII, pp. 98, 105, 108) is taken from the following interesting case of poisoning:—"A man ate some milk porridge in which was Arsenic. Half an hour afterwards he experienced violent pain in the belly, accompanied by great vomiting and diarrhœa; in a short time these pains increased to such an extent, and were accompanied with such great anxiety, that he could not get a moment's rest; he rolled upon the ground, abandoning all hopes of life, and thereafter lost so completely all sensation and consciousness, that, when put to bed, he lost all knowledge of what happened to him. Happily his life was saved, but he long retained great tightness of the chest, extreme weakness, especially of the legs; the feet were sometimes insensible and stiff, and at times extremely painful; the hands also were stiff, and insensible."—*V.* symptoms 10, 400, 570, 626, 703, 833.

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to assist the memory, with such a host of symptoms, we must seek for some points to serve us as guides. Such are not difficult to be discovered; for we need only read over Hahnemann's register of symptoms in order to see, that all those hundreds of symptoms express nothing more than that Arsenic produces pain, spasms, and paralysis of the inferior extremities. Hence they are divisible into three classes.*

(*d.*) The pains caused by Arsenic in the lower limbs are: simple pain, or an indescribable painful, extremely disagreeable sensation (symp. 762); pressure, boring, tension, shooting, tearing, and pains as of a strain.† If we examine more attentively these kinds of pain in the R. A. L., we shall soon see that some, *e. g.*, the shooting, drawing, and tearing occur more frequently; others, *e. g.*, the pressure, boring, &c., less so. Moreover they appear either in particular parts, which is the commoner case; or they extend (especially the shooting, tearing, and drawing) sometimes throughout the whole limb, and then generally in the direction from below upwards. They are either (but more rarely) continued, or they occur (usually) at particular times, and then chiefly at night, (*v.* symptoms 659, 671, 673, 709, 774, 776,) or early in the morning, (*v.* symptoms 670, 679, 681, 704, 754,) less frequently in the afternoon, (*v.* symptoms 675, 780,) or in the evening (*v.* symptoms 708, 755.) They are aggravated by rest, (*v.* symptoms 651, 656, 671, 673, 674, 675, 683, 707, 760, 763, 773, 780, 821,) and are ameliorated by motion, or cease spontaneously. Hence the extreme restlessness and constant desire to change the posture. The alternating action, where the opposite is the case, and the pains are aggravated by motion, is rare, and refers chiefly to the pains in the joints, (*v.* symptoms 657, 660, 690, 691.) Sometimes (and in this

* As many of the symptoms belonging to the second and third classes are merely portions of a similar affection in other parts, or even of a similar general affection; in order to avoid repetition, we shall at the same time speak of the latter also; although, in a strict logical point of view, they belong properly to another place.

† The characteristic burning pain of Arsenic is not awanting in the limbs; but as it is principally connected with the affections of the integuments, we shall come to the consideration of it afterwards.

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respect Arsenic resembles China) they are only excited by contact, (*v.* symptoms 677, 691,) or by lying on the affected side, (symp. 763 ;) sometimes they are removed by external heat (symp. 686.) They are often so intolerable as to make the patient furious, (symp. 775,) cause convulsions, (symp. 721,) and occasion such excessive sensitiveness as to be aggravated by the mere conversation of others (symp. 781.) They have been observed to alternate with insensibility, (*v.* symp. 703, which is taken from Pyl's case of poisoning above detailed.)

(*e.*) The spasms are either tonic or clonic. The former, which in the group of symptoms 648, 651, 655, 670, 685, 709, 723, 724, 740, 822, may be traced from simple muscular tension, (cramp in the calf, tension in the knee-pan, &c.,) to contraction of the whole leg, and to complete tetanus, must be regarded as the more important alternating action.* Symptoms 741 and 742, "stiffness and immobility of all the joints." Hahnemann refers to Pet. de Apono. But this author's words are :—" *Cui datur Realgar in potu, patietur sitim, et exaestuationem, et consumptionem humiditatis, quod nisi ei succurratur, aut morietur, aut paralyticus et contractus remanebit. Vidi et curavi juvenem, cui datum fuit cum hepate porci assato realgar tritum, et evasit mortem ab eo, et remansit circa omnes juncturas, quasi immobilis ex nimia siccitate.*" In this place, then, the substance alluded to is *realgar,* and not white Arsenic; therefore the two symptoms referred to should be struck out of the Materia Medica.

The clonic spasms show themselves in trembling, convulsions of the thighs and knees, convulsions of the whole body, and in (symp. 722,) attacks like epilepsy. That trembling, the true concomitant of weakness, should be produced by Arsenic, might have been expected; it is, according to Hahnemann, (*loc. cit.* p. 76,) generally chronic, and intermediate between contraction and paralysis. Convulsions are seldom absent in poisonings by Arsenic; but as they are generally first observed a short time before death, it is easy to comprehend that they are of no great pharmacodynamic value. In

* See note 1, Brit. Jour. of Hom. III, p. 459.

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many cases of poisoning by Arsenic, they do not even occur during the death struggle, as we learn from the observations whence the symptoms from 844 to 847 are derived. Such cases, however, are usually so poor in symptoms, that it seems that death has been caused solely and alone by the sinking of the vital power. The symptom 730, "Epilepsy," and the remarks connected with it, contain much that is incorrect, as in the case of poisoning related by Crüger, death did not take place, in that by Büttner, no mention is made of "Epilepsy."

(*f*) Although cases of poisoning with immediate depression or extinction of the irritability are rare, and the paralysis appears to be caused in general by the previous muscular tension, (contraction,) or perhaps appears to stand to the latter in the same relation as the true paralysis in apoplexy to the not unfrequent previous stiffness of the muscles, (*loc. cit.*, p. 74,) yet, we would do wrong to suppose that the paralytic symptoms in Arsenic are nothing more than secondary effects; on the contrary, they are, as the results of the Hahnemannic proving plainly testify, very often, (Wibmer *loc. cit.*, p. 325,) and, for curative purposes, extremely useful primary actions, which, if arranged properly, give an almost perfect picture of a paralysis, from its first commencement to its highest degree of development. Thus, for instance, we find heaviness, fatigue, weakness, unsteadiness of the limbs, (symptoms 658, 679, 680, 711,) in various degrees, up to complete extinction of the muscular irritability, paralysis, (symptoms 650, 652, 701, 738, 743, 744, 745,) numb sensation, (symptoms 703, 710, 711,) to complete insensibility, (symptoms 703, 745.) These paralytic symptoms occur, it is true, principally in the inferior extremities, but they sometimes (symp. 710) involve the whole of one side of the body. We must direct especial attention to symptom 868, "paralytic weakness of the limbs, daily at a certain hour, like a febrile attack," as it is peculiarly characteristic of our remedy.

Par. 23.—The external skin is one of those organs which is more particularly affected by Arsenic. Hence Hahnemann considered it one of the most powerful antipsorics. In order to assist the memory, we shall divide the symptoms belonging to it in the R.A.L., into four classes.

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In the *first* class we place the pains Arsenic occasions in the skin: creeping, tickling, itching, biting, gnawing; but of all the most frequent is the burning pain.

In the *second* class we include all those symptoms relating to the well-known property of Arsenic, of producing dropsical swellings, (from the most simple swelling of the leg, or puffiness of the face, up to general anasarca.) According to Schefler, (*Gesundheit der Bergleute*, Chemnitz, 1770, p.p. 145 and 196,) swelling of the skin appears pretty rapidly, and is an almost constant symptom of the miners' disease, and it only disappears towards the end of the disease, when the skin becomes dry, the body wasted to a skeleton, and the hair sometimes falls out, &c. *

The *third* class is formed by the following kinds of eruptions: (*a*) inflamed measles-like spots over the body, especially on the head, the face, and the neck; spots here and there on the skin; all over the body, small spots with white points like millet seeds; eruptions resembling nettle-rash; yellow spots on the chest, (symptoms 598, 805, 806, 810, 812.) (*b*) Pimples on the forehead, arms, and hands; thick eruption of little white elevations of the colour of the surrounding skin, of the size of a lentile, and smaller, with biting pain, especially at night; pimples exceedingly difficult to cure, (symptoms 122, 619, 629, 807, 815.) (*c*) Innumerable very red vesicles on the hairy scalp; vesicles between the eyebrows and on the left temple; vesicular eruption on several parts; an eruption of whitish pointed vesicles containing fluid at their apices, attacks the hands, (including the fingers,) and the abdomen, with burning itching, as if from the stinging of gnats; on being scratched, the fluid escapes and the itching ceases; violent burning in the vesicles, with great anxiety, (symptoms 147, 155, 156, 157, 816, 818, 819.) (*d*) Pustules on the hairy scalp and in the face, with burning pain; miliary eruption over the whole body, which desquamates;† frequent red

* Avicenna (*Canon. Lib. II, Tract II, cap. 49*) says,—"*Arsenicum citrinum et rubrum abradit pilos, et convenit alopecia.*"

† "The scaling off and desquamation of the epidermis always follows the vesicular eruption, (if death do not take place before it can happen,) but it sometimes occurs without being preceded by any eruption. I observed this scaling

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scorbutic miliary eruption; burning painful black pocks, (symptoms 144, 809, 811, 813, 814.)

In the *fourth* class we separate those symptoms which (*a*) depend on the power of Arsenic to make the healthy skin raw, or to produce ulceration of it, from those which (*b*) show its effects on ulcers already present.

To (*a*) belong, rawness under the arms, in the axilla, and between the thighs, (symptoms 617, 644;*) face full of ulcerations, (symp. 135;) the scalp covered down to the middle of the forehead with an ulcerated crust; burrowing ulcers on the scalp, (symptoms 145, 146, 149.) These three symptoms (taken from Heimreich and Knape) were produced by the application of Arsenic to the hairy scalp. Whether symptom 779, "an ulcer very painful, especially in the morning, which, under a thin scab, contains a dark brown bloody pus, with single shootings whilst sitting, that are relieved by standing, but still more so by walking," be a purely physiological effect of Arsenic, (we mean observed on a healthy individual,) we are unable to decide; although symptom 793, "an ulcer appears in the leg, which is covered with a grayish scab, causes burning pain, and has an inflamed border," seems to favour this view. But symptom 788, "ulcers on the heels with sanious pus," must be effaced, as in the case related by Guilbert there is no mention of it. Symptom 791 is taken from *Hufelands Journal*, 1813, Oct., p. 39; "a refiner of Arsenic, although he was regarded as a wonderful fellow for swallowing poison, was, however, attacked by carcinoma, which rendered amputation indispensable."†

off from merely washing the body with an arsenical solution." "After this scaling off there generally remains an external soreness in the skin on being touched. The limbs, especially the legs, swell, &c." (Hahnemann, *Loc. Cit.*, pp. 60, 61.)

* The following is the observation on which these symptoms (taken from F. W. Klinge, physician to the mining district, Andreasberg) are founded:—"Our smelters, when they are engaged with very rich arsenical ores, generally suffer from rawness on the parts where they perspire much, as in the axilla and between the thighs, and are troubled with itching." (*Hufeland's Journal*, VI, pp. 903, 904.)

† The power of Arsenic to produce cancerous ulcers might certainly be doubted were there no better evidence for it than the above statement, and Dr. Frank would be perfectly justified in telling us (*Hygea*, vol. XVII, p. 130) to

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To (*b*), old ulcers hitherto painless, become sensitive, (symp. 786;) tearing, but chiefly burning in the ulcers, sometimes as if from a red-hot coal, (symptoms 782, 783, 789, 790, 794, 795;) the ulcer gets very high edges, and excretes much black coagulated blood, (symptoms 785, 787;) the ulcer bleeds on being bandaged, becomes covered with a superficial dry crust, and inflammation occurs round about it, (symp. 792, from Hargens, observed after the application of Arsenic to a cancerous ulcer;) the ulcer has an excessively bad smell, and suppurates little, (symp. 795.)

Par. 24.—That the symptoms afforded by *sleep* have a high diagnostic import, is justly acknowledged in all manuals of general pathology, and hence we consider it not the least of Hahnemann's merits, that he was the first to appreciate them duly in medicinal diseases also. On this point we find in Arsenic—not only sleeplessness, (symptoms 851, 869, 877, 893,) but also excessive sleep, (symp. 894.) We are of opinion that neither the one nor the other of these alternating actions is of particular value. As regards the first, we imagine it is not an original, but an induced symptom, (*symptoma symptomatum,*) and our reason is, that it never occurs primarily, or by itself, but always along with other symptoms, which, as we have just repeatedly seen, occur, or are aggravated, at night, and hence are well adapted to disturb or to prevent sleep. That this is the case with respect to the symptom 851, "sleeplessness," taken from Buchholz, Knape, Degner and Grimm, we learn from the cases of poisoning related by them. They give us clearly to understand that the sleeplessness here spoken of does not depend on a primary affection of the cerebral system, but must be regarded as the necessary consequence of other violent symptoms. We think the same may be said with regard to symptoms 869, 877, and 893.

efface symptom 791; but as similar observations are by no means rare, (for instance, Schefler, *loc. cit.*, pp. 149 and 190, says, that the workers in Arsenic mines are subject to destructive ulceration under the axilla and in the genitals, and even cancerous ulcers in the latter situation,) it is easy to see that the above symptom may not be without foundation, at any rate, it cannot be regarded as a proof of what Dr. Frank, in very bad taste, calls "an insatiable grasping after symptoms."

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We are, moreover, far from considering actual deep sleep, (which must be distinguished from a comatose state, so different from true sleep,) for which symptom 894 seems to speak, as any thing more than a very rare primary effect of Arsenic, because this poison produces the most violent effects on too many organs, and affects the inward springs of life too deeply. On the other hand, we must regard the following disturbances of the night's rest as characteristic (useful in a curative point of view) effects of Arsenic:—Great, almost unconquerable desire for sleep, alternating with great restlessness and sleepless turning about in bed; frightful jerks and agitating starts whilst falling asleep, or during the nocturnal sleep; sleep disturbed by lively, vexatious, annoying, and anxious dreams; nocturnal phantasies. That sleep of this kind cannot be refreshing is evident, and hence, partly, the reason why Arsenic shows so many symptoms which appear, or are aggravated, by awaking in the morning.

Par. 25.—Arsenic excites, according to circumstances, violent, continued, or remittent or insidious wasting, hectic, or periodic* fever. The last occurs either in the quotidian,

* Although in this respect Arsenic excels all other hitherto tried remedies, it is, nevertheless, either unknown to, or denied by, many Allopaths, and even many writers on the subject, merely on this account, that were they to admit it they must also admit that the cures of fever by the administration of Arsenic, which was accidentally the suitable remedy, were Homœopathic. Thus, for instance, Harles says (*De usu Arsenici in Medicina. Norimbergae*, 1811, p. 171):—"*Febrem, (id est Arsenicalem,) sive ea in sanis hominibus, sive in morbo quodam adfectis suscitetur, numquam certum fixumque typum, nedum periodum regulari modo intermittentem, qualem Hahnemann* Arsenico cieri opinatur, sequi observavi neque talem unquam experientia comprobari arbitror.*" That Professor Harles, whose learning we have often had occasion to admire, whilst reading his monograph, should have been ignorant of the cases of poisoning related by Quellmalz, (*Commerc. lit. Norimberg*, 1737, *hebd.* 28,) or those by Morgagni, (*De sedibus et causis morb. LIX, par.* 8,) (not to speak of many others in favour of Hahnemann's assertion,) has surprised us more than his assertion that he himself never witnessed symptoms of intermittent fever from the employment

* Hahnemann says (*Hufeland's Journal*, vol. II, p. 3, 1796):—"This much I have myself ascertained, that Arsenic is well capable of producing that spasm in the blood vessels and the commotion in the stomach called the febrile rigor. If it be used in a stronger dose (a sixth or a fifth of a grain for an adult) this rigor is very observable. This property makes it a very powerful remedy as a similarly acting medicine, in intermittent fever, as I have observed that it possesses the power of exciting a daily returning, though gradually weaker paroxysm, even after its use is discontinued. The continued employment of Arsenic in larger doses gradually produces an almost continual febrile state, &c."

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(symptoms 946, 953, 955, 958, 989,) or in the tertian, (symptoms 911, 996,) or in the quartan (symp. 918) type.

In reference to the periodical fever of Arsenic, symptoms 911 to 1005, prove that Arsenic is not capable of producing a *perfectly developed* fever, *i. e.*, such a fever wherein all the symptoms belonging to a regularly developed fever, e. g., rigor, heat, perspiration, &c., are present in one and the same paroxysm. We find, for instance, either merely rigor and heat, but no perspiration, (symptoms 938, 948, 996,) or rigor followed by perspiration alone, without intermediate heat, (symptoms 911, 960, 969,) or rigor alone, without heat and without perspiration, &c. Such being the case, until repeated physiological experiments teach us something better, we must search for some chief characteristic of the arsenical intermittent fever, which shall be corroborated by our experience at the bed-side. It follows from this, that we can have no fundamental type for the febrile paroxysms of Arsenic, and that they must assume very varied forms, according as one or another or several of the so-called constituent parts of fever are awanting.

In order to make what we have just said clearer to the reader, we shall adduce some observations from the "Materia Medica;" the differences among them are palpable: "Every evening a rigor;" (symp. 958) or, "febrile rigor through the whole frame, with hot forehead, warm face and cold hands, followed neither by thirst nor heat," (symp. 936,) or, "nocturnal heat, without thirst, and without perspiration," (symp. 981,) or, "perspiration three nights in succession," (symp. 989,) &c.

We shall now relate the peculiarities which are shown in

of Arsenic. But how it happens that Harles, whose whole merit with regard to Arsenic consists in having availed himself diligently of an extensive library to which he had access, and in having written the result of his studies in pretty good Latin—how it happens that Harles can demand that we should accept as true his statements, which want the merit of being well supported by evidence, whilst he groundlessly declares to be false those of the great observer Hahnemann, who had the courage to ascertain the effects of the most virulent of poisons on his own person; how, in a word, the mere bookmaker should pretend to know better than the actual experimenter: all this would surprise us still more, did not the history of Homœopathy teach us a multitude of similar and still stranger things

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the individual symptoms of the arsenical fever. The febrile rigor occurs most frequently in the evening, (symptoms 911, 912, 956 to 958, 961, 962, 964,) or in the afternoon, (symptoms 938, 953, 955, 959,) also after dinner, (symptoms 943, 953,) seldom early in the morning or in the forenoon, and never at night; it is excited either by drinking, (symptoms 939, 945,) or by walking in the open air, (symp. 968,) and is either general or local, in which latter case it affects generally the inferior extremities, or lower half of the body; it is either continued or alternates with heat. We further remark (what is found in very few remedies) the presence of external cold and internal heat at the same time, and *vice versa*, (symptoms 941, 959.) The stage of rigor is either of very slight intensity, e. g., merely slight shivering, sensation of cold, rigor, &c., or it is more fully developed, or it attains a very great height.

The following symptoms are frequently conjoined with the rigor: anxious restlessness, (symp. 941,) moroseness, (symp. 949,) anxiety, and gnawing pains in the pit of the stomach, with nausea, (symp. 995,) tearing in the legs, (symp. 966.)

The febrile heat appears always in the evening or at night, and in various degrees of intensity, namely, as sensation of warmth, or as perfectly developed, (local or general) heat, or as the feeling "as if the blood ran too hot through the vessels," (symp. 976,) or as a sensation "of burning in all the blood-vessels," (symp. 910.) The accompanying symptoms are:—"redness of the whole body and anxiety." The heat is followed by nausea, (symp. 980.) According to Hahnemann, (symp. 981,) "nocturnal heat without thirst, and without perspiration," is peculiarly characteristic of Arsenic.

Perspiration occurs, and this is also characteristic of Arsenic, towards the end of the fever or only at the commencement of sleep. Further we find recorded: perspiration in the morning or forenoon; the perspiration is either partial or general, warm, or clammy and cold; accompanying the (forenoon) perspiration; humming in the ears and trembling.

With regard to the pulse we find it stated: small, rapid,

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weak, or extremely rapid, weak, intermittent or tense pulse.*

During the rigor thirst is never present, but afterwards it is; or as symptom 948 tells us, between the rigor and the heat. During the heat, according to symptom 973, thirst occurs, but probably only as a rare alternating action; for Hahnemann asserts, (symp. 981,) that nocturnal heat without thirst (and without perspiration) is characteristic of Arsenic; on the other hand there is very considerable thirst during the sweating stage. In this respect Arsenic bears great resemblance to China, except that in the former, as we learn from symptoms 920 to 932, the thirst is much more intense, more burning, and more unquenchable, and they are further distinguished by this, that in Arsenic much liquid cannot be taken at once.

* The reliance to be placed in symptom 999, will be seen from what Pearson says, (*Sammlung auserlesener Abhandlungen*, f. pr. Aerzte, *XIII*, 4,) from whom it is derived:—"A short time ago I employed the neutral Salt of Arsenic, formed by the combination of arsenious acid and potash, (*potassa arsenicalis,*) in a person who had for years been affected with epilepsy. After she had taken this remedy for a week, the attacks occurred less frequently, and the following week she had not a single fit. Since then the epileptic fits have not returned, although several weeks have already elapsed. A few years before this scarcely a day passed that she had not at least one attack. A few weeks after commencing this remedy, the pulse beat only thirty-eight times in a minute. As, however, I had neglected to examine the state of the pulse before the employment of the medicine, (which is much to be regretted,) I cannot positively say whether this slowness of the pulse was an effect of the medicine, or whether it was natural to the patient. The dose in which I administered this arsenical salt was from the 40th to the 20th part of a grain. If I gave it in larger quantities, it caused pains in the chest, gripes, and purging, and likewise affected the head; but in the small dose above alluded to it produced no perceptible effect, excepting a slight disagreeable sensation in the stomach. Perhaps, however, in some cases, a still smaller dose might be necessary."

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LETTER

TO JOHN FORBES, M.D., F.R.S.,

*Editor of the "British and Foreign Medical Review," on his Article entitled "*HOMŒOPATHY, ALLOPATHY, AND YOUNG PHYSIC,*" contained in the number of the Review for January,* 1846.

By WILLIAM HENDERSON, M.D.,

PROFESSOR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.

SIR,—It is not the irritability of an author subjected to a rigorous criticism that prompts me to address to you the following remarks on your late review of Homœopathy, for I can say with sincerity that you have given me, personally, scarcely any ground for complaint. Indeed, both as an author and an adherent of the system which you have reviewed, I can justly pay you the compliment of stating that you are the first public opponent of Homœopathy in this country who has treated it with the courtesy of a gentleman, and the candour, if not of an unbiassed unbeliever, at least of one who does not wilfully assert what is untrue.

Nor is it solely on account of the importance of the omissions and mistakes you have made that I address you at present. Far greater than any you are chargeable with, and deliberate misrepresentations to boot, have been committed by some of your contemporaries, which the feebleness of their influence for either good or bad has rendered unworthy of notice. It is, however, otherwise with you, and the productions of your pen; and though I might, with little anxiety for the result, leave your article on Homœopathy to do the important work for which it is in many respects so well suited, without any comments of mine, it has occurred to me that the inaccuracies and defects to which I have referred may, under the sanction of your name, have more influence with many than they deserve to have, and may thereby retard the progress of our inquiry in which the profession and the public are very seriously concerned. I gladly avail myself, therefore, of the apology for my interference which is afforded by the circumstance of my having a place in your review, in

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order to supply some of the omissions, and correct the principal mistakes, of that article.

Though I give you full credit for having undertaken, and prosecuted, your examination of the subject with a desire to act fairly by it, I am far from admitting that you have succeeded in your object. While there is much in your paper that is just, and a little that will be regarded as even liberal, there is a great deal that is the reverse of both. Some of what comes under this latter designation is, no doubt, the result of imperfect information—of views which, as you acknowledge, have been "suddenly and prematurely" forced from you. A large account, however, remains that cannot be regarded in this light, but which affords some curious illustrations of the psychological infirmity that often leads men to exhibit doctrines which they dislike to as much disadvantage as they can, without absolutely affirming what they know to be untrue.

To this infirmity I must ascribe the suppressing of explanations that might lessen or remove an objection;—the ready admission of whatever appears likely to tell against your opponents; the prompt repudiation of every thing like a presumption in their favour; and the recourse to denials or affirmations regarding points on which you are not entitled, by your actual knowledge, to offer an opinion.

Added to all this, there are so many misrepresentations of facts and doctrines, (so plainly stated by Homœopathic writers, that it is difficult to conceive how they can be misunderstood,) that it will be scarcely surprising should many, who do not know you personally, doubt the possibility of their being unintentional.

It is easy to perceive that you started on your inquiry with your mind fully made up on the more important merits of the case; and the following are clearly the "views relating to the general subject which have long occupied" your thoughts. You have been long satisfied that the treatment of diseases, according to the old system, was, for the most part, radically bad,—with some exceptions, simply *powerless* as to the cure of diseases, and in many, if not in most, of these exceptions, worse than powerless, positively injurious; you were familiar,

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therefore, with the belief that the majority of the supposed *cures* of diseases, including acute inflammations and other dangerous maladies, under the old system, were due to the *power of nature* acting independently or even in spite of the treatment; you had heard not a little of the success of Homœopathy, and the difficulty of conceiving that the means you supposed it to employ could act in any way on the body, suggested an explanation of this success, which chimed in with your estimate of the power of nature. The riddle was thus easily solved. The recoveries under the old system are mostly due to nature, *ergo*, the recoveries under Homœopathy can be due to nothing more.

In order to guard myself from misrepresenting you, I shall quote your own words. The inferences you specify as the result of your deliberations are:—

"1. That in a large proportion of the cases treated by Allopathic physicians, (that is, of the old school,) the disease is cured by nature, and not by them.

"2. That in a lesser, but still not a small proportion, the disease is cured by nature, in spite of them; in other words, their interference opposing, instead of assisting, the cure.

"3. That, consequently, in a considerable proportion of diseases, it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practised, if all remedies, at least all active remedies, especially drugs, were abandoned. * * *

"Although Homœopathy has brought more signally into the common day-light this lamentable condition of medicine regarded as a practical art, it was one well known before to all philosophical and experienced physicians.

"It is, in truth, a fact of such magnitude,—one so palpably evident, that it was impossible for any careful reader of the history of medicine, or any long observer of the processes of disease, not to be aware of it. What, indeed, is the history of medicine but a history of perpetual changes in the opinions and practice of its professors, respecting the very same subjects—the nature and treatment of diseases? And, amid all these changes, often extreme and directly opposed to one another, do we not find these very diseases,

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the subject of them, remaining (with some exceptions) still the same in their progress and general event? Sometimes, no doubt, we observe changes in the character and event, obviously depending on the change in the treatment,—and, alas, as often for the worse as for the better; but it holds good as a general rule, that, amid all the changes of the treatment, the proportion of cures and of deaths has remained nearly the same, or, at least, if it has varied, the variation has borne no fixed relation to the difference of treatment." (P.p. 257-8.)

"The foregoing elucidations, it will not be doubted, disclose a lamentable state of things; but it is not a state to be despaired of; much less is it one to be concealed as something disgraceful. It is more our misfortune than our fault that it is as it is; but if it were our fault, still it ought to be made known. There, as in morals, the more sensibly we feel our defects, the more openly and heartily we confess them, the more likely are we to get rid of them. As thus reflected in our critical mirror, the features of our ancient mother assuredly look somewhat unattractive. She seems neither happy nor prosperous; yea, she seems sick, very sick; yet not sick unto death. On the contrary, we believe that she is more vivacious and vigorous than at any preceding time; her countenance is merely 'sicklied o'er with the pale cast of thought,' from the strength of her inward throes; 'the genius and the mortal instruments are now in council, and her state, like to a little kingdom, is suffering the nature of an insurrection.' And such, in truth, do we believe to be, literally, the condition of physic at this moment. Things have arrived at such a pitch, that they cannot be worse. They must mend or end. We believe they will mend. The springs of life are yet untouched; the constitution retains its rallying power; the vis medicatrix is in action; and we flatter ourselves that there is yet enough of young blood and energy and wisdom in our ranks to redeem the past, and to achieve that glorious regeneration, which has been long announced by infallible signs and portents in these latter days. Old as we are, we yet hope to see raised the standard of 'Young Physic,' though we cannot expect to see it furled, after the destined victory is won."—P. 261.

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So much for your estimate of the old system; one which has long occupied your thoughts, and which, I may be permitted to say, was so entirely mine also, that I thought it worth while to examine the pretensions of a new system.

Then, as to Homœopathy; in commenting on a general comparison of its success, with that of the old system, as shown in the tabulated results of Fleischmann's practice in the Homœopathic Hospital of Vienna, and of several French and British hospitals, you say—

"The remarks above made are even of more importance, in relation to the general subject now under consideration, than they may seem to be at first. They not only show that the *kind* of successes and failures experienced by the Homœopathists, is precisely the same as that experienced by the Allopathists; but they also seem to show that the medication of the former can boast of no *peculiar* virtue whereby it can achieve triumphs in fields altogether forbidden to the latter. Under the influence of medicines, all of which must be considered *new*—new absolutely, or new in their form, mode of administration, and principle of action—we would have hardly expected the old relations of curability and incurability exactly preserved. Does not this fact, common to both, seem to point to a *community of power, or want of power*, in the two classes of agents, rather than to a speciality of action and potency in one?"—P. 244. And so determined are you to make out your point against the old system, as possessing little, if any, potency as a system of *curing*, that you behave very liberally (as your Allopathic friends will think) to the recorded successes of Homœopathy; but with the purpose of bringing both the old and new systems to the level of your power of nature.

"These tables, (Fleischmann's Homœopathic tables,) for instance, substantiate this momentous fact, that all our ordinary curable diseases are cured in a fair proportion, under the Homœopathic method of treatment. Not merely do we see thus cured all the slighter diseases, whether acute or chronic, which most men of experience know to be readily susceptible of cure under every variety of treatment, and under no treatment at all; but even all the severer and more dangerous diseases, which most physicians, of whatever school,

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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. And such is the nature of the premises, that there can hardly be any mistake as to the justness of the inference. Dr. Fleischmann is a regular, well-educated physician, as capable of forming a true diagnosis as other practitioners, and he is considered by those who know him as a man of honour and respectability, and incapable of attesting a falsehood. We cannot, therefore, refuse to admit the accuracy of his statements as to matters of fact; or, at least, to admit them with that liberal subtraction from the favourable side of the equation, which is required in the case of all statements made by the disciples and advocates of new doctrines. Even after this rectification, we see that enough remains to justify the inference above deduced. No candid physician, looking at the original report, or at the small part of it which we have extracted, will hesitate to acknowledge that the results there set forth would have been considered by him as satisfactory, if they had occurred in his own practice. The amount of deaths in the fevers and eruptive diseases is certainly below the ordinary proportion; but, for reasons already stated, no conclusion favourable to Homœopathy can be thence deduced. It seems, however, reasonable to infer that, even in these cases, the new practice was not less favourable to the cure than the ordinary practice. In all such cases, experienced physicians have been long aware that the results, as to mortality, are nearly the same under all varieties of Allopathic treatment. It would not surprise them, therefore, that a treatment like that of Homœopathy, which they may regard as perfectly negative, should be fully as successful as their own. But the results presented to us in the severer internal inflammations, are certainly not such as most practical physicians would have expected to be obtained under the exclusive administration of a thousandth, a millionth, or a billionth part* of a grain of phosphorus, every two, three,

* I shall by and by show that this account of the doses is altogether incorrect.—W. H.

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or five hours. It would be very unreasonable to believe that out of three hundred cases of pneumonia, two hundred and twenty-four cases of pleurisy, and one hundred and five cases of peritonitis, (in all six hundred and twenty-nine cases,) spread over a period of eight years, *all* the cases, except the fatal ones, (twenty-seven in number,) were slight, and such as would have seemed to us hardly requiring treatment of any kind. In fact, according to all experience, such could not be the case. But, independently of this *a priori* argument, we have sufficient evidence to prove that many of the cases of pneumonia, at least, were severe cases. A few of these cases are reported in detail by Dr. Fleischmann himself, and we have ourselves had the statement corroborated by the private testimony of a physician, (not a Homœopath,) who attended Dr. Fleischmann's wards for three months. This gentleman watched the course of several cases of pneumonia, and traced their progress by the physical signs, through the different stages of congestion, hepatization, and resolution, up to a perfect cure, within a period of time which would have appeared short under the most energetic treatment of Allopathy."—P. 243.

Again, in reference to the cases published in my treatise, you say of two "well-marked cases of acute rheumatism," and two of "severe neuralgia," that "it would be unfair to deny that the result obtained in these four last cases would have been regarded as very satisfactory under any mode of Allopathic treatment," p. 245; and of the cases generally, "we do not hesitate to declare, that the amount of success obtained by Dr. Henderson in the treatment of his cases, would have been considered by ourselves as very satisfactory, had we been treating the same cases according to the rules of ordinary practice."—P. 250.

Now all these admissions have the appearance of fairness, and considering the manner in which the facts both of Fleischmann and myself have been misrepresented by uncandid reviewers, they will seem startling and extreme to most of your professional readers. Yet they are fair only in a degree,—only to the level of your hypothesis regarding the power of nature, and far short of the truth. A greater amount of success than the old system you will not admit

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Homœopathy to procure; you allow it to run neck and neck with the former in the treatment of some of the most dangerous inflammations even, but not a hair's breadth more. It must not pass the line of your preconceptions, let the "hard words, and harder figures of statistical tables" say what they may.

But the subject is far too important to be slurred over in a way so summary and inaccurate, and I, therefore, hope you will excuse me if I keep somewhat closer to the facts than your hypothesis finds it convenient to do. To get rid of the overwhelming evidence of the superiority of the Homœopathic practice, as shown on a comparison of Dr. Fleischmann's tables with similar tables of Allopathic physicians, you object to all the statistical tables that profess to exhibit the comparative results of treatment of any kind. The genius of the diseases at different seasons, the influence of the sex, age, and condition of the patients, are so many circumstances that seem to you to deprive the statistics, hitherto published, of value in such a comparison. And you are right to this extent, that we have as yet no statistical details sufficiently minute, or so carefully classified, as to enable us to determine to a fraction what is the amount of superiority which one kind of treatment possesses over another. But a degree of precision such as this is not necessary in the inquiry we have on hand. We want to know, simply, on which side, the Homœopathic or the Allopathic, the advantage lies, and not the exact amount of the advantage. And to settle this point there is an ample accumulation of sufficiently minute information to leave no room for doubt respecting it. In large collections of cases of any disease, the sex, age, and condition of the patient, and the date of the disease when brought under treatment, become so much equalized, that there is no danger, in comparing them, of drawing an erroneous inference as to the *general fact* of which group has been the most successfully treated—which treatment has been, on the whole, the best, and the most worthy of future confidence.

I conceive that no one will be inclined to dispute that three or four hundred cases of a particular disease, on each

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side, taken indiscriminately from both sexes, at all ages above infancy, at all periods of the disease according as the persons affected happened to present themselves for treatment, at all seasons, and during a series of years, present very fair grounds for ascertaining the comparative value of two kinds of practice. It is in the very nature of statistics, collected in such circumstances, and embracing so large a number of cases, to do away with accidental sources of error, and to bring out a general fact that might be misrepresented by more limited data. The comparisons I am about to give possess all these safeguards against mistake, and the proofs which they afford are as completely decisive in respect to the general fact of the superiority of the Homœopathic practice as any proofs we have in medicine on any point whatever.

Dr. Fleischmann treated in the Homœopathic Hospital of Vienna during the nine years beginning in 1834, and ending in 1843, two hundred and ninety-nine cases of inflammation of the lungs. Of these, nineteen died, or about one in sixteen.

With these cases I contrast, first, the experience of Chomel in the Hotel Dieu of Paris. He does not, in the account from which my information is drawn, specify the number of cases that had fallen under his care; but when we consider the frequency of pneumonia in Paris, the size of the hospital in which he practised, and the length of time to which the account refers, we must admit that the number cannot have been less than that treated by Fleischmann. The period of ten years, from 1832 to 1842, during which Chomel's cases occurred, will be allowed to have been sufficiently extensive to have prevented any possibility of error from the variable genius of the disease, coinciding so nearly as it does, too, with the period of Fleischmann's practice. And in order to do away with the possibility of any prejudice to the comparison, in favour of Homœopathy, that might be conjectured to arise from the cases of Fleischmann having been accidentally of an age more favourable to recovery, than those of Chomel, I select from the statements of the latter, what he says of the mortality during that period of adult life, when the average success is the greatest,

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and contrast this with the results of Fleischmann's practice among persons of all ages. It appears, then, that between the ages of twenty and forty, Chomel had a mortality of *one in eight, or double that of Dr Fleischmann's at all ages.* The Homœopathic physician does not mention the ages of his patients; but the table he has given proves that his hospital is, like other general hospitals, devoted to the reception of all kinds of disease; and judging from the nature of the diseases he specifies in his table, it is clear that the persons admitted were mostly past the period of adolescence. Thus, of the diseases the most common in early youth, scarlet fever, measles, hooping cough, convulsions, general scrofula, varicella, only one hundred and eighty-seven cases were admitted in the nine years, while the whole number of patients was six thousand three hundred and twenty-two.

Again, if we compare the mortality of pneumonia under the ordinary treatment, within limits of age still more favourable to recovery, (for you know that the mortality is less as the age is earlier—that of early infancy excepted,) we still find it greater than that of Fleischmann at all ages. Barthez and Rilliet give us one hundred and sixteen cases between the ages of sixteen and thirty, and Leroux* one hundred and eighty-two cases between the ages of thirteen and thirty, including a period of seventeen years, in which the mortality is at the lowest, after the age of puberty, in the ordinary practice; and thus we have almost exactly the same number of cases as Fleischmann adduces, and collected, too, in various years and seasons. The mortality was more than one in twelve, or one-fourth greater than that of the Homœopathic practice. All that can be said or imagined, by any experienced and reflecting person, of the sources of fallacy in statistics, cannot subvert the conclusion from these facts,—that the Homœopathic treatment of inflammation of the lungs is vastly superior to the ordinary treatment. The exact amount of its superiority may not be such as these facts represent; it may be greater or it may be less, but that is of no consequence to the present inquiry. What we want to determine, I repeat, is simply which practice is

* Grisolle.

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the most successful, and not the precise amount of the difference; and yet it is only to this latter, and, in a practical point of view, altogether secondary and insignificant consideration, that your objections to statistics actually apply.

What makes the comparisons I have made still more important and conclusive is, that the mortality of pneumonia increases after the age of forty, so that from forty to sixty, during Chomel's ten years, it was one in five; and above sixty, one in two. This progressive increase in the mortality with increasing years, appears, according to M. Grisolle, the most learned writer on the subject, "to be the same in all countries, in hospitals as well as in private practice."—P. 520. And yet, with all the disadvantage of a comparison of cases, in which a portion must have belonged to periods of life at which pneumonia increases in danger and severity, with others drawn from a period when it shows much less of a dangerous tendency, the success of Homœopathy is indisputably greater than the ordinary practice.

In order to convey some idea of the superiority of the Homœopathic over the ordinary treatment of pneumonia, at all ages, I adduce the following accounts, of which the Allopathic facts are derived from Grisolle's work, and the Homœopathic from the statistical tables of Fleischmann and Reiss, carried down to 1844. On the Allopathic side we have Louis, Trousseau, Grisolle, Laennec, Bouillaud, all eminent practitioners of a country whose medical practice you hold up to the emulation of British physicians. Together, they furnish five hundred and thirty-one cases of inflamed lungs; of which eighty-one died, *or one in six and two-thirds.* In this number there are included fifty-seven cases by Laennec, of which he says only two died. He is accused of having overstated his success, having confessedly given his account only from memory. And it is affirmed, on the authority of one who attended his wards, that his loss was actually much greater than he has allowed. Still, I have taken his own account of the matter.

On the Homœopathic side we have, in addition to the two hundred and ninety-nine cases of Fleischmann already noticed, forty-four treated by him in 1844; and thirty-four cases of

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Dr. Reiss, treated in the Homœopathic Hospital of Linz* in 1843 and 1844—the only cases of pneumonia, treated in that hospital, of which an account has been published. In all, then, three hundred and seventy-nine cases, and nineteen deaths, or one in twenty—the last forty-four of Fleischmann, and the thirty-four of Reiss, having all recovered!

It is well known that among females the rate of mortality from inflammation of the lungs is higher than among males, though females are much less liable to the disease. The number of the latter that occurred among the cases of Fleischmann and Reiss is not mentioned. But it is certain that the accommodation for females in Fleischmann's hospital is such, that no cases of pneumonia among them were more likely to be excluded than among the males; and there is no reason to suppose that females are less liable to pneumonia in Vienna than in Paris. In the account given of a small number of cases treated by Skoda in an Allopathic hospital in Vienna, the proportion of females is noted—there were nine, to twenty males. Among the five hundred and thirty-one cases that occurred in Paris, the proportion of the sexes is stated by some of the physicians; and we find that of three hundred and fifty-one cases thus classified, only seventy were females; so that no considerable proportion of the immense general mortality could have been due to that source.

It does not appear that any deduction should be made from the success on the Homœopathic side, on the ground that the statements come from the partisans of a particular system, which ought not to be equally made from the alleged success on the other side; for the several physicians, on whose authority the latter is given, were contending, some of them acrimoniously, for the superiority of their respective measures of treatment.

It is curious that while you eschew "any close comparison" of Fleischmann's tables with those of Allopathic physicians, on the ground of an absence of sufficient detail, no statement that can tell in favour of your own views, is too vague and meagre to be admitted in evidence. One might almost suspect, therefore, that, had a close comparison been likely to

* Oesterreichische Zeitschrift für Homœopathie.

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show Homœopathy to disadvantage, it would not have been so scrupulously avoided. You quote Grisolle's account of the expectant practice, or no practice, of Biett and Magendie, with the purpose of putting that on a footing with Homœopathy in its claims to suffrage. And yet, while the Homœopathic records are distinct as to the number of cases that were treated, and the mortality among them, in hard statistical figures, neither the one nor the other is mentioned of the cases that were left by those physicians to take their own course. Biett's mortality is said, merely, to have been "very inconsiderable" during the year that he treated his patients with only emollient drinks and cataplasms. Magendie's is *not mentioned at all;* the only information we have regarding his treatment of pneumonia being, that "he employs *no* other treatment" than the expectant.* "Very inconsiderable," with Grisolle, would doubtless mean one death in every five, or four, or perhaps three, cases, seeing that his own practice, which he stoutly defends against M. Bouillaud, furnished no less than one in six and one-third. The "very inconsiderable" was clearly meant to be coupled with "considering that the cases were left to nature." His own mortality was very considerable beyond all dispute; and if he meant to say that Biett's was, in the plain, absolute, and unqualified sense of the words, very inconsiderable, he was bound to adopt, and to recommend it to others, instead of laying down rules for the use of blood-letting, and tartar emetic.

Equally vague and unsatisfactory is the statement you make on your own authority:—"We may add that, to our knowledge, the same plan has been followed in one, at least,

* There is a small mistake in your account of this. Grisolle uses the word "*guère*," which is not *no*, but *scarcely*. Even Magendie, notoriously bold and unfeeling as he is, dared not habitually to give up all treatment. The mistake, however, favours your side of the argument. For it would be a presumption, and you employ it as such, in favour of *no treatment*, and in the same measure against the claims of Homœopathy to be *some* treatment, if any physician saw good reason to relinquish the employment of medicine in the treatment of pneumonia. But even Magendie did use some remedies, though apparently neither very active, nor *very successful;* for your Dublin contemporary for February, who appears to speak from personal knowledge, affirms that the mortality was held by lookers-on to be greater under the distinguished physiologist than under his colleagues, *and therefore much greater than under Homœopathy.*

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of the large hospitals of Germany, and the result was considered to have been far from unsatisfactory."—P. 246. This abandonment of the old practice, in favour of none at all, is scarcely the most obvious tribute to its efficiency. In this we agree; and as to the German result, to which you refer in such *very precise terms*—so much preferable to hard statistical tables—it amounted, we may suppose, to the loss of only a third, or a fourth, of the cases; a result certainly "far from unsatisfactory," as the consequence of no treatment at all, when even *active* treatment loses between a sixth and a seventh, or, if I may adduce the experience in one at least of the larger hospitals of Britain, *a third!* How would you have dealt with the luckless Homœopath who should attempt to encounter the statistics of Allopathy, with such miserable statements as you oppose to those of Dr. Fleischmann?

Although I have said enough to satisfy any unprejudiced and intelligent person that the Homœopathic practice in pneumonia is very much more successful than the Allopathic, I cannot quit the subject without affirming, that you give the latter less than its due, small as that may be. Grisolle, as you know, left eleven *slight** cases of pneumonia to take their own

* In alluding to them, you say, "Dr. Henderson misjudges these cases in terming them 'slight,' in comparison with the one treated by him. They seem to have been fully as severe." P. 246. I persist, notwithstanding, in calling them slight, unquestionably slight, cases. For Grisolle not only says that the general symptoms were mild enough to satisfy him that he might leave them to themselves without danger, but he says that the inflammation was "*of small extent*" in all of them. Why did you not notice this most essential particular? If you had, you could not have added that they were "fully as severe" as the case of mine to which you allude. That case is stated to have had the lung condensed "as high as the spine of the scapula," and from "the axilla all down the lateral aspect of the side"—about two-thirds, at least, of the whole lung. No small extent truly. In what other respects they were as severe, neither you nor I have any means of knowing. Grisolle himself, the only authority on the subject, says nothing of the frequency of the pulse, or of the respirations, of the state of the mental faculties, or of the state of quiet or restlessness—the very points on which, much more than on any local signs, an opinion of the severity of a case of pneumonia ought to rest. But you take it for granted that his cases had delirium—pulses above 120, respirations 48, and much restlessness night and day! All of these symptoms existed in my case, and must have existed in the eleven if they were as severe. No experienced physician can maintain that the mere fact of the disease having reached "the

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way undisturbed by treatment, and he gives an account of the time during which the characteristic expectoration, pain, and fever continued, and of the period at which the phenomena of auscultation began to decline, and when they disappeared. He does the same in reference to the cases that were treated by blood-letting, and tartar emetic, and affirms, justly, that the latter were convalescent sooner than the former.

The details are to the following effect: 1. In the eleven left to nature, the pain *did not cease in a single case before the seventh day;* in several it lasted till the 20th, 25th, and 27th days; *the mean was fifteen days.* In four he was forced to have recourse to cupping, owing to the persistence of the pain, and one of them required a blister in addition. [He helped the power of nature a little, after all.]

In the cases that were bled, (two hundred and thirty-two in all,) the *mean duration of the pain was seven days.*

In those that were treated with tartar emetic alone, (forty-four in number,) he does not mention the mean duration of the symptom. But he says, "the first sign of amendment consisted in a diminution, and sometimes a total cessation of the pain, which was often very pungent and acute." In five cases of the latter sort it had *completely ceased after the first day of treatment.*

2. In the eleven, the mean duration of the characteristic expectoration was ten days.

In fifty cases bled in the first stage, the mean was seven days. In one hundred and eighty-two bled in the second stage, it was nine days.

In thirty-five cases treated with tartar emetic, the state of this symptom was noted; and in seventeen it existed in the highest degree; and in them the expectoration was rendered more or less colourless in twenty-four hours after the treatment was commenced.

3. In the eleven, the phenomena of auscultation did not begin to decrease *till the end of the second week*, and persisted

stage of red hepatization" is a proof that it was severe. A small extent of hepatization, and mild general symptoms, constitute slight cases of pneumonia if the disease can ever be slight. I mention these particulars only to show how strangely you depreciate what is Homœopathic, and magnify beyond all warrantable compass what may seem to bolster up your hypothesis.

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still in various degrees till between the twenty-second and thirtieth days.

In the cases bled within the first four days of the disease, the phenomena began to decrease *between the sixth and seventh days.* In those bled later the mean of the commencement of the decrease was the tenth day.

In the forty-four cases treated by tartar emetic, the phenomena began to decrease in thirty-six, *between the end of the first and the fourth days of the treatment.*

So much for the course of *slight* cases left almost to nature, compared with that of severe cases treated by the ordinary means. I think that you will feel yourself in a dilemma when I present to you the plain inferences deducible from those facts, and your account of the course and duration of cases treated Homœopathically. You admit, on the competent testimony of a physician, (not a Homœopath,) who attended Dr. Fleischmann's wards for three months, and watched the progress of several cases of pneumonia, through the different stages of congestion, hepatization, and resolution, up to a perfect cure, that this result occurred "within a period of time which would have appeared short upon the most energetic treatment of Allopathy."—P. 243. Now, the energetic treatment of Allopathy appears, beyond all question, as Grisolle's narrative proves, to cure pneumonia within a period of time much shorter than the power of unassisted nature can do. What is then the demonstration which follows? Let us see if you have not given us a fine specimen of the *reductio ad absurdum.*

Energetic treatment cures pneumonia much sooner than no treatment at all. Homœopathy cures pneumonia in as short a time as energetic treatment; *ergo,* Homœopathy cures pneumonia only as soon as no treatment at all! *Quod est absurdum.* I am the more astounded at this result of your argument, because the very facts which I have quoted from Grisolle, in proof of the advantage of the ordinary treatment over *no* treatment, are contained in a previous number of your own review.

You have been unfortunate in not having considered attentively the means which Dr. Fleischmann used in the

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course of his remarkable success in inflammation of the lungs. Had you done so, you might have avoided the blunder which I have now exposed, for you would have discovered that the solutions of phosphorus, which formed his principal remedy, contained a notable quantity of that very active substance. If you had consulted Fleischmann's notice of his practice contained in *The British Journal of Homœopathy*, No. 5, you would have found that his *first* attenuation of phosphorus contains, in every hundred drops, a grain of the drug; in the *second*, nearly one-tenth of a grain; and in the *third*, about one-hundredth. These are the attenuations used by Homœopathists in severe cases of pneumonia, as you will perceive from the cases detailed by Fleischmann and myself. Now, if you had considered that the dose of this medicine, when given after the rules of your own school, is only about the fiftieth of a grain—or only double the dose of the first Homœopathic attenuation—you could hardly have concluded that the Homœopathic treatment of pneumonia is incapable of producing any positive effect. You would have perceived that it is not by the millionth, or the billionth of a grain of phosphorus that the Homœopathists claim the credit of curing pneumonia so much more successfully than others. And I may here remark, in reference to acute diseases, that the lower or stronger attenuations of the medicines are those almost universally used, a circumstance which you do not seem to have known when you made the general remark at p. 229, that "the primary dilutions, or attenuations, are used comparatively rarely," otherwise you would, doubtless, have made an exception in respect to inflammations, and thus have silenced the clamour of these opponents who labour to frighten the public out of its propriety, by representations founded alike on malice and ignorance. Whatever may be thought of the higher attenuations and their alleged value, in chronic diseases, there can be no doubt, in the mind of any rational man, as to the lower, both actually containing a very sensible quantity of medicine, and being capable of producing a sensible effect, even though experience had not abundantly proved that they do.

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I feel the more desirous of removing misconception in the minds of professional opponents on this part of the subject, because it is in the treatment of acute inflammations that Homœopathy possesses the most momentous advantage over the ordinary practice. I have already dwelt on this superiority, as shown in the case of inflammation of the lungs. But the tables of Fleischmann and Reiss show an equally remarkable superiority in regard to other inflammatory diseases. From these we learn, that of two hundred and fifty-eight cases of erysipelas, chiefly of the face too, only two died; of one hundred and twenty-six cases of peritonitis, only six; of forty-five cases of inflammation of the membranes of the heart, not one died; of two hundred and forty-eight cases of pleurisy, only three. I need not institute a detailed comparison of such results, with the tables furnished from Allopathic hospitals. You know that this is done in the excellent Introduction to Homœopathy, edited by Drs. Drysdale and Russell; and you know, also, the vast superiority which the comparison exhibits in favour of the Homœopathic practice. I may further observe on this most important point, that it would be strange indeed, contrary to every principle of probability, that the circumstances you mention as liable to vitiate the inferences that may be drawn from a comparison of the kind, should, in so many separate instances, be *accidentally* so entirely in favour of Homœopathy.

Although I have commented with some rigor on a few of the errors of narration, and of inference, which disfigure your allusions to Homœopathy as claiming the credit of a mastery over acute diseases, which no other plan of treatment possesses, I sincerely believe, that if you had entertained but a suspicion of the truth, you would have honestly and manfully avowed it. I am far from supposing that the man who has had the courage and candour to proclaim to the world the unsoundness of the ordinary practice; the necessity of a thorough *regeneration* of practical medicine; that "things (in Allopathic physic) have arrived at such a pitch, that they cannot be worse,"—and that "they must mend or end;"—I am far from thinking that

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he who could utter such truths as these, so unpalatable to the general taste, so truly *Hahnemannic*, would hesitate to declare that the claims of Homœopathy were just, if he only knew enough of the subject to qualify him to decide. You have borne a testimony to the character and genius of Hahnemann, and to the ability and good faith of many of his followers, that must satisfy your readers that you would scorn to rank among those who are filching his discoveries, and arraying themselves in his hard-earned honours. And if, in your tribute to him, you have stopped short of his greatest merits, and have failed to give him credit for having effected any *positive* good in the practice of medicine, the defect must be ascribed to the limited extent of your acquaintance with his labours, rather than to any unkindly feeling towards his memory. The length you have gone, however, is new in this country among the adherents of the ancient school, and gives you a claim to such marked commendations as are usually paid to justice and generosity when they are scarce.

These virtues appear to flourish better among our professional brethren in Germany, so that it seems to confer no particular claim to distinction among them, that a man should give honour to whom honour is due. They are generally much better informed also than our English physicians are, and, therefore, if the propensity to pilfer were exercised by any of their number, he would be sure of being speedily detected and pilloried for his crime. Hence it is, that while in this country one of the most valuable discoveries of Hahnemann's method of ascertaining the curative properties of medicines, has been stolen from Homœopathy, without a word of acknowledgment to indicate the source from which it was originally taken, his more just and candid countrymen, while they take advantage of his labours, award the discoverer the encomiums to which he is entitled. "It was Hahnemann," says Professor Maly, of Gratz, "who first recommended the use of *Aconite* in pure inflammatory fevers, with or without eruption, as well as in inflammatory diseases generally, in obedience to his principle, *similia similibus*, by which the effusion of blood, except in certain exceptional cases, is wholly obviated. *Even were we under no other*

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obligation to Hahnemann, by this simple discovery, he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity." Professor Maly teaches Materia Medica in an established university—is no Homœopath, in the technical sense of the term—publishes his series of observations on the subjects of his professorship in an Allopathic periodical, and yet seeks no warrant in these circumstances for plagiarism and injustice. It would be well if others would follow the honourable example in regard to this, and the other discoveries, of the same illustrious man, with which they are enriching their monographs and journals without once mentioning his name.

While on this subject it may not be disagreeable to you to be informed of a few other particulars of the homage that is paid on the continent to the value of Hahnemann's contributions to the Materia Medica, and they will, doubtless, receive the more favour with you that they are not furnished by those who enrol themselves under his standard.

The same Professor (Maly) observes, of the Helleborus Niger, after commending its use in dropsies of various kinds, and other diseases, that "Hahnemann's proving of the medicine upon those in health, will be found the best guide" to a knowledge of what it is capable of accomplishing.

Of Pulsatilla he says, "The healing power of this medicine in rheumatic complaints, acute as well as chronic diseases of the eye, and the various affections complicated with derangement of the catamenia, &c., is taught *in the experience collected to so large an amount in the Homœopathic writings.*"

Another writer in an Allopathic journal for 1845, Dr. Popper, of Winterberg, eulogizes the use of Belladonna in inflammation of the throat, and acknowledges that he was indebted for his acquaintance with it to "the numerous indisputable testimonies of many intelligent and experienced Homœopathic physicians," and concludes in the following words:—"A more frequent employment of this medicine, in many diseases, is to be recommended to the use of impartial physicians; and the best source of information upon its virtues is the Materia Medica of Hahnemann, and the writings of liberal Homœopathists."

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I give these as samples only of the general estimation in which Hahnemann is held by those who do not rank among his followers, who cannot be suspected of a spirit of partisanship, but possess honesty and information, and are not enslaved by prejudice. Similar testimonies might be easily multiplied, but I leave the consideration of those acknowledgments which have been made of the importance of Hahnemann's contributions to the *details* of the Materia Medica, in order to notice, what is more cheering still, because pregnant with the future recognition of all the valuable parts of his system,—the acknowledgments of the excellence of some of his fundamental principles.

At the Scientific Congress held at Strasburg in 1842, the Medical Section, with Professor Forget at its head, passed the following resolution:—"The Medical Section is unanimously of opinion, that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics. * * *"†

Dr. Siebert,‡ an Allopathic writer in an Allopathic journal for 1823, observes, "It is not to be doubted that the complaints so loudly made, for some time past, in regard to the want of a foundation for therapeutics, have produced a beneficial effect in two ways; the first is negative, consisting in greater scepticism in the existing Materia Medica; and the other is positive, *being the proving of medicines on persons in health*, and more accurate experiments with them in disease. * * * To outward appearances, Homœopathy stands as much opposed to the old regime as ever; but I do not believe it does so in reality. Under the impulse given by this doctrine, medical science continues to direct more attention to the effects of medicines upon the healthy animal frame; while on the other hand, Homœopathists are every day directing more and more attention to the physiological aspects of diseases which they had before much neglected."

† British Journal of Homœopathy. January, 1846.
‡ Ditto.

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In the *British and Foreign Medical Review* for January, 1846, the learned editor, Dr. Forbes, among the best expedients for bringing his art out of its present deplorable position, recommends the future cultivators of it "to re-consider and study afresh the *physiological* and curative *effects of all our therapeutic* agents, with the view to obtain more positive results than we now possess," and "to endeavour to substitute for the monstrous system of Polypharmacy now universally prevalent, [in the old school W.H.] one that is, at least, vastly more simple, more intelligible, more agreeable, and, it may hoped, one more rational, more scientific, more certain, and more beneficial."

Professor Maly, of Gratz, already mentioned, urges the exhibition of medicines one at a time. Dr. Siebert, too, advocates the greatest possible simplification of the number and form of drugs in prescribing.

Now in these, and similar advices from various Allopathic authorities, and which have been partly carried into practical effect, though to a very small extent, by Allopathic physicians, both in America and Europe, a very satisfactory testimony is given to two of Hahnemann's fundamental principles, which he thus expressed, whilst those who now echo his words were enjoying the polypharmics of the nursery:—

"There is no way more certain, or more natural, for finding infallibly the proper effects of medicines on man than to try them separately, and in moderate doses, on healthy persons, and to note the changes which result from them in the physical and moral condition."—P. 194.*

"It will never enter the mind (of the true physician) to give as a remedy more than a single simple medicine at a time."—P. 280.†

I have said that the adoption of these principles of Homœopathy is fraught with the future recognition of the most valuable parts of Hahnemann's system. And, first, for this reason, that the *proving* of medicines on healthy per-

* Exposition de la Doctrine Medicale Homœopathique, 2nd edition. Paris, 1834.

† Ibid.

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sons will convince medical men of the accuracy of Hahnemann's experiments, and thus effectually silence the objections which have been drawn from the supposed impossibility of such medicinal symptoms as he describes ever having been produced. If the new *provers* of your "Young Physic" proceed courageously and skilfully in their work, this cannot fail to be one result of their labours and sufferings. The transactions of the Homœopathic Society of Vienna abundantly warrant the anticipation. The members of that body have begun to subject the Materia Medica of Hahnemann to a rigid experimental scrutiny, and as their mode of proceeding is worthy of being followed as an example, I transcribe this short account of it, and its bearings on the credibility of Hahnemann.

"The members meet, and to each is given a portion of the medicine to be experimented with, without telling him what that medicine is. At home they take this medicine in various doses, and write down all the effects they have observed; they then meet again, and each reads over the symptoms it has produced on him. Thus, there is obtained a series of testimonies from well-qualified and independent observers. They have found that the general results of Hahnemann's provings are perfectly accurate, and have expressed their admiration of his skill as an experimenter, and faithful describer of his experiments."—*British Journal of Homœopathy*, p. 8, January 1846.

You who have never *proved* a medicine, I presume, oppose your notions of how medicines ought to behave themselves when taken by a person who does not need them, to the deliberate and oft-repeated experiments of Hahnemann and his friends.

"No unprejudiced person," you affirm, "who examines these records ever so superficially, can for a moment believe that one-half, or one-tenth of the symptoms recorded, were, or could be, produced by the medicaments swallowed."—P. 234. Then Hahnemann and his friends have told falsehoods regarding the more severe symptoms, and recorded many that were trivial and accidental.

I will not accuse you of making the imputation of false-

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hood, for you have already allowed the integrity of Hahnemann. But that Hahnemann *did* err in recording trivial occurrences among the symptoms that followed the taking of the medicines, no Homœopathist denies; nay, the provers in Vienna, who "have expressed their admiration," &c., proclaim the fact, and reject many of these symptoms. But does his error in the smallest degree affect the practical use of his provings—supposing, for a moment, the Homœopathic principle to be correct, that regulates the selection of a remedy? No, certainly. That principle requires that the symptoms of the disease to be treated, should find in the provings of the remedy, phenomena that correspond with them—with *all* of them if possible, with the chief and most characteristic of them at least. It matters nothing that there should be in the *proving* many more, truly medicinal, phenomena than there are symptoms in the disease; and, of course, it matters as little that there should be as many more trivial jottings, that neither correspond with the disease, nor are due to the medicine. Hahnemann himself anticipated your objection, but he thought it best to err on the safe side,—to note down phenomena that might be accidental and unimportant, rather than run the risk of excluding what might be of consequence. If the line must be drawn nicely between the genuine and the false phenomena, who was to decide on the precise qualifications that entitled a symptom to be retained, or marked it for oblivion? Surely not the first prover,—nor the first few provers. It must be the prerogative of the many, who, having summed up their own experiments and those of their predecessors, thus ascertain what bears the characters of constancy and genuineness, and what seems to be inconstant and accidental. The risk in all provings is rather from genuine symptoms being excluded, than from accidental ones being admitted. At least the Homœopathist feels so, who knows of what importance sometimes are seemingly inconsiderable particulars.

With all the exuberance of Hahnemann's details, the case is not nearly so incredible as you make it appear. You ridicule the idea of one thousand and ninety symptoms being producible by one medicine. And yet a very little attention

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to the proving of Calcarea, the medicine you specify, will show you how unfair the inference is that you allow to be drawn by the bare transcription of the numerals which stand at the close of the list. The fact is, that scarcely one-tenth of the number consists of distinct and separate symptoms, (true or false.) For example, the first nine figures, (the seventh excepted) relate strictly to only *one* symptom. And this is multiplied into what appear to be eight to one who does not read the sentences corresponding to the figures, by the degrees of the symptom (vertigo) at different times of the day being separately noted, and by the circumstances of its being present in the open air, on walking and sitting, on moving and lying still, being also noted and numbered separately. In the same way, for the purposes of distinctness, and easy reference, are all the other symptoms split up, as it were, and numbered. This was Hahnemann's method with all his provings, and you perceive how small a degree of explanation deprives your objection of its weight, and how little attention was necessary on this, as on other occasions, to save you the uneasiness of a misrepresentation.

But your objections to the provings of Hahnemann extend to other particulars besides the number of the symptoms. You object to the *nature* of the symptoms also, and lay special emphasis on the absurdity of including *surgical* diseases among them. As I do not know where you fix the disputed boundaries of surgery and medicine, I may not be qualified to feel all the surprise which appears to have pervaded your mind, when somebody gave you to understand that many surgical diseases are recorded among Hahnemann's provings. Possibly visions of compound fractures, concussions of the brain, popliteal aneurisms, and carcinomatous tumours, were called up by the intelligence. If so, I can quiet your concern on the subject, by assuring you, that neither Hahnemann nor any of his assistants went to so great a length in their devotedness to science, as to incur the risk of such serious consequences; and that they do not any where allege that they ever experienced them. There is a little work which you do not seem to have read, called "A Defence of Hahnemann and his Doctrines," &c.,

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that exposes the source of your error. Allow me to refer you to it for information on this point, and on many of the same kind, that I may be spared the tedious task of correcting so many errors of detail.

It is barely possible that you may consider every disease that is treated by a *surgeon* as a *surgical* disease. If that be your definition of the term, although it is somewhat of the oddest, we shall, no doubt, agree that many surgical diseases are mentioned among the provings. Surgeons treat erysipelas—belladonna produces it; surgeons treat boils—pulsatilla produces them; surgeons treat ophthalmia—aconite, belladonna, &c., produce it; surgeons treat cystitis—cantharides produce it; surgeons treat caries—mercury produces it; surgeons treat psoriasis—arsenic produces it; and so on with twenty other disorders common to *surgeons* and the *provings*. You deny all this, but Hahnemann, and his company of provers, aver it, and (you will pardon, in so important a discussion, my plain speaking) they were far better entitled to know.

But you deny this also: "Not a shadow of *proof* exists that the symptoms were the consequence or direct effect of the medicine; while a thousand reasons can be adduced for supposing the contrary."—P. 234. What sort of proof would satisfy "philosophers, and hard-headed sceptics like ourselves," it is not for me to say. Philosophers are not always the wisest men in the world. One endeavoured to prove that there was no such thing as motion; another, that there was no difference between right and wrong; a third, the father of a philosophy that finds its disciples in modern times, that we should give no credit to our senses, and so sincerely did he act upon his principles, that "if a cart run against him, or a dog attacked him, or if he came upon a precipice, he would not stir a foot to avoid the danger. He had friends, however, who, happily for him, were not such great sceptics, and took care to keep him out of harm's way; so that he lived till he was ninety years old." Again: "hard-headed," or "unlimited scepticism," as Dugald Stewart has it, "is as great a proof of imbecility as implicit credulity is." Philosophers and sceptics may carry their principles too far,

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it would seem; and if they wanted more proof of the source of their sufferings (in case they should take to the proving of medicines on their own bodies) than what I am about to specify, would stand very much in need of the "care of their friends."

Suppose some half dozen men, who had a certain confidence in the evidence of their senses, to set about *proving* the effects of a particular medicine on their own persons, they being at the time in health, and, on the whole, accustomed to enjoy a tolerable share of bodily comfort. And suppose, further, that they took special care to avoid all irregularities in regimen while their provings were going on. Well, one of them finds that in a quarter of an hour or so after swallowing a dose, say of aconite, "giddiness and headach" come on. Has he reason to conclude that the aconite was the cause? Possibly not. He had no giddiness or headach for many a long day before—but let that pass; they may have been accidental. As soon as he is well again, or some days after, he takes another dose, and in ten minutes he finds his giddiness and headach return. On comparing notes with his colleagues, he finds that the other five have all experienced, at one or more trials, something of the same sort in various degrees and combinations. Is he to believe his own senses, and the concurrent experience of others, or, like Pyrrho the Elean, to discard all such fallacies, and, unless the care of his friends prevent him, swallow the whole bottle of poison to vindicate his principles, and show his contempt for common sense!

Again, though naturally possessing a good digestion, and a peaceable stomach, he discovers that very soon after a dose of this pernicious aconite, he feels a very inconvenient disgust for his victuals, or such qualms as threaten to end in something worse, and sometimes actually do so, or is tormented with pains in his entrails, or his liver. He repeats the experiment again and again; asks his comrades how they felt after their doses, and consults old authors concerning their experience and observation on the subject; and after all his researches and trials, he finds that there is a remarkable concurrence of evidence that those who knew no abdominal ailments for

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weeks or months before, did, after every dose of that particular potion—some sooner, some later—undergo afflictions of various kinds;—some nausea; some nausea and vomiting; some pain, pressive, shooting, or constrictive; some diarrhœa; some vomiting and diarrhœa; some mere regurgitations; some vomiting of blood, some of bile. And he finds, besides, in himself and others, that, after the interval of a day or two from the use of the medicine, he and they eat, and relish, and digest their food as well as ever. He thinks all this affords some ground for believing, on the principles of common sense, that aconite produces certain serious evils in the digestive organs. He notes down his own sensations and doings under its influence, as they occurred at different periods after the several doses he had taken—as they happened to be solitary or combined—or as they varied in character and duration; he notes down all he can learn from his friends of the same kind, or gather from other credible authorities; and he numbers them separately to keep them distinct, though they are sometimes the same, sometimes but little different from one another, and so the list becomes long. In the same way, tedious and toilsome, he gathers a list of sufferings experienced, if any, in every region of the body, and as he is very precise, and very anxious to be correct, all the symptoms—their diversities, and degrees, and shades of difference or of sameness—are classified and numbered; and the last number of the last shade turns up five hundred and forty. He might have omitted some repetitions, and some trifling differences, and some trifling sensations,—but he is precise, and he puts them down; he may have felt certain of them often before independently of medicine; at all events he feels them now, and their presence can do no harm.

Many years after, a number of men, some twenty or so, anxious to prove this medicine over again, take dose after dose, on numerous separate occasions, and their experiments corroborate all the principal details of the original proving, and add some considerable items to the number. They, too, are healthy men, accustomed to no such aches and pains as they experience while taking the physic; and they too, on the principles of common sense, refer their sufferings to the

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same cause, and in their simplicity never consider that "a thousand reasons can be adduced for supposing the contrary to be the fact!!" Two or three good reasons will satisfy them entirely, I have no doubt, and when they are favoured with these, they will take to aconite afterwards as kindly as goats to milkthistle, or pigs to henbane!

Besides these objections to the provings in general, you single out some substances as peculiarly liable to be considered utterly incompetent to produce any symptoms at all. Thus you say—"When we find the Homœopathist maintaining that substances utterly powerless in a state of sensible bulk, even in the greatest amount, acquire astonishing powers by mere subdivision, without any discoverable change in their physical or chemical properties,—can any proposition be submitted to human apprehension that seems more utterly impossible,—more ludicrously absurd?"—P. 235. And you ridicule the idea that the decillionth of a grain of such substances (charcoal and carbonate of lime,) can produce any symptoms. But neither Hahnemann nor any one else ever affirmed that the decillionth of a grain of charcoal or carbonate of lime is capable of doing any thing of the sort. Hahnemann, in reference to substances commonly esteemed inert, while he maintains that it is only after many triturations that they acquire any power of acting on the system, says, that in experimenting with them on the healthy body, the high trituration selected for the purpose, must be taken dose after dose in increasing quantities, and for many days, until their effects become sensible. That they do produce sensible effects when taken in this manner, is substantiated on the same grounds as those which have, I trust, rendered the provings of aconite abundantly credible to any one but a disciple of Pyrrho. If it be not, either Hahnemann could not "have been sincere in the belief of his doctrines," as you say he was, or he must have belonged to another extreme in philosophy from that maintained by the sceptics, that every real event was imaginary, he must have believed on a large scale in the occurrence of the most painful bodily sufferings, which had no actual existence! He must have imagined several distressing aches in his bowels and his brains, spasms and

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palpitations, that never actually occurred. He and those who experimented with him on such substances, had been well and hearty when they partook of them; yet, again and again, as they returned to them, they became affected with sufferings of no equivocal or contemptible kind. You do not seem to be aware that the potency of minute division, in giving activity to substances innoxious in the gross state, has other advocates besides the Homœopaths. Fluid mercury, you will admit, has been swallowed in ounces and pounds without producing any serious evil. Yet there are undoubted examples of persons inhabiting places in which a quantity of this metal was kept, having become violently affected by the "infinitesimal" dose of it that found its way, at the ordinary temperature, into the air they breathed. Some think that the mercury had become oxidized, and had thereby acquired an activity not possessed by it in its reguline state. But Orfila, the greatest authority I could produce to you on this subject, ascribes the effects simply to the minuteness of the division in which the metallic mercury was afloat in the air. Buchner and Pereira concur with him in the opinion. It seems, then, to be no "gratuitous outrage" to the reason of the most able and best informed men, whatever it may be to that of others, to assert that substances which we can take "into our stomachs with no other inconvenience than their mechanical bulk," in "ounces, nay, pounds," can produce the most formidable symptoms when in a state of very minute division. The fact is believed, you perceive, by very high Allopathic authorities. The *principle*, therefore, of your objection is the reverse of an acknowledged one among scientific men,—and the only difference between Allopathy and Homœopathy on the subject is, that what Orfila and others assert of mercury, Hahnemann asserts of charcoal, carbonate of lime, and some other substances; and he has this advantage over those who impugn his opinions, that he has experimentally tested their truth, and his opponents have not!

Of the same complexion with your statements on this subject is the following:—"We hold the great alleged fact from which the doctrine took its rise to be no fact at all; or,

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at least, not to be a fact of that generality of manifestation which a theory said to be of universal applicability ought to rest upon. We deny, on the other hand, that many of the medicines said by Hahnemann to be capable of exciting artificial diseases in the healthy body, are really possessed of such powers. We instance, in proof of our assertion, the very medicine which gave rise to the idea of the doctrine in its author's mind—cinchona. We deny that it will produce ague, or any thing like ague, or any other form of fever, in the majority of human beings; and so of a large proportion of the Homœopathic remedies in common use."—P. 234. This extract is brimful of mistake, gratuitous assumption, and false inference. The "great alleged fact" on which you strangely imply that the doctrine *rests*, is, I may inform your readers, that Hahnemann, when trying on his own person the effects of cinchona, says he became affected with the symptoms of ague, a disease, as is well known, generally treated by that medicine. You might just as well say that the great fact on which the theory of mutual attraction, or gravitation, among the heavenly bodies, *rests*, is Newton's having witnessed an apple fall from a tree! That very small fact "gave rise" to the train of ideas in the philosopher's mind which issued in the discovery of a great law; but I nowhere learn that it is made the *basis* of his doctrine. That basis is found in calculations and facts, which embraced an ample range of observation. The small fact suggested, and found its explanation in the general law, but would have made but a poor basis for so magnificent and comprehensive a theory. Just so with Hahnemann and cinchona. The effects of the drug suggested and found their explanation in the Homœopathic law, but are as innocent of being a *basis* as the fall of the redoubtable apple. The *great fact* on which the doctrine rests is, that diseases like those which may be produced by medicinal substances, admit of being cured by such of those substances as, in their effects on the healthy body, resemble those diseases; and that fact, or general law, *is based* on experiments that embraced an ample range of observation too. But, say you, agues, or any other fevers, do by no means so universally follow the taking of bark, as apples fall to the earth when loosed from the tree. Well, be

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it so; the latter is a great fact, then, because universally true; and the other is not so great a fact, because not universally true. But does it follow that it is no fact at all? That it has so little of fact about it, that it had no business to "give rise to the idea" of the Homœopathic law? If the excitement of febrile symptoms by cinchona were but occasional and accidental, Hahnemann had as good a right to be the subject of them as any one else. He seems to have been so, and has made a better use of the accident than most men would have done.

But is the occurrence of fever from the free use of cinchona so incredible or rare a thing as you affirm? I do not know whether you deny that it ever occurs, or merely that it occurs often. You say, first, that "the great alleged fact from which the doctrine took its rise is no fact at all;" and afterwards only deny "that it (cinchona) will produce ague, or any thing like ague, or any other form of fever, in *the majority* of human beings." As there is some obscurity, or contradiction, here, I shall construe the passages in a way the most favourable to you, and presume that, in the first clause, you mean to say that it is no fact at all that cinchona produces the symptoms of *ague*, and in the second, that it will produce "any other form of fever" only in a minority of human beings.

In answer to this latter allegation, I refer you to any authentic work on Materia Medica. Dr. Pereira, describing the effects of bark on healthy persons, says, that by large doses, "a febrile state of the system is set up, (manifested by the excitement of the vascular system and dry tongue,) and the cerebro-spinal system becomes disordered, as is shown by the throbbing head-ache and giddiness."—P. 1404. He does not pretend to determine what proportion of men will be so affected, but seems to think the operation in question rather characteristic, by the use of the indefinite article. "If *a* man in perfect health," &c., take a considerable quantity of cinchona, febrile action is set up. So much for the production of fever, in regard to which property of cinchona, you will acknowledge yourself either to be mistaken, or to have no countenance whatever in the authority of those who know most upon the subject.

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Then, as to the power of bark to produce *ague*, meaning by the term a fever, consisting of certain stages, completely ceasing for a time, and recurring in paroxysms, I fully agree with you, that we have no evidence that such a power exists. But if you imply, in the passage I have quoted, that Hahnemann alleges that he experienced an *ague*, in this sense, from the use of cinchona, you are very much mistaken. He nowhere says so. His words are :—" How is it possible, (if not by Homœopathic action,) that the tertian and quotidian fevers which I have radically cured, some weeks past, by a few drops of the tincture of cinchona, should have presented symptoms almost identical with those which yesterday and to-day I have observed in myself, when, by way of experiment, I have taken a little at a time, though in perfect health, four drachms of good cinchona?" — *Lettre à un Medicin.*

Now, I confess, I never could see any reason for supposing that he meant any thing more than this,—that the bark, (taken in doses, frequently repeated, observe,) produced chilly feelings and shiverings, followed by heat of the surface, and perspiration. If he be also said to affirm, that the proper periodicity of ague was produced also by the bark, then he is made to say that he had a quotidian and a tertian at the same time, which is ridiculous. And if you look at his *proving* of the medicine, you will find that he says nothing of a succession of such stages being followed by an interval of cessation, and that again by a new paroxysm. Shiverings, chilliness, flushing, and perspiration, compose the most characteristic symptoms of an *ague* when the fit is present, no symptoms at all characterize it when it is *not*, that is, in the intermission. And when cinchona cures ague, I suppose it does quite enough when it cures the febrile symptoms, in the same sense as other means cure spasmodic asthma, epilepsy, and other paroxysmal diseases; that is, prevents their return. That cinchona does produce the chilliness, shiverings, heat, sweatings, and other febrile conditions that commonly characterize a fit of ague, is attested by twenty other authorities besides Hahnemann. You will find their names appended to the symptoms they had severally witnessed, in this Materia

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Medica; and you will distinguish among the number some that belonged to the same school as yourself.

It is possible that you meant, in alleging that the "great fact" is not "a fact of that generality of manifestation which a theory said to be of universal applicability ought to rest upon," to signify that such is the case, because cinchona fails often to cure ague, even in Allopathic doses, and this may be one of the cases in which you say Homœopathy failed where it ought to have succeeded. If such be your meaning, it originates from misapprehension. Cinchona does not produce all the diversities that may occur in the symptoms of ague in all manner of persons; and when one is affected with an ague, the paroxysms of which is distinguished by symptoms which do not closely resemble those producible by cinchona, Homœopathy declares that cinchona will not cure that ague. The simple fact of its being an ague is never alleged by Homœopathists, and was never alleged by Hahnemann, as being all that is necessary to make it curable by cinchona. It must be an ague, with symptoms of a particular kind. This is the doctrine of Homœopathy in respect to cinchona and agues, and in respect to every other medicine in relation to disease, be it true or false. As every diarrhœa is not curable by the same medicine, neither is every ague, nor every stomach complaint. And the peculiar difficulty of the practice lies in selecting that medicine, among several that may appear to suit, more or less, the particular disease, which suits the particular *case* of that disease. Your allegation, therefore, that certain private trials by those who were strangers to the practice, (and it can be to such only that you refer,) were unfavourable to the claims of Homœopathy, is the weakest of all conceivable arguments; and, with a few others of equal caliber that I have yet to notice, shows an eagerness *nugis addere pondus* which proves that you must have been at a sad loss for argument, and can scarcely have left any stone unturned in search of objections.*

* Andral is the only Allopath who has published trials of the Homœopathic practice, and his are, as is proved by Dr. Irvine, as absurd as can well be imagined.

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Among the *sugæ* more particularly connected with the *provings* of medicines, and their value as guides to practice, I may notice here an objection you make on the ground that some diseases are *latent*, and can, therefore, afford *no* symptoms to guide us in the selection of a remedy. "How many diseases," say you, "have been detected only on dissection after death, and which have escaped the recognition of the most experienced physicians?" How would a Homœopath treat such cases, is the implied interrogation? How would you? How would "the most experienced physicians?" For my own part, I humbly confess, I should not know how to treat them. Homœopathy makes no claim to the power of resuscitation. But as you allow that the members of your side of the profession "continue to be almost as ignorant of the actual power of remedies in modifying, controlling, or removing diseases," p. 253, as they have been in all times past, and that the changes which follow their treatment are, "alas! as often for the worse as for the better," p. 258, it seems pretty clear that they must sometimes procure, or hasten, the fatal issue of the maladies they undertake to cure, an amount of potency which you do not grant to Homœopathy, and which Homœopathists, to do them justice, are not ambitious of claiming;—as Allopathy, I say, appears thus to possess the power of killing, it is possible that it may aspire to make alive, were it only as a matter of simple compensation. If such be the fact, Homœopathists give way at once, acknowledging the imperfection of their art in this particular, an imperfection which has reduced them to the necessity of consigning their dead to the treatment of the undertaker.

You next observe, "Every physician, for example, has met with cases of chronic pleurisy, with extensive effusion into the chest, which presented *no pectoral* symptoms, and which were only detected by auscultation. How could the fitting remedy for such cases be selected on the principle of *similia similibus?*" This is a fair question, and the cases fair ones for practice, if you mean to bend so far to the imperfection I have acknowledged as to let us try our skill before death and dissection. In the first place, then, a Homœopath, ignorant of auscultation and percussion, could

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not treat such cases at all, any more than an equally ignorant Allopath could. But Homœopaths study auscultation and percussion quite as much, and know them as well, as your Allopaths, whether of the old, or young, physic school; and as pleurisy is not always latent, but is commonly attended by *pectoral symptoms*, they have been able to determine what remedies are useful in the ordinary cases. When, therefore, extraordinary cases of the kind you mention occur, they still use the same remedies, and on the very rational supposition, that if they cured the pleurisy *with* the pectoral symptoms, they have a fair prospect of curing it *without* them. Analogy, it is true, suggests the means in such latent cases; but the *similia similibus* furnished the initiative. At the same time I admit that the *similia similibus* principle does not apply to the latent disease individually. We must be contented with having got our treatment of it in a roundabout way, and with finding that experience justifies its adoption.

But a more important circumstance is involved in this part of the subject than answering the question you have put. It is this, that in every disease, of which the pathology is so far known as to enable the physician to ascertain the nature of the anatomical changes and morbid actions of the part of the body which is diseased, the Homœopathist regards *them* as of *primary* importance in guiding his practice, and the more remote concomitant symptoms of inferior, often of no consequence to that end. It is thus that in pneumonia, pleurisy, and other well-defined diseases, in which the condition of the parts affected are known and can be ascertained during life, the remedies which the Homœopathist uses are few, notwithstanding that the symptoms which may attend such diseases are numerous and variable. He conceives the more constant and characteristic conditions of the disease, when these can be ascertained, to be the surest indications for the treatment,—because denoting with the most certainty the part that is affected, and the distinguishing peculiarity of the affection. To him the anatomy and physiology of disease, when they are not mere conjectures or assumptions, but ascertained truths, are of infinite value, and, therefore, he

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regards pathology (in this its only scientific sense) as a department of medicine which he is not merely entitled, but, for the progress and perfecting of his art, imperatively required to study. If he knew as much of the pathology of all diseases as he does of those I have specified, he would in every one of them, I have no doubt, find occasion to make the pathological condition the more immediate object of his concern, and the director of his practice; and would regard such symptoms as were not necessarily connected with, and indicative of it, as claiming little of his consideration. As it is, he regards the most constant and characteristic symptoms as alone of consequence in pointing out the proper remedy in cases where the true pathological condition which causes them is unknown. When he varies his remedy, in diseases commonly considered the same, although their pathology is unknown, or imperfectly known, he does so only when the particular cases of that disease differ in such a way that the symptoms of one resemble the characteristic effects of *one* medicine, and the symptoms of another the characteristic symptoms of *another* medicine; and he acts thus in the very reasonable belief that, when the distinguishing symptoms of one case differ from those of another, the difference depends on *some* difference in their pathology, notwithstanding the general similarity of the cases. If he had any direct way of getting at the difference in their pathology, in all diseases that are closely related, as he has, by auscultation and percussion, of ascertaining the different pathological conditions of inflammations within the chest, *that* way would be much preferred by him in practice, to the less certain method of selecting his remedy by external phenomena and sensations. Yet, in this preference, he would not be giving up the law *similia similibus;* for, of course, the medicines have their *pathology* (in order to produce the symptoms of the provings) as well as the diseases; and all that is wanting *to make pathology the basis of Homœopathic practice is, a correct knowledge of the pathology of both the diseases and the medicines.* Where that double knowledge exists, the Homœopathic practice is founded essentially on pathology,—as in bronchitis, pleurisy, pneumonia, peritonitis, nephritis, cys-

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titis, gastritis, dysentery, and many others,—the more variable symptoms of these diseases leading to the use of various remedies, but only of *such* remedies as produce respectively bronchitis, cystitis, &c., of *some* sort, and with varieties in the more important symptoms that correspond to those of the remedies. Where such knowledge does *not* exist, there is no help for it. If we know nothing more of the diseases and the medicines than their symptoms, we must be content to make the similarity of the symptoms of the one to those of the other the rule of practice; and well does it answer; so well, indeed, that in the great majority of those cases, even, whose pathology is known, and known by experience to require particular remedies, the ordinary symptoms serve to indicate these remedies to one who does not know the pathology of the diseases he is treating, as well as to one who does.

In a minority of such cases, however, the pathological practitioner has the advantage; and I may illustrate the statement by the example of pneumonia. When the complement of its symptoms has the usual amount and degree of completeness, he who neglects auscultation can prescribe for the disease as well as he who relies on the assistance of auscultation; but when, as happens in some cases of pneumonia, the symptoms are very few, or of a nature that does not distinguish it from pleurisy or bronchitis, the former may be unable to select the most suitable and successful remedy; while the Stethoscopist, by the aid of his additional means for ascertaining the pathology of the case, is able to do so with certainty and ease. Both may succeed eventually in their object, even with this disparity of knowledge, in the majority of instances; but he who has the aid of the more accurate diagnosis will succeed the soonest, and the most frequently.

While the explanation I have given of the manner in which some cases of disease are now treated by Homœopaths, which have had no actual parallel in the effects of the *provings* of medicines on healthy persons, shows how the principle—*similia similibus*—has led to the practice, there are, undoubtedly, not a few instances in which

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remedies have been introduced among Homœopathists, without having been suggested by that principle. These are termed by Homœopathists—empirical remedies, because they did not spring from the general law, but were discovered by chance, or something akin to it, like the empirical remedies in general. They believe such remedies to cure Homœopathically, because they do so in the same doses as the Homœopathic remedies in general do. This belief may be right, or it may be wrong; but the fact explains how diseases may be maintained by Homœopaths to be curable Homœopathically, which it may be difficult to conceive were ever experienced by a *prover*.

As you seem to have read no other work on the doctrines of Homœopathy than those of Hahnemann, and to be unacquainted with the practice as now almost universally pursued by the physicians of his school, it is not surprising that you should have given a very inaccurate account of the actual state of the Homœopathic art and doctrines. It never seems to have struck you that the third of a century might have led to considerable alterations in such parts of the system as admitted of being corrected or modified by experience; or that it was possible that those who embraced the leading precepts of the practice could differ from their author on the soundness of some of his views. To go back to works of Hahnemann, published twenty or thirty years ago, for an account of Homœopathy, to be presented to the public of the present day, as a fair exposition of the system, is about as fair as if one were to produce the views and statements of Laennec as exhibiting, in all respects, the existing principles and practices of auscultation. That distinguished man has had many disciples, (among whom none in this country deserve to rank higher than yourself,) who have added much to auscultation that he had overlooked, and corrected many errors into which he had fallen. Yet auscultation, with all the additions it has gathered in the last five-and-twenty years, and with all the refinements which have been introduced into it by the multitude of its acute and zealous students, is, in point of magnitude and difficulty, utterly insignificant compared with Homœopathy. While it, however, has altered and expanded,

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by the assiduity and acuteness of its cultivators, Homœopathy must not be allowed to move a pinion, or change a feather. Its principles and practice, as they came from their author, must be stereotyped, and go down to posterity with all their imperfections on their head. What work is there in medicine, whose contents twenty, or even ten, years have not rendered more or less antiquated and obsolete? I cannot charge my memory with one; and if such have been the fate of medical dissertations, down even to the smallest on the smallest subjects in the "orthodox" school, how unreasonable and unfair to admit of no modifications and improvements of the original views and precepts of a system which embraces almost the whole field of practical medicine! I need not say more to satisfy a man of your understanding and literary attainments, that you have committed a very palpable violation of justice in the course you have adopted, and that it is incumbent on you to correct the error into which you have inadvertently fallen. Meanwhile, in order to remove the false impression which your review is calculated to make on those whose information does not extend farther than yours, I may inform your readers that there is a very great difference between *Hahnemannism* and modern Homœopathy.

The customs and doctrines of Hahnemann, which are now either abandoned, or regarded as open questions, by Homœopathists, are his *psoric theory* of chronic diseases, or that which refers them generally to the *miasm* of psora, or itch, contaminating the constitution; his *potential* or *dynamical* hypothesis, which maintains that, by triturations and shakings, medicines undergo an increase or development of virtue, in addition to that which proceeds from the finer division of their substance by mere dilution or attenuation; the employment of the higher or weaker attenuations in acute diseases; the necessity of very long intervals between the doses of medicines. And it is but fair to Hahnemann and to Homœopathy to add, that, latterly, he saw it necessary to abandon in his own practice the two last of these.

To my mind, if I viewed the subject from the same point as you do, it would appear a very suspicious circumstance if the original propounding of a system, so vast in its compass as Homœopathy, had been brought forth in a form so seemingly

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complete and perfect as to admit of no alteration in its theoretical principles and practical details; if, as the exposition of one man's opinions and precepts, however profound his genius, it had received the unqualified acquiescence of all his disciples; if its hypothesis had not met with opposition among them, and its practical rules had not been modified by their larger experience. The history of every great discovery in art and science, of every new announcement, that proved to be fundamentally true, would mock its pretensions and throw a just suspicion on its adherents, if Homœopathy, after more than forty years' existence before the world, had remained exactly as it came from its author. On the other hand, I affirm that it is no small testimony to its truth, that in no particular of essential consequence to it, as a rule of practice, has the long period of its searching probation found it to be false, (for the whispers to the contrary are too contemptible to be thought of;) and that where it has been modified, it is in those very points where a large and varied experience would have been expected to modify it; and that there should be so general a concurrence, among the hundreds in almost all countries who have made it an experimental study, on the particulars in which it ought to be modified.

As early as 1824, Dr. Rau, of Giessen, published both his high opinion of the Homœopathic treatment and his dissent from the extreme and hypothetical dogmata of Hahnemann. Since then, the moderate Homœopathy, which employs the lower attenuations for the most part—the very lowest, and even the original or "mother" tinctures in some diseases, more especially the acute—which administers them at short intervals, even every hour in severe acute diseases—which discards the psoric theory and the potential hypothesis—which contends for the practical importance of the knowledge afforded by the pathology of internal diseases, and for the value of the most careful diagnosis, has grown up, and is the almost universal Homœopathy of the present day. With all this the *Homœopathic law*, the *similia similibus* principle, the only fundamental principle of Homœopathy, remains the motto and the maxim of this, the true—the only possible "Young Physic."

Now, what is "degrading" in this Homœopathy? You

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make use of the opprobrious epithet on two occasions in your review, and under the avowed conviction that the system is "calculated to destroy all scientific progress in medicine."—P. 251. But the manner in which you work out your conclusion, if it were not palpably the result of ignorance, would call for a very strong term of reprobation to characterize it. You first misrepresent the subject of your criticism in a manner that may be excused in the obscure editors of our monthly and weekly prints, but is altogether unworthy a man of your place and reputation; and then you pelt it with your scientific contempt. You, indeed, qualify the sneer I have quoted by saying, that if, by Homœopathy, "diseases were to be better treated and more speedily and frequently cured, it would be not only absurd, but transcendentally wicked to sacrifice the welfare of humanity for the sake of a scientific phantom." What is the scientific phantom that you would thus magnanimously sacrifice for the good of humanity? Phantom! I suspect humanity will think it a strange phantom—somewhat of the gouhl or vampyre genus—that would make the glory of the physician to consist in diagnostic and pathological acuteness, more than in the recovery of his patients. "I am sometimes disposed to doubt," says an eminent disciple of this phantom school, "whether the untoward event of a disease, which his science had enabled him to predict, and which he had assiduously endeavoured to avert with all the resources of his art, is not productive of *more real satisfaction*—as it *certainly is more creditable*—to the philosophic practitioner, than the recovery of a patient of the nature of whose disease he is ignorant." A remarkable sentence,—and all the more so because containing not the opinions of an individual merely, but of an entire school—the modern school of ultra-pathological physic. It is no wonder that those who entertain such opinions should think that even if Homœopathy were partially true, and, therefore, that it might fairly be received as one of the recognised methods of treating diseases, yet owing its success to the guidance of the bare empirical formula *similia similibus*, as that is commonly understood by the ignorant, it would "be very unfortunate for medicine if this were done." Unfortunate for medicine! No matter what for humanity.

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When we consider the vast number of diseases whose nature is unknown, and the paucity and feebleness which you acknowledge in the resources of the ordinary practice, we can suppose that the cup of superior satisfaction and credit habitually overflows.

But wherefore unfortunate for medicine? Homœopathy, as is known to all who are familiar with the history of its progressive improvements within the last twenty years, overlooks no pathological knowledge that can be of consequence to a practitioner of whatever school, and if there would be any thing unfortunate to medicine in its being received as one of the recognised methods of treating diseases, on the supposition that it is partially true, the misfortune would consist, along with others, in its furnishing the physician with the means of treating diseases whose internal pathology is avowedly unknown, (with a degree of certainty that he cannot derive from any other source,) by a careful study of what *is known* of such diseases, and the application to *that* of the Homœopathic principle of therapeutics. In your work on diseases of the chest you affirm, "that there are many diseases of the pathology of which we are entirely ignorant; and there is every reason for believing that not a few of these, if really consisting in any change of organic structure, are of such a nature as will never be exhibited beneath the knife of the dissector;" and though the progress of science since that sentence was written has lessened our ignorance of pathology, you will not deny that the statements it contains are, notwithstanding, still extensively applicable. In regard to those diseases whose pathology is yet unknown, are we to do nothing in the way of improving our treatment, little satisfactory or creditable as it may be even when successful, save by the fluctuating empiricism that tries this drug and the other, without a rational guide or motive? *Est ridiculum,* (says the orator,) *ad ea quae habemus nihil dicere; quaerere, quae habere non possumus*—at least for the present. When pathology succeeds in doing any thing to remove the darkness that still hangs over so many maladies, Homœopathy will as gladly take advantage of the new disclosures as your Allopathy can do; and if there be any degradation in treating such diseases,

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till then, without the light of pathology, it seems to me to attach much more to the senseless empiricism of the old school, than to the regulated method (empiricism, if you please,) of the new.

As Homœopathy, then, seeks avowedly for all the assistance that pathology, or an intimate knowledge of all that can be known about diseases, can afford it, what is the branch of medical science which it neglects? Anatomy and physiology are necessary to the pathologist, and, therefore, cannot be discarded by Homœopathy. Materia Medica, including botany and chemistry, are necessary to the distinguishing, identifying, and preparing of drugs, and, therefore, cannot be discarded by Homœopathy. A knowledge of the action of medicines on healthy persons is now called for on all hands, and Homœopathy has anticipated the general voice, and added an immense amount of information to that department of science,—nay, has made it a branch of science peculiarly its own; for on your side there is no proper information on the subject, and I shall by and by show that you could not use it if there were. What is there, then, in the science of medicine that Homœopathy has not? Antiquity. Yes, simply antiquity! That is the only particular in which it is wanting. Now, apart altogether from the general opinion (erroneous it would appear) that the science is not the better of being old,—that the science of a century or two ago is scarcely equal to the science of to-day,—pray what is the difference between the antiquity of the present Allopathy and its Homœopathic rival? Homœopathy, we may say, is fifty years old; how much older is the Allopathy you admire? Pathology, physiology, botany, and so forth, are the same in both; it is in therapeutics alone that they differ. And yet while you contend in one page (240) for the weight of the "accumulated materials supplied by millions of observers during an experience of two thousand years" as telling vastly in favour of Allopathic therapeutics, you tell us, very candidly and deliberately, in another, (260,) that "this department of medicine must indeed be regarded as yet in its merest infancy." In the interval between the two quotations you adduce abundant evidence that the latter opinion is

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correct. For example, you say of the ordinary practice,—

"This comparative powerlessness and positive uncertainty of medicine, is also exhibited in a striking light, when we come to trace the history and fortunes of particular remedies and modes of treatment, and observe the notions of practitioners, at different times, respecting their positive or relative value. What difference of opinion; what an array of alleged facts directly at variance with each other; what contradictions; what opposite results of a like experience; what ups and downs; what glorification and degradation of the same remedy; what confidence now—what despair anon in encountering the same disease with the very same weapons; what horror and intolerance at one time of the very opinions and practices which, previously and subsequently, are cherished and admired!

"To be satisfied on this point, we need only refer to the history of any one or two of our principal diseases or principal remedies, as, for instance, fever, pneumonia, syphilis; antimony, blood-letting, mercury. Each of these remedies has been, at different times, regarded as almost specific in the cure of the first two diseases; while, at other times, they have been rejected as useless or injurious. What seemed once so unquestionably, so demonstrably true, as that venesection was indispensable for the cure of pneumonia? and what is the conclusion now deducible from the facts already noticed in the present article, (p. 246,) and from the clinical researches of Louis and others? Is it not that patients recover as well, or nearly as well, without it? Could it have been believed possible by the practitioners of a century since, that syphilis could be safely treated, and successfully cured, without mercury? Or that it could even be questioned that mercury was not specific in the cure of this disease? And yet what are the opinions and the practices of the surgeons of the present day, and the indubitable facts brought to light during the last thirty years? Are they not, that mercury is not necessary (speaking generally) to the cure of any case, and that it is often most injurious, in place of being beneficial? The medical god, Mercury, however, seems as unwilling to be baulked of his dues as the mythological. If he has lost the domain of syphilis, he has gained that of inflammation; and many of our best practitioners might possibly be startled and shocked at the supposition that their successors should renounce allegiance to him in the latter domain, as they themselves had done in the former. And yet such a result is more than probable, seeing that there exists not a shadow of more positive proof (if so much) of the efficacy of the medicine in the latter than in the former case.

"The same truth, as to the uncertainty of practical medicine generally, and the utter insufficiency of the ordinary evidence to establish the efficacy of many of our remedies, as was stated above, has been almost always attained to by philosophical physicians of

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experience in the course of long practice, and has resulted, in general, in a mild, tentative, or expectant mode of practice in their old age, whatever may have been the vigorous or heroic doings of their youth.".—Pp. 258-9.

The general testimony of millions of physicians for two thousand years amounts, then, but to a very small matter; and if you prefer Allopathy on evidence of that kind, you may, on as good, prefer believing in ghosts too. It was precisely on such testimony that Johnson did so. "This opinion," says the sage, "which perhaps prevails as far as human nature is diffused, could become universal only by its truth."

One word more and I have done with this question of antiquity. You never once advert to the notorious and admitted fact, that some of the medicines long used in the old school act *Homœopathically*. Nor do you hint that, so far back as the time of Stahl, at least, that is, about 150 years ago, the Homœopathic principle, *similia similibus*, was expressly enforced as the proper rule for the prescription of remedies!*

If what I have said of the existing state of Homœopathy shall convince you or your readers that, in giving Hahnemannism—that is, the theories, hypotheses, and practices, without exception or modification, of the founder of the system—as the Homœopathy of the present day, you have made a great mistake; it may be replied that you have, at least, beat Hahnemann out of the field, and, to that extent, have accomplished the purpose of your review. This would be a mistake, however, quite as glaring as the other. For any thing that you have said to controvert his principles and practices, they stand just where they were before you engaged in the conflict. Not an argument, or the shadow of an argument, appears in your paper that touches a single position of Hah-

* In the following terms, "The rule admitted in medicine, to treat diseases by remedies contrary or opposite to the effects which they produce, is completely false and absurd. I am persuaded, on the contrary, that diseases yield to agents which produce a similar disorder (*similia similibus.*)" This passage is quoted in Hahnemann's Organon; for Hahnemann does not lay claim to the discovery of the Homœopathic law by which remedies act, but to the merit of having determined the methods by which it may be carried out into full practical effect; as the provings of medicines on the healthy body more carefully, and the diminution of the doses—two *desiderata* which had rendered the law, before his time, of very limited use in practice.

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nemann. Hahnemannism might, in every particular, be received as truth itself, if no more could be adduced against it than is contained in your attack upon it. In proof of which assertion, I shall briefly notice the manner in which you think you dispose of one or two of its precepts and doctrines, in addition to those I have already considered.

After detailing the manner in which Hahnemann recommended the medicines to be prepared for use, the triturations and scrapings of the dry preparations, and the shakings of the liquid attenuations, you say, "altogether, it must be admitted, that the whole complexion of the thing bears a much closer resemblance to what we have heard or seen of magical ceremonies and the tricks of conjurors, demonstrations for effect, and to produce an impression, than to any operation of a scientific or *bonâ fide* character,"—a sentence which you justify, because, "in the first place, it is manifestly *impossible* for any human being, during the course of a long life, much less in the course of a few years, to have performed a sufficient number of experiments, or made a sufficient number of comparative trials, to enable him to state, with any degree of certainty, that these particular manipulations, and none others, were the exact and exclusive means to produce the desired effect. * * * In the second place, it certainly has a very suspicious look of a foregone conclusion, rather than of a legitimate deduction from facts, that all the scrapings and rubbings to which each remedy is subjected, in each single state of its transmigration, should occupy exactly *one hour*, and not one minute more or less." P. 238.

In reply to all this I remark, first, that Hahnemann nowhere alleges that he had been led to adopt the six minutes' friction in the mortar, and the four minutes' scraping to detach the powder from the instruments, preparatory to renewed friction, by having found these preferable to any other number of minutes. The precise directions given by him for the preparation of the medicines, is universally known by Homœopaths, and might have been easily ascertained by you, to have for their object a *uniformity* of medicinal power in the several attenuations, by whomsoever manufactured. Indeed, within fifteen lines of the

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place where your translation of his directions stops, he says as much. He there lays down additional rules for carrying on the attenuations to the higher degrees, and he does so expressly, "in order to institute some uniformity in the preparation," &c. Quite enough to have made it evident to any unprejudiced person, not eager to put a disparaging construction on his proceedings, that all his directions were for the same purpose, and yet you actually say, "we cannot find in Hahnemann's writings any explanation of or reason for the *precise* and *peculiar* mode and amount of the manipulations prescribed."—P. 237. The explanation and the reason, notwithstanding, lie in the very pages you must have read; and of all the misstatements into which you have fallen in the course of your article, none surprises me more than this. Hahnemann states in the plainest language, that he believes the powers of all remedies to be exalted by *trituration*, (distinct from mere subdivision;) and though experience has proved that such is not the fact, that belief of his, and the desire that the preparations every where should be made of a uniform potency, are the very obvious explanation and reason for the precise and peculiar mode and amount of the manipulations, and ought to have protected him from the sneer about juggling tricks, and magical ceremonies.

Homœopathists, with few exceptions, do not concur with him in thinking that medicines acquire any such increase of power by trituration besides what is due to mere minuteness of division. They admit, however, that in chronic diseases the higher attenuations sometimes act better than the lower *as remedies*, either because the fineness of the division of the particles, or the smallness of the dose, is more suitable to the exigencies of particular cases.

Then as to the "exactly one hour, and not one minute more or less," to which you remark that the frictions and scrapings are precisely limited, I confess that I felt with you on the point,—that it was very ridiculous; and, besides, that Homœopathy must have an intense vitality indeed, nothing short of that which invaluable truth alone can give, to have survived the unfortunate notions which Hahnemann has tacked to it. Still, as I knew he was no pretender to magic, no conjuror, and as I had had occasion to observe that you

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were not an accurate historian of his proceedings, it occurred to me that I might as well consult himself in regard to this awkward particular. I did so, and, while my mind was immediately relieved regarding Hahnemann and his directions, I acknowledge that I did feel a momentary uneasiness about Dr. Forbes. Magic there may have been, nay, there must, in the conversion of six sixes and five fours (minutes,) into "exactly one hour, and not one minute more or less." But who is the conjuror,—Hahnemann, or you? I fear you must plead guilty, as Hahnemann says nothing on the point, but innocently leaves his arithmetical readers to find out that the sum of the minutes he specifies for rubbing and scraping is just fifty-six! which, it may be necessary to add, is four minutes less than an hour,—that magical division of time which you have selected for your commentary.

Hahnemann, it seems, is not very intelligible to you when he speaks of as great an *amount*, but lower *degree* of medicinal power, being developed by some differences in the preparation. A knowledge of his doctrines would have prevented your difficulty. He thought friction and agitation developed, or brought out, the *latent* virtues of medicine, so that the same quantity of medicine might, according as it was triturated or not, have its powers either partly latent or fully developed. Here, also, he may be wrong, but his meaning is intelligible enough. And in one sense, he cannot be held to be very palpably wrong, when supported by the authority of Orfila, and Buchner, and Pereira. According to their views of mercury in fine division, as compared with mercury in a crude undivided state, a grain of the latter, though it contained the same actual amount of power or capacity of action, would exert far less medicinal energy than after having been finely divided by trituration with some inert powder.

In all that you have said, then, on the manner in which Hahnemann directs the medicines to be prepared, and of the effects of that preparation, you have not succeeded in proving him to be absurd; and if any of your readers thought that you did, their opinion must have rested on your inadvertent misstatement of the facts.

Lest it should be thought that the differences between

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Hahnemann and his followers on the points just adverted to, are of a nature that necessarily vitiates and invalidates his claims to success as a practitioner, I may remark that the one difference relates only to a hypothetical explanation of the reason why the high attenuations are capable of acting as remedies, namely, whether it is merely that in a state of extremely minute division they are still capable of acting, or that their activity depends on their virtues being augmented and developed by friction and agitation; and that the other is a question which relates solely to the energy of their action. Modern Homœopathists do not deny that the high attenuations exert a remedial action in many chronic diseases; but they consider that the lower are preferable in general, because they act more speedily and energetically. Similar differences of opinion exist every where among other physicians, while they profess equally to be guided by experience, and neither party is entitled to assume that the mode adopted by the other is without its measure of success.

That Hahnemann erred on this subject, simply practical as it is, was, doubtless, owing to his attachment to his potential hypothesis—an hypothesis which necessarily enforced the employment of the higher attenuations, as signifying the greatest degree of energy. Why he was so misled by an hypothesis may be a proper subject for the derisive inquiries of those, if such there be, who have never been misled by hypothesis themselves, but have always walked by the unerring rules of demonstration.

Men who, like Hahnemann, have discovered important truths, and are endowed with an ardent genius, learn, it may be too easily, to place implicit confidence in the suggestions of faculties which had already penetrated far into new and unexplored regions of science. They do not always wait for the tardy steps of induction; but, as the history of almost all the great discoveries, as well as of the great errors of genius, declares, grasp by anticipation at conclusions which future experience is left to confirm or annul. The latter is much the more frequent result; and hence, if genius be the benefactor of philosophy, "it is genius also, and not the want of it, that adulterates philosophy, and fills it with

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error and false theory." Such being the frailty common to minds of that class to which he belonged, it can be only ignorance and injustice that would found on the acknowledged errors of Hahnemann an argument or a sneer against the whole of his system. The more especially that, from the very nature of the subjects to which his hypothesis referred, many difficulties arose to prevent a speedy and conclusive proof of its fallacy; and that the particular view which he took of new and extraordinary phenomena was countenanced, and, it may have been, suggested, by certain facts, which seemed to admit of no other interpretation, namely, the actual acquisition of medicinal energy, by means of trituration, by substances otherwise inert. Minute division, and the solubility which it bestows, appear to be the true explanations of these facts—explanations, however, which could have been afforded with certainty only by long and unbiassed observation.

I must, however, do you the justice to acknowledge, that you do not argue in the way I have condemned; you admit that though the theory, doctrines, or principles of Homœopathy were proved to be false, "we have no demonstrative evidence that it is false in its practical bearings—false, that is, powerless, as a means of cure." If this be true of the doctrines in general, it is very plainly so in reference to the potential hypothesis, which has nothing to do with the main law of Homœopathy—the *similia similibus* principle. The former is disproved by Hahnemann's own followers, and by them only; the latter they hold to be demonstrably true.

The psoric theory, or rather hypothesis of Hahnemann, is, perhaps, the most unfortunate of his speculations. Not, indeed, on account of any thing essentially unphilosophical in either its pathological or practical bearings—but because of the peculiar light in which the disease from which it takes its name is regarded—at least in this country. And as I, like yourself, am an undeniable Caledonian, I am not less sensible than you are, that there is something of the ludicrous about it. But if we lay aside our national feelings on the subject, and look at it in sober seriousness, we must admit, I think, that it may bear a construction discreditable neither to the pathological acuteness of its author, nor to his practical

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sagacity. It amounts essentially to this, that the majority of chronic ailments are due to a constitutional taint, which betrays itself by a variety of symptoms and sensible effects in different persons, or in the same person at different times; and that, in order radically and effectually to cure those chronic disorders, it is not enough that the physician should direct his treatment against them individually or collectively, but that he should also have regard to the state of the constitution from which they spring. There is nothing new in all this. Every one knows that in one form or another the doctrine is applicable to a multitude of troublesome and dangerous disorders. Scrofula, gout, syphilis, rheumatism, are each held to be constitutional affections, and any one of them may persist for years, or for a life time, sometimes latent, or lulled into inaction, sometimes betraying itself by more or less considerable disorders of one kind or another. In the treatment of these occasional outbreaks of disease, the prudent physician does not always content himself with seeing *them* disappear, but follows up his treatment of them by means that are supposed capable of improving the condition of the system, of modifying or subduing the constitutional evil.

Had Hahnemann admitted psora to rank but as one among many constitutional taints that might from time to time discover itself by various local symptoms, I do not know that any one would be prepared to convict him of error. Nay, it is certain, that his opinion would be strengthened by the concurrence of more than one respectable authority. For it is not a doctrine peculiar to Hahnemann, that the disappearance of the psoric eruption from the skin gives occasion to other evils of a more serious kind. One of his opinions is, that the mischief to the constitution is less when the eruption is abundant on the surface; and it is at least some excuse for his notions on the subject, that when the persons affected with the disease are enfeebled by chronic ailments, of one kind or another, the eruption is much less considerable than in the vigorous and robust, as Biett justly observes. He may be wrong in having supposed that the chronic disorders of such persons are due to the "miasm" of psora being thrown in upon the system; but the two facts, first, that the eruption is abundant when it affects the robust; and, 2nd, that it is

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scanty in the feeble and otherwise unhealthy, form as good grounds for his particular view of the matter as many of our common pathological opinions regarding cause and effect can boast of. And when it is further considered that such a man as Pringle, not to mention earlier writers, avers that the psoric eruption is sometimes critical, or appears on the surface just when some serious internal maladies have ceased, and apparently in a pathological connexion with their cessation, we see some additional reason for regarding the doctrine of Hahnemann on this subject with leniency.

I confess I have not given the subject so much consideration as to justify me in giving an opinion on the question,—Whether psora is ever the cause of a constitutional taint which may appear in the form of chronic maladies of various characters? And I hesitate all the more to give an opinion regarding it, that the question is answered in the affirmative by men who are held, even in our day, as no contemptible authorities in medicine. For example, Autenrieth advocates the doctrine in the following remarkable terms, and at great length in the same strain :

"The most formidable, and, in our country, the most frequent source of the chronic diseases of the adult, are the psoric eruptions badly treated by sulphur ointment, or generally by other active greasy applications. I have so often seen here the misery which by psora occurs to the lower classes, and to those who have a sedentary occupation, and I see it daily in such a manifold, melancholy aspect, that I do not hesitate a moment to declare it loudly as a subject worthy of the observation of every physician, and even of every magistrate, who lays to heart the health of those committed to their care."*

I may notice that pulmonary consumption is one of the diseases he traces to this cause.

Again, Schönlein, the present professor of pathology and therapeutics in the University of Berlin, in his Clinical Lectures for the year 1840, is reported to have expressed himself to the following effect:† (The case under observation was one of organic disease of the heart, with dropsy).

"What is the cause of this affection? On looking backwards

* Versuche für die praktische Heilkunde, p. 229. Tübingen, 1807.
† Lancet, 1844, p. 211, &c.

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we find no other complaint than the itch. Latterly, the admission of sequelæ of the itch, that old medical dogma, is not only become dubious, but has been abandoned and turned into ridicule. Among the older physicians, we particularly notice Autenrieth, who wrote a masterly treatise on this subject, so that it was remarkably impudent in Hahnemann to pretend that he was the first to point out the sequelæ of the itch.† * * * I must confess that, according to my own observations, and to those of many other physicians who deserve the fullest confidence, I have no doubt whatever about the existence of sequelæ of the itch."

And then he goes on to show reasons for his opinion, and the grounds on which he presumes that the chronic disease under consideration took its rise from the itch, which had existed nine years before.

If the errors of one set of reputable physicians can be admitted as some extenuation of the errors of another, supposing them to be in error on this point—and they do so in the way of dividing the unenviable distinction of being wrong—we can adduce some nearly parallel examples of an unwarrantable pathology. Stahl, you know, restricted all chronic diseases to affections of the vena portae (porta malorum.) Portal ascribed all hereditary diseases (and they include a pretty long catalogue of chronic ailments of all kinds) to scrofula; which, again, in all its multitudinous forms, Astruc, Lalouette, and others, (Portal himself among them,) conceived to be degenerated syphilis.

Once more, and I have done with my apology for the psoric hypothesis. Psora is the most common of diseases, in all parts of the habitable globe. No age, sex, or condition can resist its pestilent infection; and back to a remote antiquity its attachment to the family of man is recorded with humiliating certainty. The poor it attends everywhere with the fidelity of a shadow, intrudes wherever men gather in numbers, from the workshop of the tailor to the tent of the soldier. Wherever a chronic disease can creep in, psora can lead or follow. And if it be argued that chronic diseases often afflict persons who never had the eruption of psora, it may be replied that no one can tell with certainty how long the infection, which is commonly betrayed by the eruption, may remain latent in the system. Biett admits that it may for

† Hahnemann did not do so. He claims only the credit of having traced *almost all* chronic diseases to the itch, which is more than others had done.

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months; Hahnemann thought that it might much longer, and even never cause an eruption at all.

But all this is no proof of Hahnemann's hypothesis. It is not intended to be so;—if it be received as some extenuation of his error, my object is gained. He, in common with Autenrieth and Schönlein, has failed to prove it, or even to make it very probable;—yet it is not utterly and absolutely absurd, whatever "the half-educated multitude" may think of it.

The really important inquiry in reference to this hypothesis is, whether it affects the practice of Homœopathy, so as to involve in its overthrow the pretensions of the latter to success in the permanent cure of chronic diseases. That it does, is the drift of your jocose observations on the subject,—that it does not, is the unquestionable inference, from a candid consideration of the "anti-psoric" treatment. All that is really of consequence in Hahnemann's instructions respecting that treatment is, that chronic diseases in general can be radically cured with certainty only when the remedies which are used for the purpose are selected from among those which cure psora. I have no doubt that he regarded this circumstance as an additional proof of the accuracy of his psoric hypothesis, and if the circumstance be as he says it is, I should consider his inference from it by no means contemptible. That it is true, I do not believe, any further than this, that Hahnemann had some reason to conclude, from experience, that the so-called antipsoric medicines produced a more lasting benefit to the constitution than many other medicines. A much greater range of observation than one man can overtake in a lifetime would have been necessary to have warranted him in saying more. His psoric hypothesis probably appeared to him sound enough to supply the deficiency of actual observation.

It is of some consequence to notice one peculiarity of Hahnemann's psoric hypothesis which you seem to have misapprehended. You make it appear as if he affirmed that when *a chronic disease* is not treated antipsorically and Homœopathically, *it* must infallibly relapse, and get worse, until *it* ends in death. He says nothing of the kind. So comprehensive is his psoric hypothesis that it makes chronic diseases, with few exceptions, to be of one family,—the offspring of

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the same blood. Hence, though *one chronic disease*, in the common acceptation of the term, may be perfectly and permanently removed, yet if *another*, though totally different in its symptoms, should at any time subsequently appear, Hahnemann would have called it merely a different *form* of the same radical distemper, of the same chronic disease. So that if a man who once had some chronic disorder of his bowels, should, twenty years after it was removed, become affected with palsy, in Hahnemann's opinion it would have been the old disease recurring in a new form, either because the constitutional psora had not been cured along with the former illness, or because the taint had been contracted anew. This affords an explanation of what he means by chronic diseases occurring in a worse and worse form as age advances; and the fact that they very often do so, you will hardly deny, although you may reasonably demur to the doctrine that would make them all essentially the same, however dissimilar in their symptoms; and their occurrence to depend on the one constitutional taint having been uncured. You are, doubtless, sufficiently aware that it is too commonly the characteristic of even the same chronic disease to go on from year to year gradually gaining strength, and becoming less and less amenable to treatment, until it eventually ends in death. This unfortunate course is not witnessed only under what Hahnemann would have termed improper Homœopathic treatment. It is common enough under Allopathy, and every other "pathy," despite of antipsorics. At the same time, my conviction is, that Homœopathy can do more for many such chronic complaints than any other treatment can,—and it may be, that the "antipsorics" are the most useful of the Homœopathic means.

When you speak of the "antipsoric" treatment being as chronic as the diseases, in referring to the "two years" that it requires in order to eradicate them, you mistake the meaning of Hahnemann. He refers not to the cure of what *you* would call the chronic disease, but to the removal of the psoric taint in the system, *his* chronic disease. And I do think that the time he demands is not unreasonable in that view. Most men would be very thankful if they could get scrofula, or gout, eradicated in two years, or ten; though they might think either

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period rather long for the cure of a single fit of the latter, or of the sore eyes, or glandular swellings of the former.

Once more on this subject. When Hahnemann says that your power of nature cannot cure chronic diseases, he still plainly refers to the "psoric miasm," the constitutional distemper. If his psoric doctrine be regarded as true, the affirmation in question is also true; for psora is well known never to disappear spontaneously. But, waiving the psoric doctrine, it is pretty certain that the power of nature does not, in the sense of Hahnemann, *cure* the liability of human beings to become affected with chronic ailments, from time to time, throughout their lives; and *that* is what Hahnemann considered a proof that nature does not cure chronic diseases, or psora with its many heads. There is no small difference between this, the true view of the doctrine, and your version of it. The latter you give in italics, as if to appeal to every man's experience to testify that Hahnemann was grossly in the wrong; whereas he made no such allegation as your words imply.

But I must shortly notice my second reason for believing that the course of *provings* which you and so many others recommend to "Young Physic," must pave the way for a universal adoption of Homœopathy. Suppose the task executed, and executed well, what can you gain by it, as Allopaths, but some additional purgatives, emetics, narcotics, antispasmodics, diuretics, diaphoretics, and such like, of which you have a store already ample enough to melt the mammiferous creation from off the face of the earth, or to lull it into an endless sleep? I can understand how you may stumble on remedies for particular diseases by trying drug after drug, as each comes to hand, on persons that are ill. This is the method that has been pursued for two thousand years, or thereby, and it has brought some useful remedies to light, of which some, probably the most, act Homœopathically where they act with advantage. But what you can learn of the virtues which a medicine, tried on the healthy body, shall exert on the diseased, beyond its probable evacuating and nauseating, and narcotising, and one or two other energetic influences long since abundantly supplied, I am at a loss to conjecture. Will "Young Physic," then, allow all his pangs to go for nothing? Was it only for this that he has panted,

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and groaned, and writhed, and coughed, and spit, and sneezed, and bled? That he has endured headachs and colics, stitches and twitches in every section of his frame, and so many a fac-simile more of the ills "that flesh is heir to?" Can he make no use of them Allopathically, or Antipathically; or must he be contented to let them stand as penances?

Supposing he should try to turn them to some remedial account, what can he make, Antipathically* or Allopathically,† of such an effect of a medicine as a racking pain in his stomach, for example, or a fiery redness of his nose? Why, *Allo*pathically, he can get up an artificial pain in his stomach, to remove a natural pain from his head, or his feet; or he can set his nose in a blaze, to cure an erysipelas of his legs, on the principle that one fire puts out another. But will the cure not be as bad as the disease? Then, *Anti*pathically, how will he manage to make a practical use of his voluntary afflictions? I can understand how he may succeed, when his nose is disagreeably white, to strike the more becoming hue by a skilful administration of the reddening remedy,—but I am at a loss for the useful employment of the pain in his stomach. The *opposite* of a painful is an agreeable sensation, and I know not an instance of a pleasurable feeling in the stomach playing an important part in pathology. Yes, there is one such. You will find it in the treatise of worthy Dr. Underwood, on the diseases of children. The "inward fits," quoth he, are betrayed by a frequent and sweet smiling during sleep; the which is provoked by wind pleasantly tickling the stomach. Now, for just such a dose of the ache-causing remedy as shall nicely strike the balance between a pleasure and a pain! What an opportunity for our infant Hercules, our young Antipath! to still the apprehensions of a fond mother, and disappoint the forebodings of the lugubrious nurse.

Seriously, what can be made of nine-tenths of the knowledge of the effects of medicines taken in health by the Allopathic or Antipathic methods? The Homœopathic

* *Antipathy*, I may remind the reader, means the treatment which aims at producing a state *opposite* to the disease.

† Allopathy,—the treatment which aims at producing a state merely *different* from the disease, or in a different part of the body.

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turns them all to account, and no *prover* suffers in vain. Because, for every morbid symptom or effect it seeks a corresponding medicinal one. Let your new provers but bring their experience of medicinal diseases to corroborate that of the Homœopaths, and the universal adoption of Homœopathy is at hand. They cannot leave their knowledge of the provings of medicines to lie useless while others turn theirs to the advantage of mankind. They will try if they cannot do the same, and for a rational man to try Homœopathy is tantamount to his conversion.

But when they do try to employ the medicines they have proved on the healthy body, as remedies for disease on the Homœopathic principle, does it follow that they must adopt the Homœopathic doses? May they not continue to use them in the larger quantities of the old practice? These are points which they must determine by experience for themselves, if they will not extend their confidence to those who have practised Homœopathically before them. I may, however, in the meantime observe that, even in the old system, nothing is less determined than the proper doses of medicines. A sagacious and experienced Allopathic physician, not very long ago remarked to me, in reference to this subject, "What do we know of the proper doses of medicines?" Almost every thing has yet to be determined among you on the subject, for it does by no means follow that the utmost quantity of a drug which a patient can swallow without speedy and obvious detriment, is the right quantity for curing his disease, although this is unquestionably the principle which guides the common practitioner in his prescriptions. In regard to the doses of medicines, and the frequency of their repetition, Professor Jörg, of Leipsic, the very opposite of a Homœopathic practitioner, made the following suggestions twenty years ago, which his brethren have been slow in adopting "the smallest doses of medicines that are yet effective, exhibit their essentially curative powers with most purity and most certainty, and secure us best against any secondary or concomitant medicinal effects. * * * Most of the powerful medicines are at present taken at far too short intervals, and the recovery of the patient thereby greatly retarded, if not altogether prevented, by his be-

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coming affected with medicinal disease in too great an extent."* Jörg is esteemed a great authority among your best writers on Materia Medica; and he is almost the only physician, as he certainly was the first of the old school, who followed the example of Hahnemann in proving medicines on the healthy body. You will not, therefore, despise his opinion on the doses that ought to be given, when medicines are employed Homœopathically.

"Medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal arnica will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses, given rise to pains and loose stools when administered in an inflammatory state of the intestines. * * * Yet why should I occupy time in adducing more examples of a similar operation of medicines, since it is in the very nature of the thing that a medicine must produce a greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing." (P. 16.)

In the last number but one of your review you had occasion to lament the loss of a physician who took a Homœopathic remedy in Allopathic doses. "The case," you say, "may be a most useful warning, and speaks more powerfully than any reasoning as to the absolute necessity of caution in the use of aconite." Let us hope it will be so. Had the unfortunate gentleman taken the medicine in the Homœopathic doses, he would have experienced all the good effects it was capable of affording, and he might yet have been alive. In the work which is reviewed in that article, there are several cases mentioned in which patients narrowly escape destruction from the same medicine, by the instructions of the physician having been misunderstood. And thus it is that the discovery of a medicine which justly entitles Hahnemann to rank among the greatest benefactors of mankind, is made to peril or destroy human life—to leave it at the discretion of careless or stupid attendants, by the doggedness of practitioners who sneer at his advice, for its safe and efficacious employment.

* Materialien zu einer Künftigen Heilmittellehre, p. 9. 1825.

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On your criticism of the cases which I have published I have little to say. You affirm that the recoveries are all due either to nature or imagination, while you admit "that the amount of success obtained by Dr. Henderson in the treatment of his cases, would have been considered by ourselves as very satisfactory, had we been treating the same cases according to the rules of ordinary medicine." No doubt they would, but why not consider them a great deal more satisfactory than those rules can enable you to effect, seeing that the acute cases were cured without the effusion of blood, the pains of purgation, or the miseries of nausea and blistering, and that not a few of the chronic cases had resisted the rules of ordinary medicine, though applied, and in the most serious instances too, by some of the wisest practitioners of your art. I know no reason for presuming that the rules of ordinary medicine in other hands could have effected what it could not in theirs; though I feel very certain, that if any ordinary practitioner had had the opportunity of trying, and had succeeded, he would have regarded the cases as both *very* satisfactory, and his treatment very superior to that which had failed. Since you think that the medicines employed in the cases I have published, deserve no credit for the success, a way is open for you to place the pretensions of Homœopathy on their proper footing. Produce a hundred and twenty-two cases of the same kind, treated by your bread pills, (farina 30,) and the experiment will be complete. You have already endeavoured to prove that that favourite remedy of yours was as useful in an epidemic diarrhœa of considerable violence, as "a course of orthodox physic." It was unnecessary to make any argumentative exertion to prove that it was so, for all Homœopaths, (and your argument is specially addressed to them,) will heartily concur in your conclusion, and believe, moreover, with you, that it would be far better for mankind if the farina practice were more generally adopted in preference to orthodox physic.

I have given one half of an experiment, give you the other. It can cost you no other difficulty than keeping notes of your cases; you can have no scruples, founded on the advantages of the rules of ordinary physic, to overcome, con-

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sidering that the amount of success in my cases was, in your estimation, *very* satisfactory, though by means which you deem no better than doses of flour. Such is your assertion in favour of your crumbs, and the *onus probandi* on that point lies with you. Bread pills seem to be one of your *recognised* methods of treatment; you have shown them to be preferable to orthodox physic, show them next to be preferable, or equal to Homœopathy, in the same kind and number of cases as I have published; and not only will your professional sagacity be magnified, but you may aspire to the thanks of the agricultural interest, at present so much in need of consolation.

Hard-headed scepticism and credulity go hand in hand. Those who are sceptical on one subject, are very easily satisfied on another; and their unbelief arises quite as much, or more, from a blind attachment to the notions they cherish, as from a deficiency of probability or proof in favour of the doctrines they reject. Hard-headed scepticism of this, the ordinary quality, utterly unfits men for philosophical and scientific investigations on a subject to which they are opposed. If it be beset with sources of mistake, the biassed mind of the sceptic can see nothing but these; lays hold of them with avidity, and delights itself in the sapient conviction that, because there are some things fallacious in the subject of its hasty and partial study, there can be nothing that is true. If Jenner had started on his researches regarding vaccination with the antipathies of a hard-headed sceptic, wedded to a foregone conclusion, as all hard sceptics are, his studies might easily have issued in a deliberate refutation of the popular supposition, in his neighbourhood, that cow-pox was a protection against small-pox; and the world might yet have wanted the blessing of his discovery. As it was, with all his determination to know the truth, he almost yielded before the sources of fallacy he had to encounter. How speedily would a hard-headed sceptic,—whether an Ingenhouz, or a Rowley,—have closed his inquiries on the subject, when he had ascertained that the cow milkers often contracted sores on their hands in the course of their occupation, and were not, therefore, exempt from small-pox. What a clear proof

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that all the whispers to the contrary were old women's fables! What truly sceptical spirit could want more satisfactory evidence? But Jenner's head having been made of penetrable stuff,—not yet become indurated and sapless by the seasoning processes of scepticism,—admitted the idea that, though the circumstances in question were undeniably true, they might not constitute the whole truth. He persevered in his researches, and obtained a glorious reward of his labour.

Scepticism is much more a matter of feeling than of judgment; and there is ample reason for believing that the general scepticism of the profession regarding Homœopathy is owing far more to a *dislike* of it than to any *convictions* of the understanding at variance with its pretensions. In almost utter ignorance of its principles and practice, many, no doubt, like yourself, think the general adoption of it would be "very unfortunate for medicine," and, therefore, *hate* it with all the sincerity of hard-headed scepticism, as the supposed enemy of their favourite "phantom." And yet it is this temper which men ridiculously mistake for the philosophic—for that which preserves the mind neutral in the investigation of contending claims,—which shuts the door against no evidence, but impartially weighs and listens to the arguments on both sides. With this spirit they strangely confound the one-sided scepticism which locks the door against all new comers, or says, with the man in the play, "I'm fixed, determined; so now produce your reasons. When I'm determined, I always listen to reason, because it can then do no harm." And this scepticism, too, which was once held to be a very fine thing, the property of these quite superior minds, which ought not to believe with the vulgar, appears to have overflowed its receptacles among the lustrous population of the higher regions of mind, and to have gravitated to those low-lying valleys of intellect, where there can be but little reflection, because there is little light, and where scepticism is easily accommodated, because there is little to dispute with it the virgin soil. In reference to Homœopathy, at least, it can be said truly, that scepticism is no indication of superior wisdom, for if there be men of talent and learning (on other subjects) opposed to it, it is undeniable that, among the bitterest unbelievers are to be found, both in and

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out of the profession, a host of persons distinguished alike by their ignorance and their incapacity.

In the course of your strictures on my work, you extract three cases apparently as samples of the whole. If this was the intention with which they are given, I can only say, and say with justice, that you could hardly have acted more unfairly. Even on the supposition that all the recoveries were due to your power of nature, the proceeding is unfair. There are cases, and not a few, among those I have published, the recovery of which, within the period specified of each, and more especially considering the time during which the diseases had lasted, and the nature of the sufferings, was sufficiently remarkable to have entitled them to notice, were it only to show how much better *no treatment at all* was than the ordinary treatment. There are cases, also, which had been under no treatment for a long time before the Homœopathic was employed—and some of these might have been noticed as striking examples of what your power of imagination can do, or of the remarkable coincidences that sometimes happen between the commencement of a particular treatment, and the spontaneous termination of a disease. Your readers might then have formed some conception of the reasonableness of the *shifts* by which you endeavour to explain away the apparent efficacy of the practice. They would have been able to discover the rules by which one shift or another was selected, as thus:—

First,—That when cases recovered, promptly, from chronic diseases that had resisted the rules of orthodox treatment, continued down to the time when the Homœopathic was adopted, the results must be ascribed to the lucky cessation from orthodoxy.

Second,—That when cases recovered, promptly, from chronic diseases that had *not* been under orthodox treatment for a long time before the commencement of the Homœopathic, the results must be ascribed to the power of imagination, or the accidental and spontaneous cessation of the diseases.

Third,—That when the persons affected were too young to be the likely subjects of this power, the result must be ascribed *only* to the spontaneous cessation of their diseases.

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Referring your readers to the work itself for the particulars which you have withheld, I have no hesitation in affirming that no candid and experienced man can peruse the cases *attentively* and say, with sincerity, that he has no doubt that the results are adequately accounted for under one or other of these three heads. This is the utmost that I expected the narration of the cases to accomplish; and this, I am satisfied, it is fitted to accomplish. I did not dare to hope that it would overcome the strong prejudices of the hard-headed, or silence the opposition of the feeble-minded and malignant. These are conquests which no record of cases can ever achieve.

To those who do not belong to this corps of invincibles I would suggest the propriety of calculating the probability of the causes you assign for the recoveries under Homœopathy. In regard to one of these causes, the *coincidence* of recovery and the use of the Homœopathic remedies, some approach to a mathematical estimate of probability may be obtained; as, for example, a disease having lasted, without improvement, for six, eight, twelve, twenty-four, or two hundred months, and having no ascertained natural limits, what are the chances of its ceasing of itself in one, two, four, or six weeks, after a certain day? With every instance, in a given number of unselected cases, in which the amendment commences shortly after that day, (on which a particular practice has been commenced,) the probability lessens of its being due to chance; until, if nine-tenths of the cases do so amend and recover, no probability is left that chance can account for the results. As to the influence of imagination in producing the benefits in the cases to which I advert, I think that reasons satisfactory to all but the invincibles can be shown for its absence in the majority of them, while it remains only as a presumption or possibility in the others. Thus, in some cases the *coincidences* occur in persons who are too young for the work of fancy; in some, the persons affected have no notion of the marvellous nature of their physic, and are very plainly incapable of being moved by the knowledge if it were imparted to them; in some there is a total want of expectation of any result whatever; and in some the remedies given are not at first correctly chosen, according to the rules of the practice, and produce no effect; but when afterwards they are better

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selected, the good effects follow. These, however, are particulars which can be properly estimated only by the man who practically examines, and experiments for himself. No printed records and statements can impress them on the reader as they impress themselves on the practitioner, and therefore it is that documentary evidence can never settle the question in all its divisions.

But why is the subject left to be settled in any measure by documentary evidence? If the practice of Homœopathy have grown to the vast extent which you allow, all over Europe and America—has learned, experienced, and honest men among its practitioners—is so successful as you admit in the treatment of acute, as well as chronic, diseases, and so forth, that you "can refrain no longer" from noticing it—if "as an established form of practical medicine, and as a great fact in the history of our art," (p. 239,) you are obliged *nolentes volentes* to consider Homœopathy,—why should you restrict your consideration of it to *documents*, which cannot, in regard to every particular, furnish conclusive evidence, and omit to examine the practice in person, or to recommend it to others? This is the only way of considering it that can lead to a definite result on the general question. No man will believe in Homœopathy, in all its extent, on the testimony of those who have practised it, because testimony in practical medicine is so easily evaded by the doubter; and no man ought to disbelieve on the authority of those who *have not.*

Some of my cases you object to as trivial. Now, apart from the fact that a disease does not need to be deadly, or even severe, in order to test the action of a remedy, the objection has probably been founded on the very success of the practice. Take, for instance, the cases of dysentery, and others among the acute cases;—*after the practice was begun* their course was mild enough certainly, and their recovery was for the most part very speedy. Does it, therefore, follow that the cases were slight? Would any man be entitled to say from the first report of them, before the treatment, that they were slight of their kind? I say no. And it *is* rather too much to urge the *very success* of the practice, as lessening the evidence in its favour! If the cases had continued as at first, or had in-

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creased in intensity, for a number of days, you would call them severe, no doubt; and you would at the same time have evidence, which no Homœopath could gainsay, that the practice was useless. We are entitled to the converse of this, however,—the cases decreased rapidly in severity after the treatment was begun; affording some evidence that the practice was not useless.

Of three cases you quote, there are two concerning which a few remarks are called for. The one is that of a gentleman who had become, from necessity, dependent on aperient medicine for above two years. He took some Homœopathic medicine, and soon became restored to perfect health. The result you consider to have been due to the pill system having been discontinued. Possibly you may be right, and possibly you may not. But you act unfairly in conveying the impression to your readers that I adduced the case as a proof of the marvellous effects produced by the millionth part of a grain of nux vomica. You profess to have read the introductory part of my work, and quote from it a passage to the effect that I published every case of which an account had been taken down at the commencement of the treatment. You seem also to have read the summary at the end of the work, in which it is stated that I do not mean to assert that all the recoveries were due to the Homœopathic remedies. These statements might have suggested to you that, in publishing the cases, I committed myself to no opinion of the cause of recovery in any individual case, (one of the cases of pneumonia excepted,) but acted the part merely of a faithful transcriber of the details of a series of experiments—contenting myself with the remark, that I could not believe the very favourable course and issue of so large a proportion of the cases to be due to accident, or imagination.

You may say, indeed, that if a case were of such a nature that its recovery could not help us to form an opinion of the value to be attached to the treatment, it was useless to detail it at all. But then you forget that, though the recovery of a case may not prove any thing in favour of the treatment, its *not* recovering may help to prove something against the treatment. Had the case in question, and others of the same

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kind, undergone no improvement under the treatment, would you have sneered at them as contemptible? I suspect not,—and you would have been right.

The other case to which I refer I transcribe, with your comments upon it.

"A young lady, aged 19. Aug. 3.—For between two and three years has been subject to diarrhœa, with pain in the bowels, after intervals rarely exceeding a week. The attacks last for several days, and the bowels are moved from six to ten times a day. She is ill at present with one of them. Pulsatilla, 6 twice a day. 29th.—A day or two after last report, the diarrhœa ceased, and has not recurred. 10th September.—Continues without having had a return of diarrhœa; a length of interval which she does not remember to have occurred since the complaint began.

"When the intervals *did* exceed a week, how much did they exceed it? Did they ever reach four weeks? If the young lady could not *remember* this, Dr. Henderson should have inquired of those who could, before he adduced this flimsy case as evidence of the potency of his billionth of a grain of Pulsatilla. Does Dr. Henderson think it a strange thing in the economy of nature, and only to be explained by the *Deus ex machina* of Homœopathy, that a case of diarrhœa, *characterized* by intervals of health, should stop *as usual*, although an incomprehensible something was given, and that it should not return for a few days longer on one particular occasion? These may seem little things to comment on, but surely little things will not be despised by Homœopathists of all men; and here they very significantly show the sort of philosophy we have to deal with. Men capable of admitting cases of this kind as evidence—and we could extract fifty from Dr. Henderson's book much feebler than this—are demonstrably disqualified to treat of things which demand for their handling the stern logic of a masculine mind."—P. 249.

The severe observation which the last sentence contains on myself I let pass without remark, as I have reason to believe that you regret it. I may say, however, that it gave me no uneasiness, because I felt it to be undeserved. As to your inquiries about the case, I confess I am puzzled to know to whom I should have applied for the particulars you desiderate so very much. Who ought to know more of such matters than the person chiefly concerned, when arrived at years of discretion? I know no one who took so lively an interest in the transaction as she, or who had a better right to do so; and if *she* could not remember, who knew all the outs and ins of it, whose memory could have been trusted? It is certain,

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however, that she could have remembered whether, for two or three months before, she had had an interval of four weeks' freedom from her complaint. That, I think, will be allowed. Then, she may be allowed to have had no such interval for several months, at least, before the commencement of the practice as she had immediately after. Still the case does not prove that Homœopathy was the source of her improvement. Granted: but had the complaint continued to recur with intervals "rarely exceeding a week" after that treatment was begun, as it had done for some two or three months before, (her memory may be trusted so far, surely,) the case would have proved that Homœopathy had *failed*. In a series of experiments regarding the truth of an allegation, the failures are of no less importance than the successes,—nay, in physic they are of far more value as evidence, for successes may be only apparent, may be fallacious, whereas about failures there can be no mistake.

You say that you can extract fifty much feebler cases than this from the book. You cannot extract one that does not bear upon the investigation in the same way, and with even more significance than this; and though the view of these experiments which I have now given appears never to have occurred to you, it is not the less an important one, or one which you ought to have seen without my help.

The cases in general were of that kind which composes the great majority of the ailments which are treated by the rules of orthodox medicine, by purgatives, antispasmodics, emmenagogues, leeches, blisters, anodynes, tonics, antacids, mercurials, &c., and yet without any of these they recovered, as you admit, very satisfactorily. Some of them were of a more serious description, and had resisted the orthodox rules, though applied in a few of them by some of the best practitioners in this city; and yet of these the majority recovered, or were greatly benefited also; and in a very short time. Those that did not, were mostly of a kind, or in a stage of disease that defies all medical treatment, with the exception, possibly, of the Irish. For, though your new contemporary of Dublin,* with a racy Irish *equivoque*, proclaims that results which you term very

* The Dublin Quarterly Journal of Medical Science, No. 1, February, 1846.

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satisfactory, would, in the hands of Dublin Allopathy, "have been widely different"—I will suppose the writer to mean that the Dublin practice would have proved more successful; that the Allopathy of the favoured Isle, where the "vulgar regard the physician as scarcely second to the priest," (p. 179,) and where the polite, we presume, regard him with much less reverence,—would have been more fortunate than the Allopathy of Edinburgh, or of London—for modesty does not flourish every where. I leave you and your contemporary to settle the point between you; while I content myself with the fact that the results of my cases must have appeared to the said writer too satisfactory to be published in his review, seeing that in his report of them he has taken such liberties with the text as, I trust, are not to be regarded as specimens of Irish honesty, among priests or physicians, the vulgar or the polite. It promises little for the character and prosperity of a new periodical that it should come into the world with disingenuousness stamped on its forehead. For, unwilling as I am to make a grave charge against an opponent as long as charity can suggest an excuse for him, in the present instance no choice is left me;—and I accuse the writer of that review of having studiously misrepresented the cases he has quoted. How sad it is that an uncandid spirit should befoul the current of criticism in questions of science and humanity. In the words of Hazlitt, "a writer who assumes the garb of candour, and an inflexible love of truth, to garble and pervert it, to crouch to power, and pander to prejudice, deserves a worse title than that of a sophist."

If the literal truth were known, I suspect it would appear that the cases are something of a puzzle to you Allopaths.—One will have it, that the recoveries are so satisfactory that they must be due to the cunning hand of nature,—whose works so far excel the doings of man; another, that they are so incredible that the cases must have been too highly coloured, —(The *Lancet*, 1845;) a third, (the *Dublin Journal*,) that Allopathy could have done better. On the whole, then, the cases and recoveries may be regarded as tolerably good.

That portion of your article which is specially addressed to the practitioners of orthodox medicine, and lays down rules for the future guidance of "Young Physic," does not lie

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within the scope of what I proposed to myself in this letter, and I shall say little about it. Almost the only thing that strikes me as worthy of remark, in connexion with it, is, that your Dublin contemporary is somewhat unkind in receiving so coldly your scheme in reference to a "Young Physic," considering that you propose that a part of his nursing should be according to a genuine Irish receipt. Your ninth rule runs thus :—

"To discountenance all active and powerful medication in the acute exanthemata, and fevers of specific type, as small-pox, measles, scarlatina, typhus, &c., *until we obtain some evidence* that the course of these diseases can be beneficially modified by remedies."

"I'll never go into the water again till I learn to swim"—was the wise resolution of the Irishman, as the story has it, who narrowly escaped being drowned. "Use no physic in the acute exanthemata till we learn that it is of use," is the new practical rule of a system strongly suspected of having drowned not a few in its day.

Even the young Dublin Quarterly has some doubts, although not very definite, of the great advantages to science of such a contemplative method as this; and ventures, very innocently, to surmise that "Young Physic, if it ever germinate at all, cannot possibly be expected to bear any fruit till our children, and our children's children, have been gathered to their fathers." If I mistake not, the treatment of the acute exanthemata will not have commenced even then, unless Young Physic apply to mesmerism for a revelation on the point.

On looking over the extracts I have made, in the foregoing pages, from your review, I observe that they do not include your reservations in favour of a mild and judicious Allopathy. As it would be unjust to allow the readers of this letter to carry away with them the impression that you condemn the ordinary practice altogether, I am bound to inform them that this is not the case. While you boldly arraign the medical art, as generally practised,—denounce the too indiscriminate and profuse administration of drugs,—and lament the existing ignorance respecting their remedial powers, you distinctly affirm that Allopathy is a system "which, with all its faults, contains a considerable amount of truth, and a yet greater amount of good."

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This statement, indeed, does not refer specially to the Allopathic *art*, but appears to include its pathology, and other branches of medical science. These, as I have already said, are equally the property of Homœopathy, and therefore no Homœopath will desire to controvert your opinion. Yet, supposing it to include a little of Allopathic *practice* also, I can offer no objection to its justice. For while embracing Homœopathy, in the sense in which I have explained it in this letter, I do not think that it contains the whole truth of therapeutics, though I believe it to contain much more than any other system. I am aware that in making this avowal I shall not please the bigots among the disciples of Hahnemann, and may incur the sneer of the suspicious and sordid (the sordid are always suspicious) among their opponents of the old school. I count either event a very small matter, persuaded that when the candid and intelligent on both sides come to know one another, and understand one another's views and methods better than they do at present—when the dusts of controversy have had time to settle, and the atmosphere is clearer, they will find that they are not so very far asunder as they at present suppose. Yet we may have many a tough encounter before we "sheath our swords for lack of argument,"—a prospect which we Homœopaths rather rejoice at. We claim nothing but a fair field and no favour; and are ready to fight it out, without a shadow of doubt as to the issue.

The contest may be conducted as it becometh gentlemen to contend, without the rash imputation of unworthy motives—without appealing to the prejudices and passions of the ignorant—without wilful unfairness, and without discourtesy. You have set the example of an onset free from those degrading vices of controversy, and I trust that I have in this defence been also successful in my endeavour to avoid them. If not, I shall be heartily sorry for my failure.

With every sentiment of esteem, I am,

Your obedient servant,

WILLIAM HENDERSON.

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NEURALGIA.

Read on the 4th of September, 1845, *before the British Homœopathic Society*,

By Dr. Quin, the President.

Physician to His Majesty Leopold, King of the Belgians, and to Her Royal Highness the Duchess of Cambridge.

(*Continued from page* 47.)

The next case to which I am desirous of directing your attention is of considerable interest for two reasons: *First*—because when the patient first applied to me at the St. James's Homœopathic Dispensary, there were present, besides my friend and colleague, Dr. Partridge, two Allopathic practitioners, one a physician, the other a surgeon; the latter attached to one of the large metropolitan hospitals. Both these gentlemen declared that if I succeeded in curing this case, their scepticism concerning the efficacy of small doses would be completely removed, they looking upon the disease as beyond the reach of art,—from its many years' duration,—from its resistance to the numerous Allopathic remedies employed,—as well as from the marked and severe character of the symptoms,—from the different organs attacked,—and from the attenuated weak frame of the patient. *Second*—because I felt such confidence in the diagnosis I had formed, and in the treatment I intended to pursue, that I ventured to express a hope, not only to relieve the pains and restore the functions of the different organs affected to a healthy state, but to effect this with one single medicine; and it is no small gratification to me to be able to add, that the result of the treatment fully bore me out. It is true, that during the course of treatment I prescribed once Aconitum and Chamomilla, but this was an interruption to the treatment owing to the accidental supervention of an attack of Diarrhœa attended with febrile symptoms, and had no connexion with the original disease. The two gentlemen alluded to are present at this meeting as visitors, and I refer to them for the faithfulness of the foregoing and following details. They diligently examined the patient and watched the treatment throughout, and the best proof I can give you of the effect the successful treatment of this case had upon their minds is, that their attendance at the Dispensary has been most assiduous ever since.

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H——, Mrs., aged 38; married twelve years; has five children; up to the time of her marriage she generally enjoyed good health, with the exception of hémicrania, upon the first and last days of the catamenia, which, upon each occasion, lasted twenty-four hours; the catamenia were always too copious, and continued for eight or nine days; since her marriage the headachs have increased in frequency, occurring, at first every eight days, latterly every four days, and are accompanied by neuralgic pains. The pain always attacks either one side or the other of the face, and runs its course in the same side in which it begins; it is situated, at the commencement of the attack, in the temple and posterior part of the superciliary ridge, and in passing away, usually shifts its place to the eyeball and cheekbone of that side; the left side is the one most frequently attacked, and the one in which the pain is most violent. If she remain perfectly quiet, the attack ceases at the end of twenty-four hours, but if she attempt to move about it continues forty-eight hours. The paroxysms attack her upon first waking in the morning, and are as severe and violent at the commencement, as during the rest of the time she suffers. It is about four hours before the cessation of a paroxysm that the pain leaves the temple and orbital ridge and passes into the ball of the eye and the cheekbone.

The pains are intense, sometimes they are like a dragging weight and a stunning pressure as from a blunt instrument, pushing from the superciliary ridge to the temple, and occasionally to the back part of the head through the brain; at other times the pains are expanding as if the temple and forehead on the left side would burst; when the pain passes to the eye it seems as if the ball were pressed outwards accompanied by a spasmodic dragging sensation; the pain on the cheek is like that of violent and repeated pressure from a blunt instrument; the eye and cheek are somewhat relieved by pressure with the hand, but nothing gives relief whilst the pains continue in the temple and superciliary ridge. Great sickness and nausea always accompany these attacks, especially if she moves about; she feels an irksome pressure and weight in the pit of the stomach, and a sensation as of having swallowed something which could not pass down the throat; and suffers from frequent fits of palpitation of the heart. About two hours before the cessation of the paroxysm, violent vomiting comes on, first of a yellowish, and then of a grayish green bitter fluid. The sickness and vomiting are less violent if she remain quiet. During an attack she frequently voids copious quantities of light-coloured urine. Great flatulence and distension of the abdomen, and frequent borborygmi.

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Any accidental disorder, such as a cold, disorder of the stomach, or want of attention to the state of the bowels, (which are never relieved without laxative medicine,) will bring on a paroxysm, but under the most favourable circumstances she never passes eight days without an attack, and frequently not four. For some days after the cessation of a paroxysm she remains without appetite, languid, and feeble, with a general feeling of illness; she is very thin, pale, and sallow, and is extremely weak and low spirited, and unable to attend to her household duties, or look after her children; tongue tremulous, slightly coated at the posterior part; pulse weak, 84; catamenia much too profuse, almost amounting to flooding; and continue for ten or twelve days, violent the whole time.

She has been under the treatment of many medical men of eminence, and has been an out-patient at different hospitals, and has also attended several dispensaries, but notwithstanding that a great variety of means have been tried, both externally and internally, she never received the least benefit; on the contrary, each different treatment seemed to aggravate her complaint. The only relief she has ever obtained has been from purgatives; or rather, to speak more correctly, the absence of them increases the frequency of the attacks, but their use never prolongs the intervals between them beyond eight days. Opiates and other sedatives, vomits, tonics, quinine, carbonate of iron, mercurial preparations, mineral acids, &c., have been employed in vain.

I considered this to be a case of Neuralgia depending upon sympathy with uterine irritation, and to partake greatly of an hysterical character, like clavus hystericus. The pains evidently have their seat in the orbito-frontal and superior maxillary branches of the trifacial nerve of the left, and occasionally of the right, side. The affection of the stomach, nausea, and vomiting, I looked upon as entirely symptomatic of the uterine and neuralgic disturbance. I commenced her treatment on May 23d.

℞ Tinct. Cannabis Sativ. X. gl. ij.
Sacchar Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Cannabis Sativ, X. gtt., iv.
Aquæ Puræ, ℥ viii. M.
Fiat solutio. One tablespoonful to be taken morning, noon, and night. Ordered to leave off all purgative and other medicines.

May 30th.—Return of Hemicrania and of the neuralgic pains on the 27th and 28th, but not sufficient to incapacitate her

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from her usual duties; bowels did not act for three days after her last visit, but have done so regularly every day for the last four days; has had no nausea nor sickness during this attack.

Continue Cannabis in solution as before.

June 6th.—The catamenia appeared on the 1st June, and the usual paroxysm of pain came on during the first day, but in a very modified form, permitting her to go about her ordinary occupation; had a more severe attack yesterday, on the termination of the catamenia, which obliged her to go to bed, but was able to get up after six hours, and feels no bad effects from it to-day as on former occasions; total absence of vomiting since she began the treatment; bowels continue quite regular; the menstrual discharge, instead of lasting ten or twelve days, and being very copious during the whole of that time, so as to induce her former medical attendant to recommend her to keep or lie on her bed from the commencement to the end of the period, only lasted five days, and came in proper quantity; this is the first time that this function has been properly performed since her marriage.

Continue Cannabis in solution as before.

June 17th.—Entirely without pain until last Friday, the 13th, that is, twelve days without an attack, a circumstance that has not happened for the last three years, and this attack was brought on by much over-exertion and fatigue; the pain gradually increased on Saturday, became very violent on Sunday, and was accompanied the whole day by green bilious vomiting; was obliged to remain twelve hours in bed; felt languid and weak all Monday, and continues so to-day, Tuesday; was prevented from coming to the Dispensary on Friday; has been wholly without medicine since that day; the bowels acted regularly every day, even during the attack.

Continue Cannabis as before.

June 20th.—Has felt perfectly well since her last visit on Tuesday, 17th; no pain whatever, and no nausea nor sickness; bowels are considerably relaxed since yesterday, acting as often as nine or ten times in the twenty-four hours; she feels very feverish; sleep disturbed, and appetite bad; feels weak since the bowel attack, but felt much stronger before.

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken immediately.

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℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken four hours after the Aconite.
℞ Tinct. Chamomillæ, IV. gl. iv.
Aquæ, ℥ vi. M.

Fiat solutio. A tablespoonful to be taken every four hours, or after every loose evacuation; after which to continue Cannabis in solution as before.

June 27th.—Diarrhœa ceased on the 22nd; bowels have acted three times since then; slight sensation of headach after fatigue; no severe paroxysm of pain, although she has had several threatenings.

Continue Cannabis in solution.

July 4th.—Has felt quite well all the week; no pain of any kind; the catamenia are in retard; has had no attack since the 15th of last month, now three weeks, the first time for many years that she has had so long an interval of complete freedom from pain.

Continue Cannabis.

July 15th.—Catamenia came on the 11th, nearly a fortnight after the proper time; such a thing has not happened for a great number of years; it usually came on too soon and too violent; it now is very natural, and right in quantity, not the least excess; no suffering whatever, and no attack nor paroxysms either before or after the menstruation. She considered herself quite cured, and asked permission to go into the country for a few weeks, which was granted.

Continue Cannabis in solution as before, up to the next monthly period, and then suspend all medicine.

I have heard of her from the persons in whose employ her husband is, and learn that she has had no return or relapse; that the bowels continue to act daily, and the catamenia continue to come regularly, at the proper time, in proper quantity, and unaccompanied by hemicrania or paroxysms of neuralgic pains, either at the commencement or the end of the menstrual flux. The pathogenetic effects of Cannabis are so strictly analogous to the symptoms of the patient, (in fact, almost specific,) that I had no hesitation in prescribing it, and auguring the most happy results from its use, and, as I had anticipated, no other medicine was required to complete the cure. The Aconitum and Chamomilla were, it is obvious, indicated solely by the Diarrhœa, and were only prescribed once.

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Mr. M., aged 42, of a bilious, nervous temperament, resides in the West Indies, has suffered for the last seven years from most acute attacks of Tic douloureux. He attributes the first aggression of the disease to a severe cold caught from exposure, for several hours, at night, on horseback, to the cold damp air of a marshy district which he had to cross, to regain his own home, on his return from a distant part of the island. He had shortly before undergone a course of mercurial salivation for a complaint of the liver, brought on by the climate, and by frequent attacks of ague.

On awaking the following morning, he felt a dull heavy pain in the orbit of the left eye, which continued for several weeks, and then increased in severity with the addition of occasional isolated dartings up to the eyebrow. These pains continued to increase in spite of a variety of means employed to arrest them. They afterwards extended upwards, from the internal part of the cavity of the eye and along the eyebrow and forehead to the temple, up the scalp above the ear, and to the vertex; at other times they extended to the left cheek, darted down the nose and upper lip across the alveolar process and into the palate. These pains, which, at first, were isolated, gradually increased in number, and formed into violent paroxysms of a repeated succession of excruciating pains, which sometimes were centered solely in the eye, sometimes in the eyebrow, forehead, and temples, and at other times in the cheek, nose, lips, and teeth. Occasionally, after exposure to cold, or after any mental excitement, they would suddenly attack all these different parts at one and the same time, radiating out from the globe of the eye like the sticks of a fan. The eye always seemed to be the focus from which all the other pains took their origin.

The disease during the first three years disappeared for three and four months at a time, but since that time he has seldom or ever been four weeks free from repeated attacks of the paroxysms.

At one time it was treated as rheumatism, at another time it was attributed to inflammation of the eye, and copious and repeated local depletion was adopted; afterwards it was treated as brow ague, and Quinine and other tonics were given—all without benefit. The Solutio Arsenicalis (Fowler's) was administered for some time; at first it seemed to be very beneficial, but after it had been taken a few weeks, the paroxysms increased in violence and frequency to such a degree that he was nearly driven mad by the suffering. The teeth were then blamed as the origines mali, and several of the left

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superior and inferior molares were extracted from the left side, without producing any good, or even temporary benefit. The disease still continued to increase in violence, and the attacks in frequency. During a paroxysm, the left eye seemed to protrude out of the orbit, and all the nerves of the ball of the eye felt as if in the act of being torn asunder, large scalding tears rolled in rapid succession down the cheek till the skin felt excoriated the whole length of their passage.

Matters continued in this state till about the fifth year from the first attack, when it was determined to put him through another course of mercury to produce copious salivation, in the hope and expectation that relief would ensue; considerable alleviation of the pains situated in the cavity and ball of the eye did follow the commencement of this plan, but the pains in the nerves of the eyebrow, forehead, temples, and face, received little or no benefit; after the third week the ball of the eye began to grow gradually worse, and three days after salivation commenced, the pains became so excruciating that his medical attendants were obliged to give up further use of the mercury, and again resort to leeching, cupping, and blistering.

The eye gradually protruded more and more out of the orbit, became greatly inflamed and grew visibly larger and larger. The strongest antiphlogistic means which his state would admit of, and repeated local depletions, were of no avail; the eye increased in size, the inflammation in violence, and the pains in frequency and intensity, till life became quite insupportable, and he prayed for death to relieve him from his agony; at last, one morning after bathing the eye, it suddenly burst whilst he was drying his face with a towel, which it covered with purulent matter and blood. It was then thought and expected that this unfortunate termination to the inflammation of the eye would relieve, and perhaps put an end altogether to the neuralgic pains—but such, alas! was not the case.

The paroxysms in the eyebrow, face, temple, scalp, vertex, palate, and alveolar process, instead of abating, seemed after a time to acquire new violence, the only difference being that the cavity of the eye, although frequently the seat of pain, was no longer the focus from which all the other pains radiated. He gradually sunk into a state of extreme debility and emaciation, from the continuance and intensity of his dreadful sufferings. His friends and medical attendants now thought the only chance of saving his life was to ship him to England for change of climate and

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further medical advice. He was, with the greatest difficulty, carried, stretched on a mattress, on board of ship, but, instead of getting better, as it was hoped, as the ship proceeded on her voyage, such were his sufferings and debility that he never could leave his bed during the whole passage, and it was thought by all on board that he could scarcely reach England alive. On his arrival, he was carried on shore on the same mattress, and, after some days' delay, was removed with much difficulty from the sea-port to London.

He immediately after his arrival, not knowing whom to apply to for advice, addressed a letter to a noble and gallant general officer, whose acute sufferings from this dreadful disease have long been notorious. On receipt of the letter, the nobleman in question sent his resident medical attendant, a distinguished member of this society, to the unfortunate invalid, with instruction to take the letter on to me, if, after examining into the case, he thought there was any chance of his being relieved. Mr. Cameron, on seeing the wretched state of this patient, formed so unfavourable an opinion of his case, that, instead of coming to me, he returned home to report, that he considered the case hopeless, and felt unwilling to ask me to incur the responsibility of undertaking its treatment. It was, however, decided that the letter should be shown to me, and that it should be left to me to determine what was to be done. The letter was as follows:—

"My Lord,—As I labour under the infliction of the Tic douloureux, to which I understand your Lordship has long been a martyr, I take the liberty of writing, presuming upon the sympathy of sickness, to request your Lordship would favour me with the name of the medical gentleman whose treatment you think has been most successful in affording relief in your Lordship's disease. I have lately arrived in England from the West Indies, in a most deplorable state of suffering and exhaustion. The intensity of my malady has been such as to occasion one of my eyes to drop out. I trust this will be considered a sufficient apology for this intrusion.

"I have the honour to be, my Lord, your Lordship's obedient servant,

"M."

On the perusal of this letter I immediately proceeded to visit the writer. On examining him I could not but coincide, with Mr. Cameron, in the unfavourable opinion he had formed of the case, and although tolerably conversant with the dire effects of this disease, I was not prepared for the extreme degree of debility, emaciation, and exhaustion in which I found the unfortunate sufferer. The details of the case as given above, were told to me amidst frequent interruptions from repeated violent paroxysms of pain, occurring

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every three or four minutes, which put him to the most excruciating agony.

After a long and careful investigation of his various symptoms, and after reflecting upon the details he had given of the history of the disease, and of the effects of some of the different medicines which he had taken, I began to feel somewhat less despondent about his case, and to hope that Homœopathy might afford him some relief.

The neuralgic affection, originally confined to the supra-orbital and infra-orbital nerves, had gradually extended to other branches of the trifacial nerve, in which the pains now continue as violent and as frequent as before the loss of the eye—since which misfortune they have varied in their seat and in their character, sometimes commencing in the malar bone, and radiating over the whole cheek to the ear and up to the temple, and down to the lower angle of the inferior maxillary bone, and extending across to the chin;—at other times over the supra-orbital foramen, shooting across the forehead to the temple, and up to the vertex, and sometimes commencing at the alæ of the nose, and darting downwards to the upper lip, and along the alveolar process.

The character of the pains is sometimes darting, burning, tugging, and boring; at other times it is plunging, jerking, pricking, lancinating, stabbing, and cutting. The pains, even when the muscles are in a state of repose, seldom leave him ten minutes free, except occasionally at night, when he sometimes sleeps, for nearly two hours at a time, without being disturbed by a paroxysm. The slightest breath of air, or the least mental agitation, often brings on the most frightful paroxysms. Neither the act of speaking, nor of masticating, can be performed without provoking pain. His appetite is almost entirely gone; he has constant nausea, and frequent sickness, and often vomits up even the very slight meals he is able to take. The bowels are constipated, and never act without aperient medicine. Sensation of much distension in the abdomen, with constant borborygmi; tongue tremulous and red; pulse quick and very feeble; urine copious and pale-coloured.

The great analogy which exists between many of the above symptoms, and the pathogenetic effects of Arsenicum and Mercurius Solubilis, and the recollection of the amelioration of the disease which had taken place during the first doses of each of these medicaments, when administered by the Allopathic practitioners, as well as the excessive aggravation of the symptoms which, in both instances, had followed

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the prolonged treatment by these remedies, induced me to hope that the same medicines, cautiously and judiciously prescribed in Homœopathic doses, might prove of great service in combating this dreadful malady; but as he had at no very remote period, undergone a course of salivation, and was still in the habit of occasionally taking blue pill to act upon the bowels, I considered it better not to resort to either Arsenicum or Mercurius Solubilis immediately, but to turn my attention, in the first instance, to restore, in some measure, his debilitated stomach and disordered digestive organs—afterwards to direct the treatment more exclusively to the neuralgic affection,—and finally, if successful in these points, to endeavour to remove the psoric habit of body, which a series of cutaneous diseases in his youth, had other evidence been wanting, proved to exist in his system, and which, if not corrected, would keep up a predisposition to returns of the disease.

On 10th April I prescribed as follows:—

℞ Tinct. Ipecacuanhæ, I. gl. ij.
Sacchar. Lactis, gr. vi. M.

Fiat pulvis Mitte talis, vi. One to be taken immediately, and the others night and morning.

April 13th.—Nausea and sickness much diminished; has eat several times without vomiting; less distaste for food; neuralgic pains as violent and frequent as usual. Complains of great thirst, heat, and feverish symptoms every evening; great distension after eating, and pain in the scrobiculus cordis.

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Pulsatillæ, IV. gl. i.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken early in the morning.
℞ Tinct. Pulsatillæ, gtts. ij.
Aquæ Puræ, ℥ iv. M.
Fiat solutio. A tablespoonful to be taken three times a day.

April 17th.—Nausea and sickness entirely ceased; has not vomited once since last report; thirst much less; little or no heat, or feverish symptoms, in the evening; distension much less, and the pain in the pit of the stomach diminished; appetite much better; neuralgic pains continue the same.

Repeat Pulvis Aconiti, Pulvis Pulsatillæ et Solutio Pulsatillæ.

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April 22nd.—Appetite improved; feels less weak; is able to sit up for several hours a day, which he has not been able to do since he left the West Indies, nor for several months before. Nausea, sickness, distension, and pain at pit of stomach, have entirely ceased. Tic douloureux the same, perhaps a little less violent, but equally frequent.

℞ Acid. Nitric, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Acid. Nitric, X. gl. ij.
Aquæ, ℥ vi. M.
Fiat solutio. A tablespoonful to be taken three times a day.

April 28th.—Neuralgic pains have been more violent and more frequent, occurring every two and three minutes; darting pain as of needles running to and fro on the cheek bone and up into the temple; the muscles of the cheek feel as if torn asunder; dragging, cutting, and pricking pain in the cavity of the eye; constant tears from both eyes; very bad nights from constant recurrence of paroxysms of pain; appetite has continued to improve, notwithstanding the increase in the pains; he has been unable to masticate, but has made very good meals of strong soup and "purée" of chicken, &c.; bowels act without assistance.

Suspend all medicine.

May 2nd.—Has had longer intervals between the pains than he has had for many months, although they are as violent as ever; the pains are chiefly situated in the cavity of the lost eye, and in the cheek.

℞ Acidi Nitric, I. gl. ij.
Aquæ, ℥ v. M.
One tablespoonful to be taken night and morning.

May 7th.—Pains have gradually diminished in the cavity of the eye, and are now centred in the cheek and nose, radiating to the ear, temple, and chin; they are decidedly less frequent, and are more bearable; appetite continues good, nights better, and bowels regular.

Suspend all medicine.

May 11th.—Neuralgic pains continue as at last report, less frequent, and when they do come, although they are as violent as ever, he thinks that he bears them better; the cavity of the eye continues free from pain; the pains are darting, burning, tearing, and pricking, like hot pointed wires.

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℞ Tinct. Arsenici, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Arsenici, X. gl. ij.
Aquæ Puræ, ℥ v. M.

Fiat solutio. A tablespoonful to be taken morning, noon, and night.

May 14*th*.—The paroxysms of Tic douloureux have been very violent and very frequent, as much so as ever they were; feels very despondent of getting well; appetite good, although he has had considerable nausea, and has vomited twice his food since last report. Bowels continue regular; very bad nights; little or no sleep, from incessant attacks of pain. The character of the pains continues the same as last report.

℞ Tinct. Coffeæ I. gl. iv.
Sacchar. Lactis, gr. v. M.

Fiat pulvis. Mitte talis, iij. One to be taken every night at bedtime.

℞ Arsenic, XIII. gl. ij.
Aquæ, ℥ v. M.

Fiat solutio. A tablespoonful to be taken three times a day.

May 18*th*.—Paroxysms of pain less violent and less frequent, has been once or twice (between three and four hours) a day without a single paroxysm, although he has had, during this interval, several isolated darting burning pains; nausea has ceased, and no return of sickness; appetite good; bowels regular; and sleep much improved, slept last night till about five o'clock, when he was awoke by a violent paroxysm of pain. No longer despondent, on the contrary, begins to feel hopes of getting better, or, as the patient expresses himself, an internal conviction that he will get well—hopes which I thought it my duty to encourage, although I dared not entertain them myself to the same extent. I began, however, to be sanguine of giving great relief, and of improving his health generally.

Continue Solutio Arsenicalis and Pulv. Coffeæ.

May 21*st*.—Paroxysms much less frequent, and generally less severe, but occasionally they are as violent as ever; nights decidedly better; sleeps till between seven and eight; only awoke three or four times during the night by a violent paroxysm of pain, and fell asleep again soon after it was over. Was attacked yesterday by diarrhœa; had five loose evacuations during the day; two in the night, and eight this morning, preceded and accompanied by colic

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and burning scalding sensation, as the fæces pass from the rectum. Nausea and sickness, no appetite; great thirst and burning sensation in the throat; feverish and restless.

℞ Tinct. Aconiti, III. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken immediately.
℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar. Lactis, gr. v. M.

Fiat pulvis. Mitte talis, ij. One to be taken four hours after the Aconite, and the other at bedtime.

℞ Mercurii Solubil. Hahn. IV. gl. ij.
Aquæ, ℥ vi. M.

Fiat solutio. One tablespoonful to be taken every two or three hours, or after every loose evacuation—not to commence the solution till three hours after the night powder.

May 22nd.—Diarrhœa much better; had ten evacuations between two o'clock yesterday and seven this morning, since which has only had one; had no pain, colic, or burning sensation with the four last; nausea, sickness, and fever have ceased; appetite bad; neuralgic pains much more frequent and violent; is hardly five minutes free from pain, although the more violent paroxysms do not occur oftener than every quarter of an hour or twenty minutes; has taken all the solution of mercury but one spoonful.

Repeat solution of Mercury IV. gl. ij., in ℥ iv. of water, and a tablespoonful to be taken three times a day.

May 26th.—Diarrhœa entirely ceased; neuralgic pains continue as frequent, but are less violent, and of shorter duration. The very violent paroxysms occur at intervals of half an hour and an hour, and twice he has been as long as between two and three hours without one; has had no medicine since yesterday at noon; feels hot, thirsty, and feverish, with a sensation all over him as if he were overcome with long-continued bodily fatigue.

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. Powder to be taken immediately.
℞ Tinct. Arsenici, XIII. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Arsenici, X. gl. ij.
Aquæ, ℥ vi. M.

Fiat solutio. One tablespoonful to be taken three times a day, beginning to-morrow morning before breakfast.

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May 30.—The symptoms of fever and sensation of fatigue have ceased; the paroxysms, which had increased, in frequency, the day after commencing the solution, are much less violent and less frequent; nights much better; gets three or four hours' sleep at a time, although he has the impression that he has slight attacks of pain during his sleep.

Suspend all medicine.

June 6th.—Neuralgic pains much diminished in intensity and frequency; sleeps five hours in the night without consciousness of pain, but is generally awoke by a violent paroxysm, which is of very short duration, and permits him to go to sleep immediately, after which he sleeps quietly till his usual time of rising; drives out, and takes a short walk every day; feels much stronger, but has lost his appetite; the smell and taste of food are repugnant to him; slight nausea and occasional uneasiness in the pit of the stomach, much distension of the abdomen, frequent eructation and continual borborygmi, headach and white tongue, little or no fever, but complains of feeling chilled and cold, low-spirited and bilious.

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. v. M.

Fiat pulvis. Mitte talis, ij. One to be taken immediately, and the other at bedtime.

℞ Tinct. Pulsatillæ, IV. gl. i.
Sacchar. Lactis, gr. v. M.

Fiat pulvis. To be taken early in the morning.

℞ Tinct. Pulsatillæ, IV. gl. ij.
Aquæ, ℥ viii. M.

Fiat solutio. A tablespoonful to be taken every four hours.

June 15.—All the symptoms of dyspepsia gradually diminished under the action of the Pulsatilla. Neuralgic pains are somewhat more frequent, but not more violent.

Repeat Solutio Arsenicalis, as on the 26th May.

June 26th.—Continues to improve; neuralgic paroxysms are very mild, and occur very seldom.

Continue Solutio Arsenicalis, after which suspend as before, all medicine for three or four days, or even a week, if continuing to feel better.

July 6th.—Has occasional slight attacks of pain, but no regular ...ysm; nights continue good; strength and power of taking ... greatly improved; appetite good, but complains of sensa... weight and pain in the pit of the stomach after eating;

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bowels very costive; occasional heavy painful weight in the occiput, with dull pain in the forehead.

℞ Tinct. Nucis Vom., X. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Nucis Vom., X. gl. ij.
Aquæ, ℥ v. M.

A tablespoonful three times a day, after which continue Solutio Arsenicalis.

July 15th.—Pain and weight in the occiput, and Scrobiculus cordis have ceased; bowels regular; no neuralgic paroxyms, nor even isolated pains, but feels a sensation, occasionally, as if a pain were coming on without its actually doing so.

From this date the patient continued to take *Arsenicum, Mercurius Solubilis, Acidum Nitricum,* and finally *Sulphur,* till the end of August, by which time every vestige of neuralgic affection had disappeared, and his general health and strength were quite restored.

This dreadful malady seems to have arisen, in the first instance, from inflammation of the periosteum lining the cavity of the left eye, involving the supra orbital, and infra orbital branch of the fifth pair of nerves in its passage through the orbit and infra orbital canal. The inflammation appears gradually to have spread to the contents of the orbit, subsequently embracing the globe of the eye itself, and extending from without, inwards, from the tunica conjunctiva to the deeper textures. Suppuration ensued, which, as the abscess increased in volume, terminated in the bursting of the globe of the eye. It is now six years since I have seen this patient, but I heard last year from a friend of his, an inhabitant of the same island in the West Indies, who consulted me at his recommendation, that he has never had but one attack since he went back, (during the first winter after his return,) which he mastered in less than four weeks by Solutio Arsenicalis and Sulphur. I am disposed to believe that this patient would not have had the great misfortune to lose his eye, if he had not taken so much mercury, and that he might possibly have been cured by his Allopathic attendants of his neuralgic affection, by an early and very moderate use of mercury, and very small doses of Fowler's solution of arsenic in the early stage of the disease. It is apparent from the foregoing details of the case, that these two medicines, employed Homœopathically, exerted a most beneficial influence on the Tic douloureux, and I am of opinion might have sufficed alone to remove the malady,

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had they been employed before the constitution was broken by the intensity of suffering, and the violent remedies employed.

The treatment of the following case was carried on by correspondence, for I never saw this patient. The history and description of the disease, and the various reports of the progress of the treatment, were contained in letters to me from the father of the patient.

E. F., aged 23, of weakly constitution, bilious nervous temperament, and scorbutic habit of body, subject to cutaneous eruptions, slightly hysterical, is much troubled with flatulence, and has occasionally bilious attacks, but, till attacked suddenly with Tic douloureux, about thirteen or fourteen weeks ago, she generally enjoyed good health, except at the monthly periods. A day before, and for one or two days after, the appearance of the catamenia, she suffers violent and excruciating pains at the lower part of the abdomen, which her mother says are almost as bad as labour pains, and she herself describes as burning, twisting, spasmodic pains, with sensation of bearing down, and distressing coldness of the whole body, particularly of the feet, accompanied by nausea and sickness. During the first two days of the menstruation, she is obliged to apply very hot things, such as bags of hot bran, salt, or pans of hot water, to the hypogastrium, and soles of the feet, and to take repeated doses of laudanum in hot brandy and water. These uterine pains existed before the first attack of Tic douloureux, in fact, ever since the first time she menstruated. She has no headach during the catamenia, and after the second day the pains gradually begin to cease.

About fourteen months ago, after exposure to cold and wet whilst wearing very thin shoes, about the time she expected the menstrual flux, which was retarded for several weeks, she was suddenly seized with excruciating pains in the face, which gradually increased in violence and in frequency, notwithstanding all the attempts made to relieve them. The pains, at times, dart all over the face and head, also into the throat, roof of the mouth, right cheek bone and temples, and extend up to the top of the head; when the nerves ramified over the vertex are affected, she almost becomes deranged from the intensity of the suffering. Sometimes she is quite free from the pains for two or three days—never more; at other times they continue, more or less severe, for several days and nights together; sometimes they come on periodically every twenty-four hours, generally every night, at eleven o'clock, and last all

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night. She also suffers much at these times during the day, but not so severely as at night. The attacks are always worse before and during the commencement of the catamenia. The state of the weather has great effect upon the disorder: cold air or wind will bring on an attack; hot liquids have the same effect; fasting too long invariably produces a return of the paroxysms. The pains are somewhat less violent in a sitting posture, and are much increased by laying the head down on the pillow. She cannot bear much noise. The act of eating will sometimes take away the pain. Has never had the toothach; her teeth have been examined and found quite sound. The pains are sometimes incessant, at other times they are very capricious, the attacks beginning at all hours of the day. The character of the pain is violent, darting, twitching, pricking, twisting, and writhing; shooting from the cheek bones into the ear, and seeming to go into the middle of the brain.

Pressing the head, or the part affected by the pain, against any thing cold or hard, somewhat assuages the pains. When her bowels are costive, she is more subject to the attacks. Since she has taken so much medicine for the cure of the Tic douloureux, her bowels, which were naturally regular, have become very confined.

Has consulted several medical practitioners, and had a great variety of medicines prescribed for her, both internally and externally, but all without receiving the least relief, except from carbonate of iron, which at first did her some good, but afterwards completely failed to do so, and seemed to make her worse. She also has been leeched, cupped, and blistered very often.

On considering the seat and course of the pains, which dart from the right malar bone to the ear, temple, and vertex, and to the palate bone and throat, it is evident that the superior maxillary nerve, with several of its ascending and descending branches, the spheno-palatine ganglion, and the videan nerve, are all involved in this painful affection.

On *Feb.* 21*st.* I prescribed as follows:—

℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar. Lactis, gr. vi. M.

Fiat pulvis. Mitte talis, iij. One to be taken every night.

℞ Tinct. Arsenici, X. gl. ij.
Aquæ Puræ, ℥ vi. M.

Fiat solutio. One tablespoonful to be taken morning, noon, and night, commencing the first spoonful the morning after taking the last powder of Chamomilla.

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March 2*nd*.—No improvement; thought she felt a little better for the three first days after commencing the medicines, and then became as bad as ever; bowels much confined.

Repeat Pulv. Chamomillæ as before.

℞ Tinct. Belladonnæ, X. gl. j.
Sacchar. Lactis, gr. vi.
Mitte talis, iv. M.

One to be taken the following morning, and one of the others every other morning.

March 16*th*.—The pains have been more violent than before, and as constant as ever, except during the time she was taking the two first powders, when she appeared to be a little better; bowels still confined,—cannot make use of the enema of warm water to assist them, owing to the pain the operation of the lavement causes in the head. Her face, at times, becomes very hot and flushed; the pains have left the right cheek, but have come as violent, if not more so, in the left. The catamenia came on on the 10th instant, and were attended with the usual pain; is very low spirited, and she sheds so many tears during the paroxysms, that her father thinks her eyesight impaired. Ordered to discontinue the use of the laudanum and hot brandy and water.

℞ Tinct. Bryoniæ, X. gl. i.
Sacchar. Lactis, gr. vi. M.

Fiat pulvis. Mitte talis, vi. One to be taken every other night.

April 6*th*.—The pains which had somewhat diminished before the arrival of the last medicines, returned with the greatest violence after taking the second powder; she continued in this deplorable state till she had taken the last powder but one, when the pains gradually left, and for nearly three weeks she has been entirely without pain, except for one day, about ten days ago, when her face became very tender owing to exposure to a cold wind, and to her having caught a slight cold. She is, however, able to go out every day. The weather is much against her, which makes the improvement in her pains the more remarkable; appetite still continues bad, but the bowels have gradually become regular as the pains began to diminish; complains of great weakness; expects the catamenia to come on every day.

℞ Tinct. Bryoniæ, X. gl. iij.
Aquæ Puræ, ℥ viii. M.

Fiat Solutio. A tablespoonful to be taken night and morning.

April 27*th*.—Has had no return of Tic douloureux since last

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report, nor for three weeks previous; she felt a little threatening the second day after beginning the solution, but no pain; had not so much pain during the two first days of the menstrual flux, which came on the 9th instant.

Continue Solutio Bryoniæ, as before.

May 19th.—She is entirely free from all neuralgic pains; is gradually gaining strength, but still remains very thin; expects the monthly period on the 1st of June; as much pain as usual during last period, which came on the 4th instant.

℞ Tinct. Sulphuris, X. gl. i.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Sulphuris, X. gl. ij.
Aquæ, ℥ vi. M.
Fiat solutio. A tablespoonful to be taken night and morning.

Four days before the catamenia are expected, to take the following medicines:—

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Pulsatillæ, IV. gl. iij.
Aquæ Puræ, ℥ v. M.
Fiat solutio. A tablespoonful to be taken three times a day till the monthly period appears.

June 9th.—Has had no return of Neuralgia since last report; four days before the proper time for the monthly period, began the powders of Aconite and Pulsatilla; the catamenia came on two days before it was expected, without the slightest pain during the first day, and with very little indeed during the second, and afterwards, no pain at all during the whole course of the period; she was not attacked with shivering, nor obliged to go to bed, nor to have hot bags of bran, &c., to the abdomen, nor hot bottles to her feet, and felt no nausea nor sickness; for many years she has never been so well as during this period.

Continue Tinct. Sulphuris, as before.

June 23rd.—Continues entirely free from all symptoms of Tic douloureux; bowels regular; has lost all the bilious feelings she used to suffer from. The monthly period is expected on the 27th, unless it comes two days earlier, as it did last time.

Repeat Aconite and Pulsatilla before the period, and continue Tinct. Sulphuris after the catamenia are over.

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July 8th.—The catamenia came on four days before the usual time, and the day before the arrival of the medicines ordered to be taken before the period; she had much more pain than last time, felt very sick, and was obliged to go to bed for six hours, after which she rallied and got up again, without having been obliged to have hot applications to the lower part of the body and feet; she was very sorry at not having sent the former report soon enough to insure the reception of the medicines for the monthly period, in time to make use of them; will be careful to take them soon enough before the next period; has remained entirely free from Tic douloureux.

Continue Tinct. Sulphuris and Tinct. Bryoniæ in solution alternate weeks.

August 18th.—Not the slightest return of Neuralgia; took the Aconite and Pulsatilla six days before the period came, which passed over with a very slight threatening of pain on the first day, and none whatever afterwards; no sensation of coldness nor sickness; she only felt a little weak.

The catamenia have come round a second time since the last report; she was from home on a visit, and had no medicine to take before the period; had considerable pain for several hours during the first day, but not so great as to oblige her to go to bed, nor apply warm things; no sickness nor cold sensation; and no approach to a return of Tic douloureux.

Continue Tinct. Sulphuris in solution, and repeat Aconite and Pulsatilla four days before the catamenia are expected.

September 24th.—Considers herself quite cured; no Tic douloureux, and not the slightest pain during the last period; feels much stronger, and is able to bear fatigue, and exposure to cold winds, night air, and wet weather, without any inconvenience or threatening of pain.

With respect to the treatment of this patient, it is worthy of remark, that, for several years previous to the first aggression of the neuralgic disease in the face, she had suffered from pains of a very similar character in the womb, at the approach, and during the first two days, of every menstrual flux, and that she was first attacked by Tic douloureux at a time when the catemenia were retarded for several weeks, after exposure to cold and wet, when thinly clad. Now, although both these circumstances seemed to me to prove a very close connexion between the uterine disturbance and the neuralgic affection of the face, I did not consider the latter disease solely to depend upon the irritation of the womb, (as in the case of

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Mrs. H——, already detailed above,) but regarded it and the uterine affection to be, at the time I was consulted, concomitant diseases, occurring in a psoric habit of body, peculiarly predisposed to neuralgic pains. I therefore thought it advisable to direct the treatment, in the first instance, to the Tic douloureux, and afterwards to endeavour to correct the psora and remove the uterine disturbance; the more so, as she had (except at the monthly periods) generally enjoyed good health until the first attack of Neuralgia in the face. Under the action of *Chamomilla* some relief was twice obtained, but it was merely of a temporary nature. The *Arsenicum* and *Belladonna* produced little or no beneficial effect, beyond paving the way for the *Bryonia*, which I have found, in many instances, to act more efficaciously when it had been preceded by the two medicines mentioned above. During the first eight or nine days after beginning the *Bryonia*, a very severe exacerbation of all the pains in the face occurred, after which a gradual and decided amelioration of her symptoms took place up to the 19th of May. The catamenia continued all this time to be attended with the usual pain and disturbance. I then considered I could with advantage direct the treatment to the psoric habit of body and to the uterine pains. With the latter view I prescribed *Sulphur* nearly up to the time of the monthly period, and *Aconite* and *Pulsatilla* during four days preceding it—reference to the bulletin of the 9th June will show with what happy results. The *Pulsatilla* acted almost as a specific on the pains attendant upon the approach and appearance of the catamenia. This is sufficiently evident, I conceive, from the very marked beneficial effect which followed its exhibition each time it was taken before the arrival of the menstruation, as well as from the return of the uterine pains, (although in a somewhat modified form,) in two different instances, when she neglected to take the *Pulsatilla* at the time prescribed.

Sulphur and *Bryonia* taken during alternate weeks, for three months, with an occasional recourse to Aconite and *Pulsatilla*, sufficed to complete the recovery.

For the last nine years she has never had any return of Tic douloureux, and the catamenia are always unattended with pain.

(Remainder in our next.)

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MISCELLANEOUS.

HOMŒOPATHIC INTELLIGENCE.

At the meeting of the *Societé de Médecine Homœopathique de Paris* on the 8th January, reported in the Bulletin of that society for last month, Dr. Curie, of London, communicated to the society an account of the progress of Homœopathy in England, and more particularly of the proceedings of the *English Homœopathic Association*, composed of professional and non-professional adherents of Homœopathy; he requested the co-operation of the Parisian Society with the English one, for the purpose of better carrying out the work of propagation commenced in England, and pointed out the advantages which might result from such a union of the Homœopathists of both countries.

Dr. Curie's proposal was referred to a committee of three members of the Societé, the result of whose deliberations was to be communicated at the next meeting of the Society. Accordingly, at the meeting of the 22d January, M. Davet, in the name of the committee, read their report on the proposal of Dr. Curie, which was as follows:—"The committee does not deem it expedient (*convenable*) for the society to co-operate with the English Association, as a body, but each of its members is at liberty to give what proofs he pleases of his sympathy with the objects of the Association. The first part of the resolution of the committee is based on the constant practice of the Society, which, restricting itself to a purely medical course, has never permitted the admission of non-medical persons for the purpose of defending and propagating Homœopathy, from the idea that though their co-operation might advance the material interests of our doctrine, a disproportionate sacrifice would accrue to the Society both of dignity and scientific character by the adoption of such a course. The committee can perfectly well understand that the manners of the two countries may produce a great difference in the means adopted by English and French Homœopathists, and it thoroughly approves of Dr. Curie's employment of such a powerful instrument as the association is in the country in which he resides," &c.

[Our own opinion with respect to the union of professional and non-professional individuals for the purpose of propagating Homœopathic principles, we have stated fully in the last number of this Journal; but as it is evident from the above that our brethren on the other side of the channel are under the impression that such a combination of medical and non-medical persons is generally approved of by the Homœopathists of England, we may remind them that the British Homœopathic Society, which is constituted on the principle of rigid exclusion of all non-professional persons or improperly qualified practitioners, contains the majority of the Homœopathic medical men of this country, while the Homœopathic Association has only two or three medical members, among whom the most distinguished, Dr. Curie, is a foreigner—a sufficient proof that the plan of uniting medical and non-medical members finds little countenance in this country.]—Eds.

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HOMŒOPATHY IN THE UNIVERSITY OF BERLIN.

We read the following in an Allopathic Journal, the *Med. Centr. Zeitung*, 1845,—No. 48. BERLIN. Perhaps no medical lectures were ever so well attended at this University as those of Professor Schultz on Homœopathy and Allopathy. The largest theatre in the University could scarcely contain the audience, who evidently follow with the most profound attention the course of the celebrated teacher. As might have been expected, the relation of Allopathy to Homœopathy was brought into a perfectly novel point of view, founded entirely upon the experiments of Professor Schultz himself, and pursued in the spirit of his general pathology. The necessity of assigning to Homœopathy a place in scientific medicine was recognised, the obvious defects in the present state of Allopathy were not concealed, and the utmost anxiety is manifested to ascertain what conclusions Professor Schultz will arrive at with respect to the grand medical problem, but no doubt he will take for his guide the general rules laid down in his work on Pathology.

FROM OUR CORRESPONDENT IN VIENNA.

Homœopathy continues to advance slowly, but steadily, among medical men and the public. There is at present but little prospect of having a professorship of Homœopathy endowed by Government, in consequence of the want of unanimity among the leading Homœopathists. The society for proving medicines continues to carry on its investigations. They are at present engaged in testing the high dilutions on the healthy subject. They lately petitioned Government for permission to organize themselves into a regular legalized society: the result of their application is not yet known. A short time since Government determined on having the opinion of the faculty of medicine on the subject of dispensing medicines by physicians. Some professors, who had been appointed since 1837, were summoned to give their opinion on this subject. Two commissions were held, one with, the other without three Homœopathic physicians, Drs. Lichtenfels, Schæffer, and Fleischmann. The Allopathic professors recommended that a central depository for Homœopathic medicines should be established under the superintendence of Homœopathic physicians, and that all the apothecaries should be obliged to procure their medicines from it. Dispensing medicine should be totally forbidden to physicians. The three Homœopathists protested against this decision, and insisted that they should be allowed to dispense any medicine in dilution, because there was no possibility of controlling the apothecaries. Thus the affair rests, and it is to be hoped that matters will continue in their present state, and that Government will not arrogate to themselves the power of interfering with the long-established and necessary custom of Homœopathists administering their own remedies.

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HOMŒOPATHIC HOSPITAL AT MISKOLTZ.

In the *Allg. Hom. Zeitung* for last August, we read an account of the temporary establishment of a Homœopathic hospital in Miskoltz, in Hungary, under the management of Dr. Stern. It seems that, shortly after the new science began to spread in that region, Dr. Stern petitioned the local government to allow him to treat gratuitously some of those confined in the gaol for various crimes. This petition was unexpectedly granted; the following are the terms of the answer he received:—"Inasmuch as Homœopathy is at least a harmless mode of treatment, permission is granted to the petitioner to conduct experiments for one year upon the prisoners. No compulsion, however, is to be had recourse to, but free choice is allowed to each patient as to whether he wishes to be treated Homœopathically or Allopathically; further, that an account of the patients received, and of the cases of death, shall be kept in a book for that purpose by the superintendent and turnkey, and the list shall be submitted to the local authorities at the end of the year."

A great deal of opposition was manifested by the Allopathic practitioners of Miskoltz to this resolution of the authorities, but Dr. Stern gained his point, being backed by several influential members of the local government. When, on the list being submitted to the authorities at the expiry of the year in February last, it was found that out of ninety-nine patients treated no case of death had occurred, the local authorities resolved to grant permission to Dr. Stern to undertake the charge of an hospital, not for criminals alone, but for the poor generally, and that a certain annual allowance should be given him for his trouble. This resolution, however, was not confirmed by the Royal Government, by which the following decree was passed:—"The Homœopathic hospital in Miskoltz, which has been established without the knowledge of the Government, and is, consequently, illegal, cannot be permitted to continue, for the following reasons: *a*, In an economical point of view the fitting up and supporting a new hospital in addition to the Allopathic one already existing, together with the annual fee to the physician, will cost more than will be saved by employing Homœopathic medicines: *b*, It is certain that many of the diseases occurring among the criminals are from their nature not adapted to Homœopathic treatment," &c.

The appeal to the pocket being considered the most powerful argument, occupies the most prominent place in this decree; the other motive follows this, as being very secondary in importance. But yet it was shown by Dr. Stern that the fee offered him did not amount to one quarter of the sum which would have been expended annually in Allopathic medicines, that the other expenses of the hospital only consisted in the cleansing of a room, the renewal of the straw mattresses with which it was provided, and the furnishing of a chair and table for the convenience of the worthy Doctor. With respect to the other point, we are not aware that there are diseases which, from their nature, are not suitable for Homœopathic treatment, nor that the members of a town council are better judges of such matters than the experienced physician.

We have not space to enter into a detail of the cases treated by Dr. Stern during his short career, but may just mention the general results.

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During five-fourths of a year he treated one hundred and twenty-one patients; of these ninety-six were cured, twenty-two (in most of whom the term of imprisonment ceased before the treatment was concluded) were dismissed much relieved, and three, who were received in an extremely debilitated condition, were dismissed, unimproved, at their own request, after being for some time subjected to the Homœopathic treatment. The principal diseases were phagedenic ulcers of the feet and legs, which generally yielded to *sulph.* or *ars.*, or else *laches.* or *sil.*; wounds, bruises, and sprains requiring *arn.*, *acon.*, or *rhus*; scabies, which yielded to *sulph.*, *merc.*, or *carb. veg.*; glandular swellings, where *merc.*, *sulph.*, *hep.*, *cals.*, and *iod.* proved serviceable; gonorrhœa, where *canh.* or then *merc.* effected a speedy cure; in chancre *merc.* was proved almost specific, but if used above 4, the cure was protracted; cynanche tonsillaris was readily cured by *bell.*, *merc.*, or *laches.*; ophthalmias of various kinds, requiring various remedies; fevers and pulmonary affections formed a considerable item in the list of cases treated, and in these the success was likewise very striking.

ANNOUNCEMENT OF TWO PRIZES.

The Homœopathic Society of Paris announces a *concours* on the two following subjects:—

I. The history of acute pleuro-pneumonia in infancy, manhood, and old age; an accurate description of all the shades of symptoms by which this affection shows itself, and by which one kind is distinguished from another, and a detail of all the Homœopathic agents as shown *a priori* by the Materia Medica, which are to be opposed to each of these pathological varieties.

II. A logical and experimental demonstration that it is by Homœopathy alone that the principles and machinery of the science and art of medicine have obtained a definite foundation.

Two medals of gold, each three hundred francs (£12) in value, will be awarded to the authors of the best treatises.

The essays written in French, Latin, German, English, Italian, or Spanish, must be forwarded, post paid, before the 1st of November, 1846, to M. le D. Molin, Secretary to the Society, 4, Rue de l'Arcade, Paris.

Each essay should bear a motto corresponding to one on a sealed letter containing the name of the author.

HAHNEMANN'S MONUMENT.

SUBSCRIPTIONS.

	£	s.	d.
Dr. Hamilton, of London	2	2	0
Mrs. Hamilton	1	1	0
Per Dr. Luther, of Dublin	13	0	0
Dr. Macgregor, of Belfast	1	1	0

BOOKS RECEIVED.

Report of the Manchester Homœopathic Dispensary.
(To be noticed in our next.)

Nothwendige Verwahrungen und Berichtigungen von Dr. Adolf Gerstel. Wien. 1845.

Der verstümmelte Sturmhut, oder der Process um die drei Ziegenhaare, von Dr. Watzke. Wien. 1845.

Hahnemann's Chronic Diseases, translated by Dr. Hempel. Vol. III. Radde, New York.

Homœopathic Examiner. Vol. IV, No. 3.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE USE OF ARSENIC.

By Dr. Wurmb, of Vienna.*

(Continued from page 147.)

Second Part.

ARSENICAL CURES AND THERAPEUTIC INDICATIONS.

In the foregoing paragraphs we have indicated the changes perceptible to the senses, which Arsenic is capable of producing in the organic tissues and structures, the vital phenomena of the organism and its manifold functions, and their results. In doing so we have strictly confined ourselves to what is founded on a sufficient number of concordant facts; and, as nothing is more prejudicial to the practice of medicine than partial and imperfect theories, and as errors thereby induced are very difficult to be got rid of, we have carefully avoided all such learned flights of imagination. We shall pursue the same course in the following paragraphs, while speaking of the diseases which Arsenic cures homœopathically.

The discussion of the therapeutic use of a medicine can, from its very nature, be little else than a recapitulation of

* From the Œsterreichische Zeitschrift für Homœopathie, Heft. III, p. 76.

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the physiological effects of the substance, for these are identical with the curative indications. Repetitions are, therefore, unavoidable. We have, nevertheless, found means, for the most part, to escape them. For as the symptoms of Arsenic reflect either its general action, or show its relation to particular organs only; so the therapeutic indications arising from these are either *general* or *particular*. The general therapeutic indications (as we have already stated at length) are indirect debility; decomposition of the organic substance; burning pain; periodicity of the phenomena; symptoms accompanied by restlessness and anxiety; symptoms relieved by the application of external heat and aggravated by rest; symptoms accompanied by others, which have no apparent physiological connexion with them. The particular indications are those which demand the administration of Arsenic, because it acts immediately on certain organs, and throws them into pathological conditions resembling the natural diseases of those organs. Although the general therapeutic indications are never, or only very rarely, to be found as a whole, in the cases for which Arsenic is suitable, but always only partially, (which, besides, can be as little required as that one prover should experience all the symptoms of Arsenic;) yet we must here presume that they are present in their totality, as we are not occupied with individual cases of disease, but with species of disease. For this reason we lay great weight on this division (into two great classes) of the therapeutic indications, which is by no means intended as a natural, but a purely artificial one, because, otherwise, in laying down the particular indications, we should have had continually to reiterate the general ones.

We shall now examine the chief forms of disease in which Arsenic is indicated, following the anatomical order of Hahnemann.

Section 1.—*Affections of the Head.*

Arsenic has been recommended by many of the old school for chronic headachs, especially of the character of ague, which do not yield to Cinchona. We Homœopathists cannot

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make the choice of it such an easy affair; for the periodicity of the attacks and the circumstances that Cinchona has not been of service cannot possibly be sufficient to justify the use of Arsenic, as so many other medicines have the power of exciting periodic symptoms, and, therefore, also of curing them. We must, therefore, look about for better reasons for the administration of this remedy in such headachs. It is certain that Arsenic may be indicated in idiopathic headach, because it produces headach (as an independent symptom.) But as this symptom is not a constant one, but only rarely appears, it is clear that this remedy can only play a very subordinate part in the Homœopathic treatment of Cephalalgia. The literature of Homœopathy displays, therefore, only very few instances of the cure of headach by Arsenic. The physiological effects of Arsenic also show plainly that the particular indications, *e.g.* the seat and character of the headach, &c., are of no great weight, because they are similar to what is met with in nearly all the hitherto proved medicines, and, therefore, that it is only the general indications, (which on that account must be the more distinctly pronounced in any individual case,) that can justify the choice of Arsenic, and prevent any danger of confounding it with any analogous medicine.*

As in Homœopathy such medicines only are used as act directly on the diseased organ, and attack the disease in its place of origin; and as Arsenic produces material changes in the brain only in exceptional cases,—so it follows that in

* Thus China, which in many points of view is similar to Arsenic, has this peculiarity, that the pains which it produces and also cures are excited or aggravated by the slightest touch, and are aggravated by motion, besides many other differences, which need not be enumerated. Carbo vegetabilis may also be the fit medicine in headachs, (also periodic, and occuring in emaciated and cachectic individuals; but it requires only a very superficial knowledge of its action to avoid administering it when Arsenic is the proper remedy. Thus, for example, the headachs from Carbo vegetabilis are aggravated by motion; this is, therefore, just the opposite of what is characteristic of Arsenic. Further, Carbo is also distinguished from Arsenic by the circumstance, that in the former the feeling of weakness does not appear simultaneously with the pains, but only after their cessation, &c.

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apoplexy, encephalomacia, hydrocephalus,* &c., it can be the Homœopathic remedy only in exceptional cases.

Sec. 2.—*Inflammations of the Eyes.*

The physiological effects of Arsenic on the eye are of such a nature, that we must at once expect from it important services in the treatment of inflammatory affections of this organ, and more especially such as are seated in the conjunctiva of the lids and globe. The choice of Arsenic is determined (besides the general ones) by the following special indications: strong injection of the conjunctiva; *tendency to ulceration;* violent pains; increased flow of tears; great photophobia; weakness of vision.

Dr. Hermann relates (Arch. f. H. Heilk., Bd. XII, p. 100,) the following case:—

"A girl, aged six, had suffered for several years from repeatedly-recurring attacks of ophthalmia, which were so obstinate under Allopathic treatment, that usually she was several months in succession without being able to leave off the continued use of local and internal remedies. And, latterly, there remained after one of these attacks so much irritability of the eyes, that the slightest exciting cause brought on photophobia and slight inflammation for several days, in one or both eyes, so that the child could hardly ever be without a green shade. I was requested to treat the child. She could scarcely open the eyes, even under the large green shade, which shut out almost every ray of light. I found the eyelids swollen; red at the edges; the few remaining ciliæ matted together with pus. On opening the eyes the tears flowed out copiously, and were of an irritating quality, as was shown by the excoriated state of the check; the *conjunctiva scleroticæ* was intersected with single enlarged vessels, and both corneæ displayed cicatrices and ulcers, still open. The patient complained of smarting and burning pains, much aggravated by the light,

* W. Wahle, indeed, assures us (Archiv für Hom. Heilk, Bd. XV, p. 28) that he has cured almost all cases of chronic hydrocephalus with *Helleborus niger, Arsenic, and Sulphur,* attenuated according to the ymptoms. Even congenital hydrocephalus, and cases in which there was also general dropsy, found often a radical remedy in these medicines. That is a wonderful piece of good fortune, which astonishes us very much, and which we (presuming that Wahle has cured many such cases, and that Arsenic was an essential aid) are quite unable to explain, either from past clinical experience, or from the results of physiological provings or pathological anatomy.

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which she, therefore, dreaded very much; and all objects appeared as if seen through a veil." Dr. Hermann gave Arsenic, (30th dilution,) and the eyes were well in eight or ten days. "Since that time," continues Dr. Hermann, "ten months have passed, without any return of the disorder; the patient has not once been obliged to use the shade."

Stapf relates another remarkable case, (Arch. f. H. Heilk. Bd. XVIII, p. 43:)—

"Mr. M., aged twenty-eight, of a very delicate, weak, and cachetic habit of body, was attacked with ophthalmia on the 25th of September, 1839, which exhibited the following symptoms:—Injection of the conjunctiva of the globe, with a sensation of severe aching in the eye, felt especially early in the morning, on waking, and aggravated by touching the eye. During five days the right eye was obviously more injected and sensitive than the left, when the latter suddenly became the worse, and the other rapidly improved. The following symptoms then appeared in the left eye:—Inability to open it properly in the morning; dazzling from exposure to light; intense redness of the sclerotic conjunctiva; constant, severe, and painful pressure on the globe, with great photophobia. I was requested to see him on the 1st of October, and found him as above described. He took Aconite and Belladonna, in repeated and suitable doses, without any, or only slight and temporary, improvement.

"On the 4th of October, an obviously typical character was developed in the morbid symptoms, and appeared from day to day very distinctly marked. At five o'clock, a.m., after a tolerable night's rest, severe pain and a pulsative throbbing commenced in the globe of the eye, which now appeared highly injected. The pulsation extended above and beneath the eye for about a quarter of an inch, and seemed to beat about 100 per minute. The patient described the pain as intense. The inflamed eye appeared dim, and the vision was much impaired: at the distance of ten paces the patient could only make out large objects, and small ones he was unable to see, even close at hand. These symptoms continued to increase till mid-day, when they reached their greatest height, then gradually subsided, and by ten o'clock, p.m., had wholly disappeared. Some quiet sleep was then obtained. The following day, with the exception of some redness of the conjunctiva, pressure upon the globe, and weakness of sight, the eye was nearly free from disease, till the succeeding morning, when the above symptoms returned with like severity. The condition of the patient is otherwise normal; the pulse is slightly quickened during the attack, and the appetite lessened.

"Things so continued till the 9th of October, when, from the

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typical nature and other characteristic symptoms, especially the peculiar throbbing, I was induced to give the patient a dose of Arsenic (30.) The next day, when the paroxysm should have come on, the symptoms appeared, but much more mildly, and, by the 12th of October, there remained not the slightest trace of the periodic malady;—the eyes were clear, the vision strong and sharp, as formerly."

The indications for the exhibition of Arsenic in eye diseases are, it is true, seldom so distinctly pronounced as in these two cases, especially the last, in which, certainly, every Homœopathist would have recognised Arsenic as the specific at the first glance. It is often very difficult to determine whether Arsenic should be chosen, or some one of the other medicines which are in so many respects analagous, viz., *Sulphur, Conium, Calcarea, Rhus, &c.* If we compare, for example, the physiological action of Sulphur on the conjunctiva with that of Arsenic, we find a close analogy. Only with Sulphur the photophobia and flow of tears are less marked than with Arsenic. Conium has also all the same symptoms as Arsenic, but especially violent photophobia. Yet, this appears to depend not so much on the inflammation, as the morbidly increased irritability of the nerves of the eye. (Hartmann's Therapie, Bd. I, p. 355.) The conjunctival symptoms of Calcarea and Rhus are even quite identical with those of Arsenic, and, therefore, we can give no special, but only the general, therapeutic indications for the choice of the one or other of these remedies.

Sec. 3.—*Cancer of the Lips.*

Arsenic is the basis of all the remedies for cancer that have obtained reputation among regular practitioners as well as those of quacks; and there is no disease, except ague, in which it has been, and still is so often administered. Even among the ancients it was held for a specific against cancer, and in the present day it has the same reputation: it was also known then, as well as now, to be capable of producing cancerous ulcers. The whole difference, therefore, between then and now is, that now it is known, or might be known, or ought to be known, that the therapeutic employment of

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Arsenic in cancer rests on the law of similarity; but that it is no absolute specific against that disease, because there exists no such thing: further, that we possess certain indications for its exhibition, and understand the method of giving it in suitable doses.

As regards the criteria for the choice of Arsenic in cancer of the lips, it is an easy task for the physician, well acquainted with the positive effects of medicines, to distinguish the cases in which Arsenic suits from those in which other remedies are indicated. Thus, Arsenic is to be preferred before Belladonna, Baryta carbonica, or Conium, in very malignant ulcers which spread round their whole circumference, bleed easily, and have not been caused by any external injury, such as blows or bruises, but from the first show plainly that they are the outward sign of a deeply-seated inward disease, and are, therefore, met with in cachectic individuals. *Carbo vegetabilis*, indeed, approaches very near to Arsenic in this respect; yet, the latter is to be preferred unconditionally when the tendency to destroy the surrounding parts is distinctly marked in the ulcer.*

Dr. Attomyr relates a case of cancer of the lip cured by Arsenic. (Briefe über Hom. Heft II, s. 37.) It is only to be regretted that this case is not minutely described:—

"Aloysia Lyde, six years old, lost the left half of the upper lip and the soft parts extending upwards to the zygoma, and, sideways, a considerable portion round the angle of the mouth, by a cancerous ulcer. Arsenic, (6th dilution,) repeated every eight days, brought about the healing of the ulcer in six weeks. As a detergent application, the decoction of marsh mallows was used outwardly."

Sec. 4.—*Diseases of the Mouth and Throat.*

In the hands of the Homœopathic physician, Arsenic may be reckoned as one of the capital remedies against those diseases of the cavity of the mouth and throat which display

* According to Vogt, it is the external use of Arsenic only that is of use. On the other hand, Harles (Op. Cit., p. 340) says, "*In cancro vero Arsenici internus usus, etsi minus cito opem ferat quam externus, tamen tutius et constantius malo medetur.*

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a tendency to the formation of deep, malignant, eating, burning ulcers, or to gangrene: against malignant aphthæ, *Stomacace gangrœnosa, Noma, Glossitis gangrœnosa;* cancer of the tongue, *Angina putrida et gangrœnosa, &c.* As the diseases of the mouth and throat all belong to the malignant and rapid kinds, and, therefore, every thing depends on our being able at once to hit upon the suitable simillimum among the other remedies which might be indicated besides Arsenic, such as *Aurum, Acid muriat., Acid nitric, Bellad. Carb. veget., China, Nux vomica, Mercury;* the duty of the strictest and most careful individualization is here more especially indispensable. Among all the medicines just cited, as competing with Arsenic, there is none so likely to be confounded with it as Mercury. It has almost the same particular therapeutic indications. Hence it follows that the local symptoms never can afford grounds for decision when, in a special case, it is required to determine which of these remedies is indicated; but we must take into consideration the etiological condition, the duration of the disease, the manner of its invasion, the circumstances under which the phenomena are aggravated or ameliorated, the sympathetic or antagonistic symptoms in other organs, the mental state of the patient, &c., and compare these carefully with the physiological action of both the above-named medicines. But if, notwithstanding all our circumspection and attention, we should still be unable to decide whether Arsenic or Mercury deserve the preference, there remains no other course but to administer these medicines in alternation, which has often been done. It is just as little in our power to enumerate all the possible combinations of symptoms which may influence the choice of the remedy, as to determine beforehand the suitable remedy for these possibilities. In general, however, it may be said, Arsenic is indicated in a predominating asthenic or putrid state, while Mercury is indicated in inflammatory states. From what has been said, it will also be obvious in what cases of *Stomacace*, or *Angina mercurialis*, Arsenic is to be used as an antidote in preference to *Sulphur, Hepar, Acid nitric*, &c.

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SEC. 5.—*Diseases of the Alimentary Canal.*

The symptoms observed to be produced by Arsenic on the healthy alimentary canal were of that nature which would lead us *a priori* to expect in it an important remedy in many diseases of that part; and a glance into Homœopathic (and also Allopathic) literature will show that we are not disappointed.

We shall now endeavour to bring out clearly the principal particular therapeutic indications for Arsenic in diseases of the stomach and intestines. We find here a great number of symptoms which show that Arsenic weakens and morbidly alters *digestion* and *assimilation*. Hence it follows, that it is suitable only in such diseases of the stomach and bowels as present a like disorder of function. It is, therefore, an excellent remedy in many forms of apepsia, dyspepsia, gastric and bilious derangements, &c. It is scarcely necessary to repeat that these circumstances are not alone sufficient to justify the choice of Arsenic, but we take into view all their minute shades before deciding on its administration. This indication, therefore, only goes so far as to assure us that Arsenic may be the Homœopathic remedy, but not that it actually is; and also that in those cases in which these functions remain normal, it cannot be the proper remedy, however much it may seem Homœopathic to the other symptoms. The same holds good also of a second indication, viz., Arsenic can be the Homœopathic remedy in those cases only in which irritation, inflammation, ulceration, or softening of the intestinal mucous membrane (gastritis, enteritis, dysentery, gastromalacia, &c.) is the fundamental lesion, or an essential symptom. As it is a marked and constant action of Arsenic to cause pain in the stomach and bowels, so, according to the Homœopathic law, it can only be indicated in those diseases in which the pains are a capital symptom. The general character of the arsenical pains has been already sufficiently treated of.

As the pains are almost always accompanied by violent thirst, while little is drunk at a time, should absence of thirst

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occur, it must be looked on as a counter-indication. Finally, those particular therapeutic indications are of great importance which are furnished by the disordered muscular movements of the intestinal canal. For, as it is a chief peculiarity of Arsenic to produce on the one hand contraction of the stomach and rectum, while also it causes on the other hand irregular spasmodic contraction of the alimentary canal; so it is easy to see that it must only be administered in those cases which present a similar state.*

A.—*Gastritis, Gastric-bilious Fever.*

From what has been said, it cannot be difficult to indicate the kinds of gastritis and gastric-bilious fever in which Arsenic suits, and to distinguish them from those in which other remedies *e. g. Pulsatilla, Nux vomica, Antimonium crudum,* are indicated. Undoubtedly, therefore, every Homœopathist would recognize at a glance Arsenic as the proper remedy when the following symptoms are present: great internal burning heat, which is momentarily alleviated by the application of external warmth; unquenchable thirst, but little is drunk at a time; hiccup; dry, interrupted eructation; fruitless retching, or also vomiting, but only after great efforts; ineffectual straining at stool, or evacuations of watery, slimy, or bilious substances, which afford no relief; great lassitude, prostration of strength, restlessnes and anxiety; remittent or intermittent type of the fever. Those who have had the opportunity of treating such cases must have remarked the often really marvellous effects of Arsenic, and have probably also observed that the first signs of its operation are the alle-

* Among all indications this last has been least understood, as is shown by the unconditional recommendations of Arsenic against vomiting and purging, for Arsenic produces, as Hahnemann says, not so much an increased peristaltic or antiperistaltic action, as an irregular convulsion, more an anxious, fruitless retching, then vomiting, which when it takes place, only follows after the greatest efforts. The vomiting from Arsenic is, therefore, very different from that produced by other medicines, such as Tart. emet., Ipecacuanha, &c. The same is observed in respect to the evacuations by stool, as we shall see by and by, when speaking of dysentery. According to Hahnemann, Arsenic is indicated in constipation.

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viation of the anxiety and restlessness, and soon after of the nausea. The tenderness of the abdomen usually continues till the bowels are moved spontaneously.* The following case will illustrate and confirm our indications.

"G. H. Th—-, an apothecary, at N—-f, formerly a very healthy man, of an earnest but cheerful disposition, and of pretty strong constitution, took a journey on foot in the month of July, 1807, being then twenty years old. He sat down, much fatigued and overheated, in a shady place, beside a spring, and sought to allay his burning thirst with bread dipped in the water. Overpowered with fatigue, he unfortunately fell asleep, and on waking, after some time, felt violent pains in the stomach, vomited, and became seriously ill that night. On account of the pain in the stomach and sickness, he took an emetic, which, though not too strong, produced such violent vomiting and purging, that he was quite insensible that night and the following day. Fever, which followed, brought him to the brink of the grave. He only recovered very gradually, and since then had often had attacks of vomiting and purging. These attacks came, from year to year, more and more frequently, and lasted longer. Several physicians were consulted, and *Asafœtida*, *Bismuth*, bitter extracts, strong coffee, &c., tried for years without benefit. After the patient had suffered thus unspeakably for fifteen years, he applied to Dr. Stapf, in August, 1822. On a minute examination, the following symptoms were observed:—The patient feels during the day great nausea, and a troublesome drowsiness: then after eating, and also at night, more particularly towards morning, violent vomiting of the food taken, followed by bile, and then a sharp acid fluid, which sets the teeth on edge. The vomiting is accompanied by great straining, and violent pain in the region of the stomach. After the vomiting there comes on a violent pain in the epigastrium, and the region of the stomach, down to the navel; it is a most painful burning, as if a red-hot coal lay there, with great sensitiveness of these parts; rumbling in the belly, incarcerated flatus, shooting pains under the ribs. Also, immediately after the vomiting, he cannot cough nor laugh without feeling a violent pain, like tension and smarting, in the abdomen. Besides these, he has frequent greenish mucous diarrhœa; he passes small quantities of thin greenish mucus, with frequent painful straining, accompanied by excruciating burning pains at the anus. The burning pain in the pit of the stomach comes on chiefly in the recumbent position, and

* The form of gastric-bilious fever, which demands the exhibition of Pulsatilla, has chilliness and want of thirst as a predominant feature, and thus is easily distinguished from the arsenical one. With respect to the other above-named medicines, the restlessness, anxiety, and excessive weakness are the chief symptoms which demand Arsenic in preference.

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in falling asleep, and is sensibly felt the whole night through. He has scarcely slept half an hour, when he is awakened by the pain, followed by great oppression of the chest, with sleeplessness and dreadful restlessness, which reaches its height between three and four o'clock in the morning. When he does fall asleep, he often awakes with frightful dreams. He has almost constantly nasal catarrh, and bleeding of the nose, with aching above the eyebrows; want of appetite; the food has no taste; eructation of a sharp fluid. During the attack, his spirits, otherwise cheerful, are depressed. His strength is gone; he is languid and unfit for any business, has tormenting restlessness, pale, earthy, puffed face, anxiety at the heart, and fear of approaching death. In the intervals of the frequently recurring attacks, he feels constantly ill, weak, and languid. Stapf gave to the patient one grain of the 30th dilution of Arsenic. Result:—For the first and second, days after the medicine, the patient felt as if an attack was coming on, and, in particular, he felt great and peculiar disturbance of the mind. These unpleasant feelings went off soon, and gave place to a feeling of health and comfort, which increased from day to day, and, at the end of a week or two, he was quite well, and continued to enjoy a degree of health unknown for fifteen years, without any return of the paroxysms, up till this day (December, 1823.) (Arch. f. H. Heilk. Bd. III, p. 99.)

According to Dr. Schrön (Hygea II, 423,) Arsenic is to be kept in view in the sickness of pregnancy under the following circumstances:—"When the attacks of morning sickness pass into fits of faintness, and the patient has, on an empty stomach, retching and evacuation of some watery mucus preceded by a feeling of burning in the stomach and gullet, in such cases a dose of Arsenic (18) every night was useful."

B.—*Ulcers in the Stomach.*

From what has been said, it can be no longer doubtful, that Arsenic is among the chief curative and palliative remedies in ulcers of the stomach, and in what special cases it deserves the preference.

Dr. J. E. V. relates the following case. (Allg. Hom. Zeit. I, p. 165.)

"A woman, aged fifty-two, had suffered for three years from vomiting five or six, or even twelve times a day, of a dark brown tar-like fluid, with the most obstinate constipation, daily fever with violent rigors; she was emaciated, ghastly pale, and excessively

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weak, and has spent nearly all her means on medicines. Already, on the third day, after the exhibition of Arsenic, (30,) she began to improve, and on repeating the medicine several times she recovered rapidly and permanently."

C.—*Scirrhus of the Stomach.*

The symptoms which accompany scirrhous degenerations of the stomach are generally of such a character that we are at once, as it were, forced on the choice of Arsenic. Such diseases are, it is true, as little susceptible of perfect cure by Arsenic as by any other medicine, but a considerable amount of relief is often obtained by its judicious use. According to Hartmann, the indications for the choice of Arsenic are—an incessant burning gnawing pain in the stomach and epigastrium, along with oppressive anxiety; tension and fulness in the epigastrium, and under the short ribs on the left side; a cutting pain alternating with the burning gnawing pain; the aggravation of the symptoms after meals and after midnight; this aggravation being accompanied by excessive prostration of strength; violent vomiting of food and mucus, frequently going on to fainting. In these circumstances, according to Hartmann, *Mezereum*, *Plumbum*, and especially *Carbo animalis* and *Lycopodium* are also to be kept in view.

"An old woman who had often suffered from cramp in the stomach, for the last three months had not been for one day free from pains in the epigastrium and back. These gradually increased in intensity; vomiting occurred often, and, at last, came on several times a day, so that the patient could scarcely take any food, it being rejected after an hour or two, with increase of the pain. She vomited also occasionally, though the stomach was empty. She became emaciated, and was unable to leave her bed from weakness and constant pain. The pain was constrictive and burning; the epigastrium tense, and tender on pressure; abdomen sunk, constipation, clean tongue, dryness of the mouth, thirst, sleeplessness. Several doses of Arsenic, (30) administered at long intervals, removed for a long time this chronic inflammation of the stomach, which doubtless had a tendency to schirrus. After a time, however, it returned gradually." (Knorre, Allg. Hom. Zeit. V, 34.)

D.—*Gastromalacia.*

On reading in Cruveilhier, the pathognomonic signs of softening of the stomach, one can scarcely avoid thinking that

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he has drawn up the description of that disease from the phenomena of arsenical poisoning. Arsenic ought, therefore, to be one of the chief palliatives in it.

E.—*Colic.*

Every one knows that Arsenic produces violent pains in the intestines. When, therefore, we read (Ephem. Nat. Curios. Cent. V, p. 77) "*Archibald Pitcarnius sæpius arsenicum dedit iis qui doloribus ventris ferocissimis cruciati, nullis auxiliis liberari potuerant,*" we must, after all, admit Hahnemann to be right in asserting (Organon, p. 63) that the physicians of the old school quickly cured patients when they prescribed *exactly the contrary* of what they should have done, according to the usual rules of therapeutics.

F.—*Dysentery.*

When we recall to memory the following arsenical symptoms,—desire to go to stool; spasmodic protrusion of the anus; burning pains in the rectum and anus, with incessant straining; constipation; discharge of watery, slimy, bilious, bloody, putrid matter, &c.; when we connect these with pathological phenomena observed in the intestinal canal in the fatal cases of arsenical poisoning, we can no longer doubt its especial therapeutic utility in dysentery and dysenteric diarrhœas. When we also consider the symptoms accompanying the stool, namely, *before* stool, restlessness, griping, feeling as if the belly would burst; *during* stool, retching, dreadful pains in the belly, burning in the anus, tenesmus; *after* stool, burning in the anus, palpitation of the heart, trembling and weakness; and when we compare these symptoms with the above-named general and particular indications for Arsenic, we shall soon see plainly in what cases of dysentery and dysenteric diarrhœa it must be the Homœopathic remedy. Although it is easy to distinguish the cases suitable for Arsenic from those fitted for other medicines, such as *Colchicum, Capsicum, China, Pulsatilla, Rhus, Secale, Sulphur,* &c., yet it is often very difficult to determine whether Arsenic or corrosive sublimate is the proper remedy. The difficulty is great, particularly because we do not know

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accurately enough yet the physiological action of the corrosive sublimate; we possess, in fact, only fragmentary symptoms of it, and must rely chiefly on its *usus in morbis*, which, as we know, cannot properly afford indications, but only confirm those which are gained by provings on the healthy body. From the results of clinical experience up to this time, it appears that Arsenic is indicated in dysentery, in which the asthenic putrid character is manifest, while corrosive sublimate suits those of the inflammatory character.

Dr. Ehrhardt relates, (Arch. für Hom. Heilk., XVIII, 50:)

"In two cases of *dysenteria putrida*, in which the evacuations and even the urine smelt putrid, and were passed involuntarily, with complete exhaustion of strength, great stupor and indifference, petechiæ, and occasional complaint of burning in the belly, Arsenic alone cured one case, and the other in alternation with China.

"In neglected diarrhœa during the first period of dentition in children, when they have daily five or six evacuations of brown watery matters squirted out in a stream, lose appetite, and waste away to a skeleton, with sallow skin, swelled belly, and aged countenance, Arsenic is useful: and in several cases after Arsenic, (30,) in one case only one dose, and in others repeated at eight days' interval, a complete cure was obtained. More than three doses were not required."—(Schrön, Allg. Hom. Zeit., V, 153.)

L. Z., a man of forty, had been treated Allopathically for several days, by a surgeon, but had been without any medical aid for several days, when, on the 3rd January, 1829, I was called in. On my entrance into the room, the patient cried to me despairingly for help. His look was wild; he moved the eyes rapidly; spoke vehemently, and lay at one time at the head, at another at the foot of the bed; incessant eructation, hard distended belly, with frequent rumbling in it; more than fifty stools in the twenty-four hours, but each time only passed about a teaspoonful of mucus, with violent burning at the anus, which lasted till another stool came; scanty urine; dry, brown tongue; astonishing thirst, so that in twenty-four hours he had drunk six or eight jugs of water. In getting out of bed he often fell down helpless from weakness: occasional tightness in the chest. He ate nothing, and had not slept for four nights; he complained of frightful anxiety, for which he could assign no cause. Against this fearful and dangerous state I chose Arsenic, of which I gave a dose of the 36th dilution. The next night the patient had some sleep; the stools came only half so often as before; the burning in the anus and eructation had subsided. The thirst was still great. On the 5th and 6th the patient was still better; had some appetite, and less thirst, and, in twenty-four

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hours, had had only three stools, and those feculent and without any burning. He improved daily, and was quite well, except the weakness, on the 12th. (Mschk. Annal. I, p. 268.)

A remarkable case is detailed by Dr. Y. (Hom. Bekehrungsepisteln, p. 118.)

"On the 2nd Sept., 1834, during the prevalence of an epidemic of dysentery at R—, I was sent for to see the daughter of a peasant, who had been already ill for thirteen days. The patient was a girl of ten years old, and presented a pitiable appearance, being worn to a skeleton; the countenance was ghastly pale, the cheeks fallen in, the eyes deep sunk, with a staring look; her features had an expression of the greatest suffering; the lips were cold and bluish, the tongue dry, and covered with brownish mucus; unquenchable thirst, belly tender on pressure; every five minutes there was an evacuation of thin brownish mucus and blood, with griping in the belly, tenesmus, and faintness; the extremities cold and wasted; the skin dry, the pulse scarcely perceptible; sleeplessness, the greatest prostration of strength. The patient was unable to sit up, or even to turn in bed. In the onset of the disease, she had complained of violent pains in the loins and limbs; she had been treated in the usual manner, with powders, mixtures, and clysters. I put all these aside, and ordered Arsenic 30 and corrosive sublimate 4 alternately every three hours, with the application of dry warm cloths to the abdomen, and toast water for drink. I had scarcely thought it likely that she would survive the night, and was, therefore, not a little pleased when the father came next morning to say that she was somewhat better. During the night the intervals between the stools had increased to a quarter and half an hour; the patient had had some sleep in the interval; the pains in the belly were shorter and less violent; towards morning the pain and tenesmus had increased again. The treatment was continued.

"The improvement continued on the 4th, 5th, and 6th; there was a gradual diminution of the tenesmus, and thirst, and frequent appearance of moisture on the skin and tongue; the above medicines were continued every four hours, and, at the desire of the patient, some warm milk was given her. On the 7th there was now and then a brown feculent stool, besides the mucous and bloody evacuations. The patient could now sit up alone, and took some soup with relish. The rheumatic pains in the loins and thighs, which now showed themselves again, the character of the stools, and the circumstance that the evacuations were more frequent and more painful at night, induced me to substitute for the sublimate *Rhus toxicodendron** 30, which was given in alternation

* In our opinion, the *Rhus* was in this case quite as superfluous as the sublimate.—(W.)

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with the *Arsenic*, every four hours, till the 10th of the month, and then only night and morning. As the girl then manifested a great longing for wine, a few spoonfuls of Ofen wine with water were given occasionally. The patient recovered completely, and on the 15th was able to pass the day in the open air."

G.—*Cholera.*

The phenomena of acute arsenical poisoning offer such a striking resemblance to those of the epidemic cholera that it forced from Hufeland (Journal d. pr. Heil., 1830, p. 11,) the remark, that Homœopathy would exhibit a striking proof of its truth and excellence, if it could cure that disease with Arsenic. And Homœopathy has afforded this striking proof in a way which leaves nothing to be desired, as a glance at our cholera literature shows.

Although we might take it for granted that the therapeutic indications for Arsenic in cholera were obvious, from what has been already said, yet, for the sake of completeness, we may enumerate them here. According to Noack and Trinks, Arsenic may be exhibited in all the three stages, but especially in the first, and till towards the end of the second: as soon as the stools have lost their fœcal character, or are only partly fœcal, mixed with whitish yellow flakes; when the characteristic stools make their appearance, consisting of white, more or less transparent matters, with albuminous flakes, accompanied by smart colic, with the pulse sinking, and even becoming indistinct, rapid sinking of the vital powers, the greatest prostration of strength, cold hands, painful oppression of the chest, very difficult breathing, great restlessness, tossing about in bed, mortal anxiety, with quick tossing of the head, fixed staring look, expressive of the inward anguish, burning thirst, complaints of pressure and anxiety in the epigastrium and chest, burning in the epigastrium, stomach, and intestines, at first merely of a griping character, and then increasing to an unbearable degree, with almost complete loss of voice, and the speech short and difficult.

From these it will be easy enough to distinguish the cases in which Arsenic is to be preferred before the other

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cholera medicines, *Camphor, Ipecacuanha, Chamomilla, Capsicum, Secale, Tabacum, Cicuta, Phosphorus, Carbo vegetabilis*, &c. But it is more difficult to discriminate, in many cases, between Arsenic and Veratrum, (that heroic medicine in cholera,) and the circumstance that these two remedies are often given in alternation, shows how often the prescriber was not quite sure which was to be preferred. As to give a detailed parallel between the operation of these two medicines would lead us away from our object in this paper, we refer to the essay of Dr. Preu, in the Hom. Archiv. Bd. X, p. 52.

H.—*Abdominal Typhus.*

The Abdominal Typhus is among those diseases in which Arsenic is said to possess peculiar power as a curative agent. Even Allopathic physicians have recommended it in asthenic fevers of distinctly remittent type. Among the Homœopathic physicians, Dr. Fleischmann is the warmest eulogist of Arsenic; indeed, that respected friend assures us that he has obtained far better results since he has administered the Arsenic almost as the sole remedy in this disease. Our own experience is in direct contradiction to this position; for, hitherto, we have never been so fortunate as to be able to cure typhus with Arsenic. It is true that not a few of the typhus patients to whom we gave Arsenic recovered; but, as there is a great difference between curing and allowing to get well; and, as in nearly all the cases we treated in the course of a year, we never saw any essential change, and generally no change at all in the course of the disease, follow the exhibition of Arsenic, no matter how high or low the dilution in which it was given, we believe that the above results can in no way be attributed to the Arsenic. The patients got well, but it was not the Arsenic that cured them. The objection that our friend Fleischmann, from his position as hospital physician, treats more cases in one year than we can in many years, we think is met when we remind the reader that naturally we can only be answerable for our own experience, and not for that of another. But we go even

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further, and assert that though Arsenic may indeed correspond to individual symptoms of typhus, yet, in typhus, as a whole, it never can be the Homœopathic remedy, and simply for this reason, that the typhus process has no resemblance to the arsenical disease. We have read very many cases of arsenical poisoning; but, among them all, we have not seen one like a typhus fever; we have also never heard of an arsenical poisoning having been mistaken for typhus.*

As, however, some diseases which are very similar in their essential character, often present very different symptoms, we shall, in order as much as possible to avoid error, take a comprehensive view of the anatomico-pathological phenomena. We know that in typhus, ulcers in the intestinal canal, and swelling of the mesenteric glands are met with. This circumstance can be no sufficient ground for the choice of Arsenic; for so many other substances, *e. g.*, phosphorus, corrosive sublimate, lunar caustic, the mineral acids, have the same effect; and it it is hardly necessary to remind the reader, that between these changes, which are, in fact, of a chemical nature, and those of typhus, there is the widest possible difference. Thus, for example, the typhus process in the intestinal membrane is not inflammatory, (for there is no vascular injection;

* We speak here of acute arsenical poisoning. Whether the chronic cases have a resemblance to lentescent typhus or not I cannot say with certainty, as we are not acquainted with detailed and faithful descriptions of chronic arsenical poisoning.†

† We differ from our author here both as to his logic and his facts. In the first place, as in a disease like typhus, the best way of finding the value of a therapeutic agent is by the statistical results of a sufficiently large number of cases, any conclusion from Fleischmann's many cases must outweigh that from Wurmb's few cases quite irrespective of the individuals who treated the cases, provided, of course, that the remedy was administered with common attention to the ordinary rules. And it is, therefore, quite possible that Wurmb's cases (of which the number is not given) might afford no evidence in favour of Arsenic, while those of Fleischmann might yield strong evidence in its favour. And with respect to the facts, a most interesting case occurred lately in Liverpool, in which five persons were poisoned by drinking (for about three weeks) the water of a well which had been accidentally impregnated with Arsenic, in the proportion of four-tenths of a grain to the pint. The symptoms, which proved fatal to the whole in three weeks, were those of a malignant fever, and the cases were, in fact, at the first, *treated as such*, and the arsenic was not detected till after the death of two of the patients. Most unfortunately no record was kept of the symptoms in these cases by the medical attendants, (Allopathic,) and it has been found impossible since to obtain any but the most imperfect semeiological and toxicological details of these very important and interesting cases. A report, such as it is, will appear in the "Transactions of the Liverpool Pathological Society," published in the *Edinburgh Medical and Surgical Journal* for July, 1846.—Eds.

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that does not appear till the stage of reaction;) its product is quite different from that of inflammation. The contrary is the case with Arsenic. What resemblance is there between the typhus ulcers, which run through their four stages, and the ulcers produced by Arsenic? The mesenteric glands are likewise included in the ulcerative process in typhus; is that also the case with Arsenic? With Arsenic do we ever find metastasis to the kidneys, spleen, lungs, liver, or brain, similar to what takes place in typhus? In short, we are not sharp-sighted enough to find out a resemblance between those two diseased states. From these grounds we cannot look upon Arsenic as a chief remedy in typhus, but only as an intermediate one that may be used against certain urgent symptoms.*

I.—*Abdominal Congestions.*

One of the most constant actions of Arsenic is to produce venous congestions in the abdomen. But it is also a remedy

* It appears to us that in this, as in many other matters, the truth lies betwixt the two extremes; that we are not, on the one hand, justified in denying to Arsenic, with Wurmb, all claims to be considered a chief remedial agent in some forms of typhus, nor, on the other hand, can we approve of Fleischmann's almost indiscriminate employment of Arsenic in typhus. Here, as in other diseases, our chief care should be to select the remedy, whose pathogenesis presents the greatest resemblance to the case of disease before us. Dr. Watzke (in the Austrian Hom. Jour., vol. II, part I, p. 131) gives a brief outline of the cases of typhus, in which Arsenic, judging from its ascertained pathogenetic effects, ought to prove efficacious. These are—

(a) Such as attack weak, cachetic, and exhausted individuals, (especially children and old persons.)

(b) Such as run a very slow course; and

(c) Such as are accompanied by great sinking of the strength, extreme emaciation, obstinate constipation, with sunken abdomen, parchment-like dryness of the skin, and measles-like eruption.

Further indications for the selection of this remedy are, quiet delirium; complete unconsciousness, an almost paralyzed state, interrupted by frequent piercing cries or convulsive tossing about; frequent violent thirst, with drinking of but little at a time; dry, wood-like, stiff tongue; difficulty of swallowing; rough, hoarse, shrieking voice; anxious, difficult, rapid respiration; short, dry, hacking cough; sudden attacks of cough threatening suffocation, frequently recurring; ineffectual retching; lifeless fixed look; distorted, decomposed features, betraying anxiety and profound pain.

"Arsenic," adds Dr. Watzke, "is just as little a universal specific in typhus, as china is in ague, or mercury in syphilis, or any other remedy in any other class of diseases. *In universalibus latet error.*"

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frequently applicable in many diseases springing from this source. For example, it is indispensable in hemorrhoidal affections, when the discharge of blood, whether copious or the reverse, is accompanied by great restlessness and general weakness and prostration, burning pains in the anus, constipation, great straining, and the other general symptoms correspond to the effects of Arsenic.

Sec. 6.—*Diseases of the Genital Organs.*

Among the diseases of the genital organs that urgently demand the administration of Arsenic, are the following:—

A.—*In the Male Sex:* Inflammation of the genitals which threatens to pass into gangrene, or when gangrene has already commenced, *e. g.*, in neglected phymosis and paraphymosis, and in sloughing chancres and buboes, especially the malignant forms, in which, unless speedily arrested, complete destruction of the affected parts follows. A case of neglected phymosis, with gonorrhœa, in a man at forty, in which bluish spots were already visible on the greatly swelled and inflamed prepuce, was cured by Arsenic alone. (Dr. Erhardt Arch. f. Hom. Heil. XVIII, 50.)

G. H—l. relates (Corresp. der Hom. Aerzte von Nordamerica, No. 3) the following cure of a gonorrhœa, with phymosis gangrenosa et urethorrhagia:—"Along with violent pain and delirium, gangrene suddenly set in, and attacked the whole prepuce, and extended over the half of the penis, which was greatly swelled, with great fœtor and continued bleeding. After Arsenic (30) the epidermis separated, and, along with it, the whole prepuce, except a pointed, perforated flap on the lower side. The whole healed quickly, and the gonorrhœa went away in two weeks, during which time the patient received four doses of Natr. m."

We have often had patients with chancres, who had been treated without success by other practitioners, who give large doses of mercury. The first indication in such cases, was to allay the mercurial disease, and the ulcer usually healed during the use of the antidotes, such as sulphur, hepar sulphuris, nitric acid, &c. But if that did not take place, though the effects of the mercury had been removed, and there remained, unaltered, an ill-conditioned, spreading ulcer, easily bleeding,

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and with a burning pain, then we gave Arsenic with the best effect.

In erysipelatous inflammations of the scrotum, when vesicles rise, which soon burst, and threaten to pass into gangrene, every Homœopathist will, doubtless, think of Arsenic.

B.—*In the Female Sex:* What has been already said holds good *mutatis mutandis* also here,* and we have, therefore, only to notice the following:—Arsenic will be chosen at once in *menstruatio dolorifica,* when it comes on with violent labour-like pains in the abdomen and loins, and is accompanied by colic, nausea, and retching; in leucorrhœa, which is corrosive, and causes burning pains; in profuse irregular menstruation, &c., when these affections occur in cachectic, dyscrasic women, who have been exposed to the injurious influence of damp dwellings, depressing mental emotions, profuse evacuation of the vital fluids, &c.; likewise in such persons in cases of *phleghymenitis septica, metrophlebitis puerperalis,* especially in its more advanced stages, when the so highly characteristic shiverings make their appearance, the features collapse, (taking on the well-known puerperal physiognomy,) the vital powers sink rapidly, great anxiety and restlessness, fear of death, and, in a word, all the signs of acute hectic come on. According to Hartmann, Arsenic is indicated in *scirrhus uteri* "when the patient complains of a vehement burning sensation, not only in the internal sexual organs, but in the whole hypogastrium, when the pains are aggravated, especially towards midnight, and at the same time there is sympathetic affection of the chest, in which the patient feels an indescribable anguish, which admits of no rest in any position, and this state is accompanied with unquenchable thirst."

* Horn relates—(Archiv. Bd. X, p. 161,)—"A girl was affected with intermittent fever, and had at the same time a large venereal ulcer in the vagina, of some weeks' standing. Arsenic cured them both." If Horn had known the physiological action of Arsenic, he would have found this cure quite natural, and would not have been astonished at it.

(*To be concluded in our next.*)

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OBSERVATIONS
ON THE PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF THE DIGITALIS PURPUREA.

By Francis Black, M.D., Edin.

(*Continued from page* 91.)

The results of the observations in my former paper were to the effect, that the frequency and diminution of the heart's action are not to be considered as primary and secondary, but as primary and alternating symptoms of Digitalis. In the great majority of pure provings quoted, the frequency of the pulse was increased; and in a smaller number, where the medicine was given in large doses, the pulse, when normal, or after being quickened, was reduced considerably below the ordinary standard; and that in all the observations the action of the heart was feeble and irregular. The debated point then being settled, as far as the experiments I have been able to collect show, the next point to be studied is the general action of Digitalis.

The action of Digitalis is uncertain: on some individuals, even in large doses, it produces little or no effect; the robust, and those of a bilious temperament, are much less susceptible to its action than those who are debilitated, or of a strumous habit and sanguine temperament. Prof. Jörg states, that the duration of its effects lasts from twelve, twenty-four, to forty-eight hours, and that, therefore, it ought not to be exhibited more frequently. How far this statement is correct it is difficult to say, for the data for determining the duration of action of this or any other medicine are so imperfect and uncertain, that no positive conclusion can be formed. This point to be settled requires confirmatory clinical experience. Digitalis, like mercury, possesses the curious property of accumulating in the system, and of at length producing symptoms after it has been discontinued. The effects of this plant are shown principally on the heart, the brain, the digestive and genito-urinary

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organs; it appears to have a more decided action on the heart and stomach than on any other part. It seems to exercise little action on the muscular system, in this respect the only marked symptoms are a painful sensation of weakness in the wrists and forearms, (Obs. 15, and Hahnemann, sympt. 232, 236, 237,) and great general weakness, with feelings in the joints as if after a long walk. The pains occurring in the regions of the thorax and arms are sympathetic of disordered heart and stomach.

Digitalis produces marked effects on the brain. After very small doses, headach was experienced in almost all the observations: the pain is of a dull, pressive character, affecting generally the upper part of the forehead and vertex, in some, the occiput. The headachs are generally accompanied with a feeling of fulness, and dislike to mental exertion; sometimes with temporary giddiness. In the majority of cases the headach is attended with disorder of stomach, but the former is not sympathetic of the latter. There is slight giddiness and sensation of weight over the orbits, with dim and confused vision. When the dose is increased, there is pain, weight, and throbbing, especially in the frontal region, giddiness, a tendency to syncope, dim and impaired sight, and weakness of the limbs; not unfrequently to these are added delirium, and occasionally convulsions. The patient is attacked with pain over the eyes, and confusion, followed, in twenty-four hours, by profuse watery diarrhœa, delirium, general convulsions, and insensibility, with almost complete stoppage of the pulse. The convulsions continued to recur, in frequent paroxysms, for three weeks, and in one of them he died. (Obs. 22.)

The only organs of sense that seem affected are the eyes. Sparks before the eyes, and temporary giddiness (Obs. 7;) vision weak and dim; giddiness, with sudden dazzling of the eyes, followed by sparks as if round the eyes, lasting a quarter of an hour. (Obs. 8.)

After a scruple dose of the powder, there was vomiting, to which was added vertigo and dazzling of the sight, the patient being unable to distinguish objects. Even on the

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ninth day, when the other symptoms had disappeared, the sight was still confused; the fire appeared to him of a blue colour. It was not until the fourteenth day that this ceased. (Obs. 23.)

The objects appear green and yellow, double, and even treble. Two cases of total blindness are recorded. (Hahnemann, sympt. 48 and 49.) During the delirium the pupils are generally dilated. (Obs. 19.)

The observations I have given do not show that Digitalis has any effect on the external parts of the eye; Hahnemann, however, states, on his own authority, that it produces violent ophthalmia, and inflammation of the meibomian glands. (Sympt. 6, 7, 9.)

The action of Digitalis on the circulating organs is very characteristic; the heart becomes irregular and weak; palpitations readily excited, attended with uneasy sensations in the chest, especially in the left side, in some instances amounting to pain, and extending to left shoulder and upper part of arm; in others, there is distressing precordial anxiety. Palpitations readily excited in bed, when lying on the left side. The pulse is slow, but much more frequently quick, weak, and fluttering, and frequently intermittent; but the marked change is the facility with which the pulse is rendered irregular, and the heart's action laboured. So diminished does the power of the heart become, that fatal syncope has been produced by the patient suddenly changing his position.*

* Mr. Blake, in a series of papers in the *Edinburgh Medical and Surgical Journal*, (vols. LI, LIII, LVI,) has reported numerous curious experiments on the action of poisonous agents on the animal body, by introducing these substances into the veins or arteries. One of his great objects is to prove that poisons *act only* by being mixed with the blood, and thus carried to the parts on which they act specifically, in opposition to the view that poisons act frequently by nervous transmission. The fact of the action of infinitesimal doses appears to me to be a great additional argument in favour of the opinion that medicines, or poisons, act dynamically, and not always by transmission through the blood. Mr. Blake's experiments were also performed with the object of showing on what portions of the animal economy the poison acts. He considers that Digitalis, when injected into the jugular vein, occasions both obstruction of the pulmonary capillaries, and direct depression of the heart's action. An infusion of an ounce, injected back into the aorta from the axillary artery caused, in ten seconds, great obstruction of the systemic capillaries, indicated by sudden increase of arterial pres-

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The observations I have quoted give little evidence of the action of Digitalis on the lungs; in Hahnemann's proving, however, it is reported to cause a short dry cough. He also mentions that it produces difficult breathing, and asthma, (sympt. 39, 212, 213, 215,) but in these cases the oppression and difficulty of breathing may be attributed more justly to deranged action of the heart than of the lungs. Digitalis, according to Hahnemann, produces Hemoptysis, but in this I believe him to be in error. In no observations or experiments that I have had an opportunity of examining is such a symptom reported. In the observations collected by himself he writes, "Hemoptysis," (sympt. 35,) whereas the other evidences he quotes of its action on the lungs are so very few and slight, that it can hardly be supposed that in a *pure* proving hemoptysis would have occurred without any other marked derangement of the pulmonary organs. Again, the value of symptom 35 is much shaken by the corroborative evidence which Hahnemann gives,—"Expectoration streaked with blood." (Sympt. 205.*)

On turning to the original source, there is no article by Mr. Penkenvil, in the Nos. for 1801; but in the *Medical and Physical Journal* for 1800, (vol. III, p. 314,) he reports a case of phthisis pulmonalis benefited by Digitalis. In this case, however, there was frequent hemoptysis before giving the Digitalis, and this symptom continued nearly throughout the whole treatment.

On the digestive organs Digitalis acts very decidedly. The appetite is generally diminished, more rarely there is a pain-

sure in the hæmadynamometer: the heart was unaffected for forty-five seconds, when it became slow in its pulsations, and the arterial pressure diminished; in four minutes the heart ceased to beat, although for a little longer it continued excitable by stimulation. As no abnormal action of the brain or spine was manifested before the heart became affected, Mr. Blake infers that the action depends on the poisoned blood being circulated through the substance of the heart, and not on any intermediate influence upon the nervous centres. (Loc. Cit., vol. LI, p. 342,) Such observations, however, can only be conclusive when corroborated by experiments in which the drug has been introduced by one of the more ordinary channels.

* Reine Arzneimittlellehre. J. Penkenvil. Im. Phys. Med. Journale. 1801. August.

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ful feeling of hunger, with disorder of stomach, (Obs. 5, 15;) the tongue is pale and coated, occasionally salivation. The prover experiences nausea, uneasiness, and sense of weight in the stomach; persevering with the medicine this uneasiness increases; there is then heat and bruised pain felt in the hypogastrium, extending over the sternum, also bruised pain in the nape of the neck, between the shoulders, and over the anterior parts of the chest, where the flesh is painful when pressed, especially over the sternum. Towards the evening the pain in the epigastrium increases. A very constant symptom is nausea, with sensation of excessive weakness, and if the medicine is continued, there is nausea and vomiting, with a feeling as if life were about to depart. After small doses, the bowels are occasionally affected; then there are cutting pains, especially in the hypogastrium, the bowels are generally relaxed, the evacuations mucous, mixed with bilious matter; less frequently the evacuations are relaxed, and of a pale chalky colour, such as are observed in jaundiced patients. (Hahnemann, sympt. 165, 166.) After large doses there is violent vomiting and diarrhœa, with pain, excessive prostration, and small feeble irregular pulse. It is said in such cases (Obs. 24, &c.,) to produce gastritis, but no necroscopic examination appears to me to have confirmed this statement. The following are the only two cases in which the appearances in the dead body are described:—A fatal case, which arose from an overdose administered by a quack doctor, and which became the ground of a criminal trial, at London, in 1826, is noticed by Dr. Christison:—"Six ounces of a strong decoction were taken as a laxative early in the morning. Vomiting, colic, and purging were the first symptoms; towards the afternoon lethargy supervened; about midnight the colic and purging returned; afterwards general convulsions made their appearance; and a surgeon who saw the patient at an early hour of the succeeding morning, found him violently convulsed, with the pupils dilated and insensible, the pulse slow, feeble, and irregular. Coma gradually succeeded, and death took place in twenty-four hours after the poison was swallowed. This is the only case in which I have

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seen an account of the appearances on the dead body, and they are imperfectly related. It is merely said that the external membranes of the brain were much injected with blood, and the inner coat of the stomach red in some parts."*

I have found a case reported by Mr. Simmons, where alarming symptoms set in after the patient (labouring under a chronic abscess, dependant on caries of the thigh bone) had taken about two grains of Digitalis; he died on the 5th, after the continuance, from shortly after taking the first dose, of most violent vomiting. "I inspected the body the day after his death, and examined the abdominal viscera with particular attention, as I do not recollect the account of any dissection published, in which the Digitalis had exerted so violent an effect. No appearance of disease presented itself on a general view, or on a more particular inquiry; nor did the stomach, on laying open its cavity, manifest any other change from its natural state, than a slight suffusion of redness, irregularly scattered over its internal surface, but by no means approaching to the appearances exhibited by that organ on dissection, after acute inflammation. Though the sickness had been almost incessant for several days, yet the gall bladder was found distended with bile."†

The statement that Digitalis produces gastritis, is therefore unsupported by symptoms during life, and by examination of the dead body.

Digitalis acts also on the urinary and genital organs, but its effects on these parts are of less frequent occurrence than its action on the digestive organs and heart.

It produces excitement of the genital organs (Obs. 7, 8, 10) of the male; its action on the female organs of generation have not as yet been ascertained. Its action on the urinary organs is shown by frequent desire to make water, with great increase of urine. Hahnemann (Loc. Cit., p. 233. note) considers that the increase of urine is a secondary, and not a primary symptom of Digitalis. But this does not ap-

* Christison on Poisons, 4th edit., p. 889.

† Essay on the Medical Properties of Foxglove, by J. Ferriar, M.D. 1799. p. 60.

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pear to be borne out by the observations I have given, nor even by those which Hahnemann quotes. Looking to Obs. 4, 5, 7, &c., it will be found that there is decided increase of urine, without any previous irritation of the urinary organs and diminution of urine. In these cases the excitement of the genital organs is not to be confused with irritation of the urinary organs. Even in cases where from the first there is dysuria, there is at the same time increase of urine. A report from Obs. 4 seems to show that diminished secretion of urine is the secondary, and not the primary symptom: for, after the Digitalis had been pushed to a great extent, and after the urine was much increased, it became on the 4th less abundant, and of a dark colour.

The prover experienced pain in the region of the kidneys, the urine increased to such a degree that she passed every two or three hours more than she usually did in twenty-four; no increase of thirst; without any additional dose these symptoms continued two days, (Obs. 9.) It occasionally produces dysuria.

Hahnemann, on the authority of Dr. Munro, reports it as producing inflammation of the neck of the bladder. On looking to the original source, I find Dr. D. Munro states it thus:—"Mr. Wilson, apothecary, in Henrietta-street, Covent-garden, told me that he had given three grains of the Digitalis in powder, to a dropsical patient, and that it produced a violent irritation, even inflammation, of the neck of the bladder, without remarkably increasing the quantity of urine."* The symptom appears to me to be doubtful.

Digitalis compared with other Remedies.

The action of Digitalis may be compared with that of Arsenicum, Lachesis, Spigelia, Tabacum, and Veratrum. They all act directly on the heart: Digitalis, Veratrum, and Tabacum cause simply functional derangement, whereas the others produce also inflammatory action. This statement,

* Treatise of Med. and Pharm. Chemistry and Mat. Med., by D. Munro. Lond. 1708. Vol. III, p. 93.

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however, must be made with some reservation, for sufficient observations are still wanting. I believe Spigelia produces inflammatory action in the heart and lungs, because it proves so useful in pericarditis and endocarditis, but I have been unable to find any cases of poisoning by Spigelia in which the morbid appearances are described: the same remarks are applicable to Lachesis. With regard to Arsenic, there are also doubts. Wibmer describes the heart to be generally flaccid, not distended with blood; in the interior, and especially on the columnæ carneæ and valves of the ventricles, especially of the left side, is observed a red expansion, of greater or less extent, generally small red spots that penetrate almost a line in depth into the muscular substance. The pericardium generally contains some serum. The blood is generally dark coloured, blackish, and of the consistence of pap, thickly coagulated.* In a case examined judicially at Paris, by Orfila, the left cavities of the heart were of a mottled red hue, and in the ventricle were seen many small crimson specks which penetrated into the muscular part of the parietes. The right cavities had a deep reddish-black tint, and the ventricles of that side contained specks like those in the other, but more faint. Orfila had found previously the same appearance in animals.†

Dr. Christison does not consider these observations as satisfactory. "There is no evidence," he says, "that the observer drew the distinction between the redness of inflammation and that produced by the dyeing of the same membrane with blood after death. The subject was afterwards brought before the Royal Academy of Medicine at Paris by M. Godard, who had also observed the appearance in question in a person killed by arsenic, and who dwelt strongly on it as characteristic of this species of poisoning. It was distinctly proved [?], however, by many members present, that the appearance arises from various other causes."‡

Digitalis differs from Arsenicum and Lachesis in this, that

* Wibmer, Die Wirkung der Arzneimittel und Gifte. 1 Bd. p. 331.
† Arch. Générales, I, 147.
‡ On Poisons. P. 347.

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its effects are more transient, and have a less extensive range. Arsenicum and Lachesis act on almost every portion of the body: in the course of a single case, evidence will be afforded of the action of Arsenicum on the brain, lungs, and heart, the throat, the stomach and intestines, the mucous membrane of the nose and eyes, the kidneys, bladder, and vagina. The same may be said of Lachesis, though there is less opportunity of analyzing its provings. But the action of Digitalis is principally confined to the heart and stomach; in a less degree to the intestines, genito-urinary organs, and nervous systems. Arsenicum and Lachesis have a very specific effect on the pulmonary organs, whereas that of Digitalis, Spigelia, Veratrum, and Tabacum,* is doubtful, and at the most very trifling. Arsenicum and Spigelia act on the pericardium, and the others have no effect on this tissue. (?) On the digestive organs they all act, producing, as a group, nausea and vomiting, with relaxation of the bowels, and very rarely constipation (except Lachesis and Veratrum, which sometimes do.) But Digitalis and Tabacum produce only functional derangement, whereas the others also cause organic change. Digitalis and Tabacum act principally on the sympathetic nerves, especially on the cardiac nerves and solar plexus, but very little on the cerebro-spinal nerves. Arsenicum, Lachesis, Spigelia, and Veratrum, produce various neuralgic and rheumatic pains, but Digitalis and Tabacum have little effect on the sentient nerves. The action of Digitalis differs from Tabacum in its action on the brain in this respect; that the former causes delirium and dilatation of the pupil; the latter, never produces delirium, and the pupil is almost always contracted.

Arsenicum, Digitalis, and Lachesis act on the genito-urinary organs: the two former cause great excitement, and the first inflammation of these parts; the latter diminishes their excita-

* Mr. Blake believes that tobacco has no direct action on the heart, even when admitted directly into the blood by the jugular vein: he considers that it causes congestion of the pulmonary capillaries, and thus indirectly affects the heart. (Edin. Med. and Surg. Journ., LI., p. 340.) The experience of every smoker, and the provings of tobacco, are at variance with Mr. Blake's opinion.

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bility. They all cause increase of urine; the first, however, in a less degree. Cantharides and Cannabis produce a somewhat similar action on these organs, but attended with diminution of urine and great dysuria, and not unfrequently inflammation of the kidneys, bladder, and urethra. The diuretic action of Digitalis resembles that of squills, which produces increased secretion of urine, as a primary symptom; the latter, however, if persevered with long, or in large doses, is more irritating, causing great strangury and bloody urine. Cantharides, Cannabis, and Squills, have no analogous effects to Digitalis on the vascular system, though in some instances Squills have been known to reduce the pulse to 40; but this is not from direct, but indirect action.

Aconite, in its action on the vascular system, is directly opposed to Digitalis, being characterized by great increase of the power and rapidity of the circulating organs, congestion and inflammation of various parts. As Digitalis is principally interesting from its action on the heart, it might be compared with other remedies, such as Assafœtida, Pulsatilla, Ignatia, &c., but I do not enter on this subject, believing that in the case of these medicines the palpitation and irregularity of the heart, &c., arise only in conjunction with, and probably dependant on, derangement of other organs. Those interested in studying the medicines which act on the heart may be referred to Mr. Blake's papers, (Loc. Cit.;) he considers that the Salts of Magnesia, Zinc, Copper, Lime, Strontia, Lead, Silver, Ammonia, and Potash, also Oxalic Acid, act powerfully on the heart. Baryta, he considers the most powerful of all inorganic poisons in their action on the heart when it is injected into the veins, depressing rapidly arterial action. Hahnemann's proving throws little light on this peculiarity of Baryta; in various experiments on animals the heart did not seem to have been particularly affected. In a case reported by Dr. Wilson, of London, where a woman swallowed half a tea cupful of the carbonate, an emetic was immediately given. The patient recovered, after violent symptoms had set in, but was for some time after subject to severe palpitations.*

* Christison, Loc. Cit., p. 581.

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Therapeutic employment of Digitalis.

Digitalis, in comparison with other remedies, has been so little employed in Homœopathic practice, that it is difficult to procure evidence of its therapeutic uses. My observations on this point must, therefore, for the most part, be considered simply as propositions. The diseases of the heart in which it is indicated are those in which the action of this organ is disordered and depressed. In simple hypertrophy, where there is increased power and energy of the heart, it is contra-indicated, but promises to be useful, especially in simple dilatation, and moderate hypertrophy with dilatation. The more so in cases where the dilatation is a primary disease, dependant on deficient energy of the heart, and not on the pressure or obstruction of the circulation. It may also prove useful in congestion of the heart, as occurring in dilatation with valvular disease. In fact, in such cases as will be benefited by increasing the power and regularity of the heart, and not when it is necessary to diminish increased energy; the latter being the class in which its Allopathic administration is most successful. May it not prove useful in dilatation with softening of the heart? In three cases of this disease, described by Dr. Hope, the symptoms are indicative of Digitalis; may it not be beneficially administered in the commencement of such affections? A great practical difficulty here occurs. Is this disease as easily diagnosed as Dr. Hope considers it to be?*

It may be administered in functional derangement of the heart. In two cases, where no other disorder of consequence existed, I found it useful; these two cases were characterized by very frequent and distressing palpitation, with a quick, weak, and slightly irregular pulse. In both cases, of more than a year's standing, Lachesis, Veratrum, and Pulsatilla were also given.

Dr. Schuler reports a cases of cyanosis, of a month's standing, occurring in a female aged 66, entirely cured in a few days by Digitalis, during which time he gave ten drops

* Treat. on Dis. of Heart, 3rd edit. p. 341.

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of the mother tincture. The blue colour showed itself, especially on the lips, the eyelids, the tongue, and under the nails. She complained of great oppression and anxiety, especially when in bed, palpitation of the heart, hoarseness, a dry cough, hemoptysis, and coldness of the hands and feet. The patient was of a weak habit of body. He states that the cure was complete.* From the facility of the cure it may be concluded that in this case there was probably no organic disease of the heart, but simply obstruction of the circulation through the heart and lungs, from loss of vital power.

Digitalis has been vaunted by many writers (Saunders, Ferriar, Maclean, Beddoes, Mossman, Magennis, &c.) as a very valuable medicine in phthisis pulmonalis, but now this medicine in ordinary practice has lost much of its reputed efficacy. The cases reported by these writers as phthisis are given without any stethoscopic indications; and though the general symptoms are characteristic of that disease, many of the patients may have laboured under bronchitis and dilatation of the bronchii; but this explanation cannot apply to the upwards of one hundred and fifty cases they publish: some of them must have been phthisis. The efficacy of this remedy cannot be explained on Homœopathic principles. If the observation of Griesslich† is correct, that Digitalis produces a venous state of the blood, then the curative power of this drug may be explained by the observations of Rokitansky, that a predominating venosity of the blood affords a remarkable immunity not only from pulmonary tubercles, but from tuberculosis in general.

I have in several instances given Digitalis to allay the cough of phthisical patients, but without any marked benefit.

In disorders of the digestive organs Digitalis should prove a useful remedy, especially when these are attended with disease of the heart. Dr. Scott, of Glasgow, has given me the notes of a case of dyspepsia, in which, after trying various

* Arch. Hom. vol. VI. p. 96, 1827. † Hygea, XX Band, 424.

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remedies without relief, he was induced, from the marked slowness of the pulse, to give Digitalis, and with decided benefit.

Dr. Rau reports its beneficial administration in a case of gastric disorder. The patient, a medical man, had been ill for many years. The symptoms were cadaverous expression; tongue covered with a viscid yellowish brown coating, putrid eructations; sickness, with fruitless attempts to vomit; watery diarrhœa of a putrid smell; pulse small, trembling, and quick; he complained of embarrassment of the head, and excessive weakness; sleep greatly troubled by dreams. In thirty-six hours after three doses of Ipecacuanha 3 the sickness disappeared. Pulsatilla and Digitalis cured the gastric symptoms, especially Digitalis, which he had chosen on account of the state of the pulse.*

In icterus it has been given with advantage. Dr. Kopp reports three cases in which, in conjunction with Nux Vomica and Mercury it proved very useful.†

Dr. Knorre states that during the cholera epidemic of 1831, he very frequently met with cases of icterus (which he calls *spasmodic*) in elderly children; he found them all readily cured by repeated doses of Digitalis. He gives a report of the symptoms, which it would be unnecessary to quote.‡

Dr. Chapman, of Liverpool, suggested to me its employment in disorders of the digestive tubes of children, attended with pale, chalky stools, an affection in which he found it very useful. I gave it in three cases; one an adult, much subject to this state of the evacuations; in all, cures followed. In many diseases of the kidney, bladder, and urethra, Digitalis will prove useful; in several such cases it has been employed with advantage in Homœopathic practice. Dr. Hull, in his edition of Jahr's Manual, recommends it in suppuration of the kidneys, and phthisis urenalis. (?)

* De la valeur de l'Homœopathie, p. 228, 1835.

† Beauvais, Clinique Hom. tom. V, p. 46.

‡ Beauvais, Loc. Cit., p. 50.

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In scrofula, Digitalis swells the list of remedies vaunted as curative. Haller and Hufeland speak to its efficacy in curing ulcers, removing scrofulous swellings, and even enlargement of the bones. It is to be feared that its virtues have been much overrated.

Dr. Hartmann recommends Digitalis in inflammation of the meibomian glands, and ophthalmia tarsi, as occurring in scrofulous subjects. He writes—"At the commencement of the inflammatory affection of the glands, I gave five or six doses of Digitalis 15; a dose daily; I waited quietly for several days, and then interposed a dose of Mercury 3; after which Hepar Sulphuris was given in forty-eight hours, the repetition of which is indispensable. A dose of Euphrasia Pulsatilla, or some other remedy, is sometimes required subsequently."*

In dropsical affections there is no reason to suppose that it is Homœopathic, but the contrary; if, however, the dropsy be attendant on congestion of the lungs or liver, owing to affection of the heart, then, even in Homœopathic practice, it may be beneficial, by restoring the regular action of the heart, and thus arresting the dropsical effusion. But, as far as the medicine has been proved, it does not produce œdema, anasarca, or dropsy, of any of the cavities. Altmuller says that hydrocele in children, as in adults, is *always* cured in a short time by Digitalis and Graph.; (?) but also adds, which seems a main part of the treatment, that Kreosot. 1, gtt. ii, in two ounces of alcohol and two of water, must be applied externally.†

* On Hom. Remedies, translated by Dr. Okie, p. 116.

† Gaz. Hom. Vol. X, p. 46. 1836.

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TABULAR VIEW OF DISEASES TREATED HOMŒOPATHICALLY IN THE HOSPITAL OF THE SISTERS OF CHARITY AT VIENNA, BY DR. FLEISCHMANN, FROM THE 1ST OF JANUARY TO THE 31ST DECEMBER, 1845.

Disease.	In Hospital.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Arthritis	3	60	60			3
Burns	1	8	9			
Catarrh	1	13	14			
Cephalalgia		6	6			
Chlorosis	3	13	12		2	2
Cholera		4	4			
Chorea		1	1			
Colic		7	7			
— painter's		5	5			
Cough, chronic	5	28	30		2	1
Diarrhœa	2	6	7		1	
Dysentery, acute		6	6			
— chronic		1			1	
Dysmenorrhœa		2	2			
Dyspepsia		6	6			
Endocarditis		3	3			
Erysipelas, face		15	15			
— limbs		2	2			
Fever, catarrhal		15	14			1
— gastric	3	74	73		1	3
— intermittent	6	51	56			1
— rheumatic	3	53	55			1
— typhus	13	196	179		21	9
Fungus medullaris	1	1		2		
Gout	2	7	7		1	1
Hæmoptysis	3	13	12		2	2
Heart, organic disease of		3		2	1	
Hoarseness, chronic		2	2			
Hooping cough		1	1			
Hypochondriasis		2	2			
Icterus		9	8			1
Inflammation of the cellular tissue		1	1			
— of ovaries	1		1			
Laryngitis		2	2			
Measles		5	5			
Meningitis	1	3	3		1	
Œdema of lungs		10			10	
Old age		3			3	
Ophthalmia		7	7			
Otitis		1	1			
Carried forward	48	645	618	4	46	25

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Disease.	In Hospital.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Brought forward	48	645	618	4	46	25
Pericarditis		2	2			
Peritonitis	1	16	15		2	
Phthisis	1	23		9	14	1
Pleuritis		3	1		1	1
Pleuritic effusion		6	5			1
Pneumonia	3	47	45		2	3
Rheumatism		23	20			3
Ringworm		2	2			
Scabies		4	4			
Scald head	1		1			
Scarlatina		2	2			
Scirrhus uteri		1		1		
Scorbutus		1	1			
Scrofula, general		3	2		1	
Spasms		12	11			1
Tetanus		1			1	
Tonsillitis	1	69	67			3
Tremor metallicus		1	1			
Tumefaction of various parts	1	9	10			
Ulceration of limbs		11	9			2
— lungs		23		12	8	3
— scrofulous		1	1			
Urticaria	1		1			
Varicella		1	1			
Variola		4	4			
Vomiting, chronic		1	1			
Wounds	1	16	16			1
Total	58	927	840	26	75	44

CASE OF DYSENTERY.

By J. Macgregor, M.R.C.S., of Belfast.

Mr. J. M'B——, merchant, aged 25, married, black hair, dark penetrating eyes, sallow complexion, and a spare gaunt figure.

Saturday, Oct. 11th, 1845.—Was seized with slight tremor followed by sickness of stomach, cough, running of the nose, and occasional sneezing; in short, by the common symptoms

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of what is popularly called a cold. The following day the cough increased, and he consulted a physician, who prescribed Paregoric, the Tinctura Opii Camphorata. The symptoms still continued to increase, especially the cough, which was now accompanied with a sharp pain in the epigastrium.

Tuesday morning: A highly respectable physician was called in: by this time the patient's body was covered with an eruption, (measles;) he was immediately bled in the arm to the extent of what the patient considered a quart; this was attended with very little relief, and he was then ordered a purgative mixture of salts, &c., a wineglassful to be taken every half hour; several were taken when the bowels became freely moved. The dose was still continued in order, as the doctor said, "to clear out the bowels;" he was very much purged all night, now attended with griping pains.

Wednesday morning: The doctor seeing that the last prescription was fulfilled to the letter, now administered astringents, Catechu, &c.; the patient at the same time was taking a cough mixture, containing Opium. Notwithstanding all this, the purging continued to increase in frequency, attended with a constant severe pain in the abdomen; hot Spirits of Turpentine were now applied to the abdomen and chest.

Saturday: Injections of starch and laudanum were ordered every half hour; the patient was now so exhausted that it was quite impossible to move him in order that the last prescription might be accomplished.

Saturday, 18th, a week from the commencement of the attack, and the fourth day of the purging, I was called in to see this gentleman, who was said to be dying of bowel complaint. On entering the bed-room I immediately recognized the peculiar dysenteric odour, and found the patient in the following state:—Lying low sunk down in the bed, the eyes look glazed, nose sharp and pointed, face anxious, and altogether expressive of great suffering, forehead covered with a cold clammy perspiration, teeth encrusted with sordes, tongue covered with a dark brown fur, dry, and glazed; very thirsty. He spoke in whispers, and seemed anxious as to his fate.

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Pulse 108, full and soft; abdomen hot, and painful on the least pressure, especially in both iliac regions, the greatest on the left; flatulence; extremities deadly cold, extending beyond the knees; bottles filled with hot water were now applied to them. During my visit, while taking down the case, the bowels were moved several times, attended with severe tormina and tenesmus, with an occasional sense of cramp in the thighs and legs, which was relieved after each evacuation. Stools scanty, about as much as would cover half-a-crown, like a jelly, consisting of mucus streaked with blood. The patient much emaciated, with complete prostration; troublesome hiccup; had not slept any for the last four nights.

Merc. Solub., third trituration, dissolved in a cupful of water; a tablespoonful after every motion.

I put some Aconite into the toast-water allowed for drink, a wineglassful *pro re nata.* I now caused the sick nurse to keep an account of the number of motions each hour, by marking them down on a sheet of paper, and on my return, six hours after my first visit, I found twenty-eight marks, or, on an average, rather more than an evacuation every quarter of an hour; stools changed to a dark green colour, and watery consistence; complains of a sense of burning in the abdomen; pulse 102; thirst not so urgent; other symptoms much the same.

Merc. Corros. and Tr. Arsen. alternately after every motion. Continue Aconite as formerly.

Oct. 11*th,* P.M.—Stools undiminished in number—had one or two more consistent; sufferings rather less; in other respects the same.

Oct. 19*th,* eight o'clock A.M.—Had slept during the night at intervals, from half an hour to three quarters; talked much during sleep, and was now awkened by the tormina, with desire to evacuate the bowels; stools less frequent, about two each hour, said to be free from blood; (the napkins were removed after each evacuation, and immediately immersed in a tub of cold water;) pulse 96 to 98; tongue slightly moist; thirst much abated; feet comfortable; burning heat in the abdomen. Omit the Tr. Arsen., continue the Merc.

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Corros., with Carbo. Veg. alternately, after each motion; feels stronger; has some appetite; allowed half a teacupful of milk every three hours, in which a small piece of mutton suet had been boiled and strained. This is an old Eastern remedy recommended by Sir J. Pringle. This he seemed to relish: the appetite increasing, he took a larger quantity along with some bread soaked in it.

Nine o'clock P.M.—The milk and bread caused nausea, with desire to vomit. Bowels moved now more frequently than at last report; stools whitish, consisting of curdled milk. Omit the ancient remedy: to have toast and water.

Ipecac., a dose every half hour until relieved from nausea. Continue Merc. Corros. and Carbo. Veg.

Oct. 20.—Ten A.M., had slept uninterruptedly for nearly three hours, free from nausea; pulse 90, soft; tongue clean at the point and along the edge; abdomen soft, and bears pressure better; stools less frequent, and occasionally somewhat consistent; tormina and tenesmus much less. Continue Merc. Corros., a dose every two hours.

Oct. 21st.—Passed a pretty good night; feels stronger; some appetite; would like some food; arrow-root and milk; pulse 90; tongue cleaning; voice better; sufferings continue mitigated. Continue med. every three hours.

Oct. 22nd.—Continues to improve; pulse 84; tongue cleaning rapidly; had cocoa and dry toast for breakfast; beef tea and toast for dinner; was carried out of bed and laid on a sofa. The bed was now made up, the first time for the last eight days. Omit the Merc. Continue Carbo. Veg. every four hours.

Oct. 23rd.—Passed a good night; slept better than he ever had during his present illness; pulse 84; quantity of evacuations increased and consistent; frequency diminished. Caught a little cold on being removed yesterday. Nux V. and Arsen. alternately every four hours.

Oct. 24th.—Continues to improve; very little pain with the evacuations; can now bear considerable pressure; pulse 84; tongue moist and nearly clean; takes food with appetite; cold almost gone. Continue Med.

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Oct. 25th.—Had a good night, with frequent and pretty long sleep; stools passed voluntarily, of a pale yellow; other symptoms nearly as at last report. Sulph. every four hours.

Oct. 26th.—Continues improving.

Oct. 27th.—Has been able to be out of bed for several hours; bowels moved only twice to-day; appetite increasing; allowed his food to be more solid; complains now only of weakness. China three times a day. From this date he continued to be up out of bed the greater part of the day; improvement now rapidly went on with little or no medicine, except an occasional dose of Nux, China, and Bry.; in other eight days was able to be in his place of business for several hours a day, and now continues to enjoy better health than previous to this attack.

I may here state that I have had pretty ample opportunities of witnessing and treating this disease while surgeon of an East Indiaman for several voyages, whilst attending the hospitals in the East, and whilst I had charge of H. M. invalids, sent home to England for change of climate, many of them suffering from this disease in a chronic form, especially those who had been engaged in the late Chinese war. I trust I will not be considered presumptuous when I say I have never, in the course of my experience, witnessed a similar case recover treated by the ordinary, or Allopathic method.

[This is an interesting case, in so far as it shows that cases of the worst character, which generally defy Allopathic treatment, recover under Homœopathic; but from the number of medicines employed, and the frequent alternations, it is not particularly instructive as to the powers of the individual medicines; and we cannot recommend, as worthy of imitation, the somewhat slip-shod manner of administering Aconite in the toast-water for drink, especially while, at the same time, two other medicines were given in alternation.]—Eds.

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EFFECTS OF PHOSPHORUS.

Communicated by Dr. WALKER, Manchester.

A FEW months ago a paragraph appeared in the daily journals, stating, that in Vienna the makers of Phosphorus matches were subject to a very formidable affection of the bones of the face. The attention of medical men in this country has since been more particularly directed to this matter, by the publication of a communication from Vienna, in the *Northern Journal of Medicine*, for May, 1846.

I am not aware that this formidable medicinal disease has been described as seen in this country; and the following case will, no doubt, on that account, prove interesting to your readers:—

Joseph Dixon, aged 21.—Admitted to the Manchester Homœopathic Dispensary on the 4th of May, 1846. He states, that for four years he had been engaged in the manufacture of Lucifer matches, which were made as follows:—A boiler, heated by steam or a water bath, was half filled with a certain quantity of water, to which was added as much glue as made a tolerably thick size, sufficiently gelatinous to become a stiff paste on cooling. To this was added the Phosphorus, (in his operations 30 lbs. at a time were used, and this charge three times a week,) which sunk and speedily melted, and, for success, the Phosphorus had to be most thoroughly incorporated with the glue, by stirring for a considerable time with a heavy thick stick. During all this time garlic-smelling fumes were discharged in abundance, and great attention and labour were required to prevent the whole mass from inflaming. When sufficiently mixed, finely powdered chlorate of potash was added, and here the fumes were increased to a suffocating amount. The mixture was then allowed to cool, cut into pieces of three or four ounces weight, and distributed to boys, who re-melted it, and dipped the pieces of wood intended for the matches into the compost.

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For two years and a half, further than the laryngeal irritation produced by the acrid fumes, he suffered but little. At the end of that period, however, he began to cough very much, and expectorate a thick white mucus. He then suffered much from toothach, which he describes as having been violent, and which was accompanied with considerable swelling of the right side of the face. Thinking he suffered from simple toothach, he had a double tooth extracted, but without relief; on the contrary, the affection progressed so quickly afterwards, that in a short time he ceased to be able to follow his employment.

One tooth after another dropped out; he became so weak that he was unable to walk; a swelling the size of an egg formed below the right orbit, which in a fortnight burst, discharging a large quantity of white pus. He continued to get worse, all the teeth having fallen out, the gums of the lower jaw retired, and he now presents the following appearance:—

The right cheek is considerably swollen. At the right angle of the lower jaw exists an opening, discharging laudable pus, and through which the probe can be passed a couple of inches along bare bone. Two inches anterior to this, there is another aperture likewise leading to dead bone.

On opening the mouth, the whole of the lower jaw, as far as the ascending rami and down to the reflection of the mucous membrane on the cheek, is quite dead, denuded, and of a leaden grayish colour.

On the upper jaw of the right side there is likewise partial necrosis, as the probe can be passed over a portion of bare bone.

Considering the extent of the disease, and the consequent drain to the system, he enjoys tolerable health.

He states, that a young woman who assisted him in his work was affected in a similar manner, and is now somewhere under treatment in Manchester; and that, during winter, all the hands suffer severely from cough, dyspnœa, &c.

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ON THE ACTION OF IMPERCEPTIBLE AGENTS ON THE LIVING BODY.

By Professor D'Amador.

The above is the title of a paper read by the distinguished Professor of Pathology in the University of Montpelier, before the scientific Congrès at Nîmes. Professor D'Amador, though occupying the Pathological chair in an Allopathic University, is a declared adherent of Homœopathy; and the European reputation which his profound learning and brilliant talents have gained him, render peculiarly interesting any thing proceeding from his pen. Want of space forbids us giving more than a brief analysis of the memoir whose title we have given above; but a careful perusal of the original, which is to be found in the 2nd vol. of the "Bulletin de la Societé Homœopathique," p. 131, will amply reward all who take an interest in the truly scientific development of Homœopathy.

The author commences by asserting, that all actions and impressions whatever in a living body are entirely vital or dynamic. Hence food, poisons, viruses, miasms, and all the different kinds of stimulants that are applied to the economy, as well internally as externally, cannot have, and, indeed, have none other than a dynamic action; and hence, almost all that has hitherto been attributed to absorption, is destitute of foundation, and on examination is found to be false.

In proof of this assertion he cites various facts from the domains of hygiène, physiology, toxicology, and pathology. It may be said that light, heat, water, and oxygen,—that is to say, all that is most subtle, most etherial, and least material in creation, are the true aliments of life. Not to mention those extraordinary but authentic cases where life has been prolonged, during months and even years of total abstinence, other and more familiar examples of this fact are not wanting. The development of the chick, strictly secluded from all external influences; the production of a beautiful flower

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from the bulb, which receives no other nourishment than the vapour of water; the growth of vegetables, on cloth, in well washed sand, in litharge, in flowers of sulphur, in unglazed leaden shot, supplied with no other nourishment than distilled water; but, nevertheless, presenting on analysis all the constituent parts of the same vegetables growing in the richest soils, as shown in the experiments of M. Braconnot, are striking illustrations of this fact; and the observation of them drew from M. Braconnot this remarkable expression: "Oxygen and hydrogen—that is, water aided by the heat of the sun, appear to be the only elementary substances whence the universe was formed."

The function of digestion, apparently the most material and most chemical of all functions, is the most purely vital in its causes. Hence it is that the quantity of the nutritive substance is often the least important part, and that attention should be more particularly paid to its exciting quality and stimulating power. The dynamic effect of fluid aliments is still more evident, their result is rapid, often instantaneous. Set before a person worn out with fatigue, the most substantial viands, he will scarcely touch them, and will not at first experience any benefit from them; but give him the smallest quantity of brandy, and in an instant he feels its beneficial effects.

The subject of fecundation furnishes our anthor with a fruitful source of illustrations for his doctrine; and the experiments of Spallanzani with the ova of the frog, the impregnation of women where the hymen was still perfect, the observations of Harvey, with respect to the fecundation of bitches and rabbits, in whose wombs no trace of semen could be discovered, are successively adduced.

"And again," he asks, "what are relative greatness and smallness in the case of the seeds of vegetables, but a mere *lusus naturæ?* Who could believe that invisible seeds of plants are continually suspended in the atmosphere?—that those of mosses, of fungi, of lichens elude our eye, and float invisible in the circumambient air? Who could believe, if experience did not prove it to us every day, that within the

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case of a seed, which, from its minuteness, cannot be perceived by the microscope itself, there is contained the power that shall one day produce a vegetable? Who could believe, in fine, that in the embryo of the acorn there exists, in infinitely little, the largest tree of the forest, which only stands in need of development? According to Dodart, an elm can produce, in a single year, 529,000 seeds; Ray counted 32,000 on a stalk of tobacco. If all these seeds should come to perfection, it would only require a few generations, and a very small number of years, to cover the whole surface of the habitable globe with vegetables. If, then, atoms can produce an entire being, why should we tax them with impotence when the question is about merely modifying a being? If an atom gives life, is it more difficult to conceive that it may change the mode of being? When *the greater* exists and starts up before us in the processes of nature, why should *the less* be declared impossible?"

From the department of toxicology the learned Professor instances, in support of his views, the violent effects of a drop of prussic acid; the arsenical preparation celebrated in the 16th and 17th centuries, under the name of *Aqua toffana*, which killed with the rapidity of lightning; the poison of the wasp, hornet, and bee, the smallest atom of which placed on the tongue burns it as severely as the most concentrated mineral acids; the virus of the scorpion, of certain spiders, and of serpents; the fresh water polypus, which, of all poisonous animals, possesses the most active venom. The experiments of Fontana show that the *thousandth part of a grain* of the poison of the viper, inserted in a muscle, suffices to kill a sparrow. Some plants furnish poisons which surpass in their effects the most corrosive metallic poisons. De la Brosse, in his *Voyage aux regions intertropicales*, has these words:—"There arrived seven or eight negroes in palanquins, the principal personages of Lowango, who presented their hands to be shaken by the French and English officers. These negroes had previously rubbed their hands with an herb, which is so extremely poisonous that it takes effect in a moment. They succeeded so well in their nefarious designs, that five

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captains and three surgeons fell dead on the spot." De la Brosse does not mention how the negroes preserved themselves from the effects of the deadly poison they had in their hands.

The effluvia exhaled by certain plants, the dew or drops of rain that fall from their leaves, can produce injurious effects, as is said to be the case with the mancinilla and the rhus toxicodendron.

From pathology the Professor cites the following facts:—The minute quantity of matter from the malignant carbuncle, and of saliva from the rabid dog, which are sufficient to transmit these diseases; the imperceptible nature of the miasms, which produce respectively syphilis, small-pox, the plague, cholera, and the instantaneous manner in which they infect the organism; for although the morbid state is not manifested, it may be, until after the lapse of a considerable time, this only proves that the internal disease requires that time to ripen and fructify, in the same manner as the flowering of the vegetable announces its maturity, or the development of the fœtus shows that conception has taken place.

The comparison of the disease to the flowering of a plant has given rise to some useful practical reflections by Professor D'Amador, which we shall here quote:—

"An individual is infected to-day with some morbific germ, but the products of the infection do not appear externally until after the lapse of four, six, eight, fourteen days, or even a month. The interval which elapses between the moment of infection and that in which the disease manifests itself, is the period of the germination and growth of the inoculated germ; it corresponds exactly to the latent and unnoticed stage during which the seed buried in the earth undergoes a fecundating incubation. The eruption and all the other symptoms are but the development of the morbid germ, as the flowering and fructification of the plant represent the visible evolution of the germ. Hence I affirm, that what modern pathology regards as the root of diseases—*e. g.*, the exanthemata, is the veritable, the sole cause of the terrible ravages they commit on mankind. What should we say of

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the agriculturist who, in order to modify the life of the tree, should direct his attention to the flowers and fruit, and neglect the roots? The therapeutists of the present day do this; and I shall leave it to your sagacity to say what will be the ulterior consequence of such conduct.

"In truth, the destruction of its flowers or fruit does not cause the death of the vegetable; and thus it is with syphilis, and psora, and other eruptive diseases. To cauterize, dry up, or otherwise forcibly destroy chancres, is but to give new strength to the disease: as plants acquire fresh vigour from being pruned, and in the following spring shoot forth more luxuriant flowers. After the material destruction of their external signs, which may be regarded as the product of fructification, they send forth new flowers, which medical men have the simplicity to regard as a new disease."

The above is a brief outline of the facts presented to our attention in the paper of Professor D'Amador; but its chief interest lies in the conclusions to which the author arrives, which, although somewhat opposed, where theoretical, to our own physiologal faith, can hardly fail to attract the attention and convince the understanding of the numerous adherents of the Montpelier or dynamic schools, which boasts of following out the principles of Hippocrates, and whose ablest exponent finds in the writings of Hahnemann the complement of the doctrines of the sage of Cos.

After adducing the well-known facts of the chemical purity of the air in localities where ague, the plague, the cholera, or epidemic diseases are committing their ravages; after observing that the contents of the poison-bag of the viper resembles in chemical composition sweet almond oil; that the pus of the pestiferous bubo, the lymph of the vaccine pustule, differ not, save in their effects, from ordinary pus and lymph; he infers that the material we subject to our analysis is but the vehicle in which an immaterial etherial virus resides, analogous in this respect to the vivifying principle of the organized being. But we shall give his own eloquent words:—

"What, gentlemen, can we conclude from all this, but

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that pathology resembles other branches of our science? What can we conclude, if not that a morbid cause is always, and under all circumstances, the product of a force, and that the material form in which it presents itself to our view, is but the gross covering that conceals it from us: that external forces only act on our organs when they meet with forces in us on which they can act: hence the invisible, the instantaneous character, the celerity of pathogenetic actions, whether of contagions, or of epidemics, or of the natural or artificial inoculation of diseases. In all cases it is forces which meet, combat, combine, repel, neutralize each other, or mutually regulate one another. Our health, disease, death, our very existence, is but the result of these forces. Thus it is that nature, in the immense scale of being, has sketched, as it were, an entire system of forces, and that passing from forces which are not precipient to those that are, from inanimate to living forces, she has, by gradually progressive shades, at last developed in man the supreme type of forces, and the most elevated degree of existence. In man, indeed, life does not exist solely in sensible and irritable organs, in the involuntary motions they execute, nor in the connected chain produced and maintained by the combined actions of life. In man, true life consists in thought, in that intellectual something which gives us consciousness of our existence, and in that power of will which renders us masters of ourselves. Such is life at its culminating point, force *par excellence*, the greatest, the most profound, the most inexplicable of all mysteries. Life, which not only gives us the enjoyment of ourselves, but which attaches us to all that surrounds us. It is by means of it that the grand spectacle of nature attracts our attention, that our ideas dart from pole to pole more rapidly than lightning; it is by means of it that thought embraces in its grasp in a moment of time the whole expanse of worlds, all the vast extent of the universe, and loses itself in infinity.

"There is, then, in every science, and particularly in medicine, both sensible facts which are seen, and invisible facts which can only be conceived, both demonstrable and induc-

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tive facts, both facts which are apparent, and such as are more concealed, which, without being seen, regulate and govern the other facts. It is these invisible and only essential facts that alone are important, for they are the generators of other facts; and in every case that which is not seen governs that which is visible. These facts are the various forces of nature. These forces are at the bottom of all visible phenomena, they produce them, they modify them for good or for evil, and, since they are the true causes, if we modify them we shall modify the phenomena themselves. 'For the true springs of our organization,' as Buffon remarks, 'are not those muscles, those veins, those arteries, which are described with such exactness and care. There exist in organized bodies internal forces, which do not follow the gross mechanical laws we imagine, and to which we would reduce every thing.' This thought has been expressed in different terms, by a man as great in the astronomical, as Buffon was in the physical sciences, whose name corresponds in France to that of Newton in England. 'Beyond the limits of this visible anatomy,' says Laplace, 'commences another anatomy whose phenomena we cannot perceive; beyond the limits of this external physiology of forces, of action, and of motion, exists another invisible physiology, whose principles, effects, and laws, it is of greater importance to know.' And, we may add, that beyond the limits of these material and voluminous therapeutics, there are other therapeutics far more important to know, and far more useful to practise.

"Thus the greatest men, of whom the sciences usually opposed in spirit to medicine can boast, are unanimous in the admission of a vital dynanism; and I imagine, gentlemen, I have a fair title for obtaining your assent to this great dogma, by placing it under the ægis of these illustrious names.

"I have thus, I conceive, proved to you that the most active agents in nature are imperceptible entities, which, like electricity, magnetism, heat, and light, have neither odour, savour, colour, volume, dimensions, determinate shapes, nor definite proportions; which pervade all things without being

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any where perceptible; which govern all things without being seen themselves; which penetrate every where, but whose essence we cannot penetrate. Agents of life, of health, of death, and of disease, nature has disseminated them every where throughout the immensity of space, under the graceful form of flowers, in the fluids which are appropriated or rejected by animals and plants. To these invisible agents, to these forces we owe our earliest breath; to them also is due our latest sigh; from them alone is derived the continuance of our existence, and they are the source of the derangements we are subject to. Physiology, hygiène, toxicology, and pathology, in other words, the sciences of life, of health, of death, and of disease, are all dependent on the same principle; for it is a force, a breath, that creates, kills, preserves us, that produces our diseases, and occasions our sufferings.

"It remains to be proved, gentlemen, that therapeutics are, and ought to be, similar to the other departments of our art,—that it is also a breath, a force, that cures and relieves our disorders. It remains to be proved, in order to trace the complete scientific circle, that the therapeutics of forces, the dynamic therapeutics, the vitalist therapeutics, (for they are all the same), are likewise, of all possible therapeutics, if not the only true, at least the speediest, the surest, the most appropriate, and, in the vast majority of cases, the most efficacious of all therapeutics; that they are the most rational in theory and the most successful in their practical application; that they alone ought to be, that they alone are, able to realize the three grand conditions that Celsus, even at the early period when he flourished, demanded of all useful therapeutics, to cure diseases quickly, certainly, and agreeably. In a word, it remains to be proved, that if there be a dynamical, a vital physiology, hygiène, toxicology, and pathology, there ought to be therapeutics of a similar character."

After quoting some facts from Allopathic observers to prove that such is the case, among others the experiments of M. Lafarge, who always succeeded in producing an eruption of a specific character by the inoculation of the most minute por-

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tions of laudanum—1-500th, 1-1000th, 1-2000th of a grain, and the observations of M. Soubeiran with respect to the efficacy of extremely minute doses of a certain ferruginous preparation, our author goes on to say:—

"But it will be said, these facts may be true, but they are repugnant to common sense. Gentlemen, if the action of imperceptible agents is opposed to common sense, that is as much as to say that experience is opposed to it; but as common sense and experience are not, and cannot be contradictory, if common sense refuses to believe in the action of imperceptible agents, common sense stands in need of a thorough reform, which experience will be able to effect. Science, which is nothing else than the reflection of experience, has, in this manner, reformed common sense several times. Common sense believed for centuries that the world was fixed, and astronomical science corrected common sense, and brought it to its own way of thinking. The virtue of vaccine was repugnant to common sense, at the period of its discovery; but, now-a-days, experience has so completely demonstrated it, that any one who doubted it would be held to be destitute of common sense. In fine, common sense rebelled, and with some reason, against the frightful doses of the Italian school. It could not be comprehended how twenty grains of tartar emetic would not produce vomiting, when two grains caused copious evacuation; but here again, as elsewhere, science—that is to say, experience, has advantageously put common sense to rights.

"And should we, with this before us, treat with contempt a system of therapeutics which is but the application of one of our most certain maxims? To the diseased vital forces let us oppose the forces of natural substances, but divested of all material covering; these forces will thus be brought face to face; they will act directly on each other, without any interposing agent; and hence will ensue more rapid, more certain, and more agreeable cures. * * * Observe, finally, gentlemen, that the vital therapeutics of which I speak are to medicine what the study of electricity and the imponderables has been to chemistry,—what the study of motive powers has

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been to mechanical art. * * * Far from overthrowing Hippocratism, or the true vitalism of Montpelier, our modern therapeutics confirm, complete, extend, and apply it, add what was awanting to it, and supply its deficiencies. The Divine Old Man bequeathed to us, so to say, the code of medicine, in which its great laws were laid down, its principles registered, its fundamental dogmas established; the work of ages is and ever shall be to deduce from these premises the most remote consequences; to bring all the great facts which subsequent discoveries may reveal and produce within the Hippocratic domain. Some of these discoveries have been already gathered in, and can never more be lost; others have been sown, and as yet exist but in the germ; but nought can blast this germ; on the contrary, it will grow, and the tree will yield its fruit to us and to all posterity."

NEURALGIA.

Read on the 4th of September, 1845, before the British Homœopathic Society,

By Dr. QUIN, the President.

PHYSICIAN TO HIS MAJESTY LEOPOLD, KING OF THE BELGIANS, AND TO HER ROYAL HIGHNESS THE DUCHESS OF CAMBRIDGE.

(*Continued from page* 240.)

THE case, to which I am now about to direct your attention, is one of considerable interest, from the variety of means ineffectually employed for its cure, before the patient came under Homœopathic treatment; but particularly so, from the numerous operations which had been performed in the hope that the division of various nerves of the face might permanently relieve the Neuralgic affection. Six different incisions were made, at different periods, and although some of them were followed by decided freedom from pain, for a short time, the Neuralgia returned again as severe as before the operation,

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and, in several instances, with increase of violence. The history of the case and the details of the treatment will serve as encouragement to you not to despair of affording relief by means of Homœopathy, even in the worst forms of this dreadfully painful disease.

Mrs. E. D——, aged 34; married; has three children; is of a nervous, bilious temperament; thin habit of body, but originally of a strong constitution; has for twelve years suffered from violent paroxysms of pain in the right side of the face, temples, and forehead. The pains commenced without her being able to assign any cause for them; does not remember to have received any blow or hurt. At first the pains came at long intervals, seldom oftener than every two, three, or four weeks; after five years they became almost constant, a day never passing without a succession of most violent paroxysms of pain. They sometimes came on with such violence and rapidity, and were so long in duration, and so agonizing, as to throw her into severe hysterical fits, during which, the convulsions were so strong that it was often necessary for four and five persons to restrain her from injuring herself. These hysterical fits generally lasted from ten to twenty minutes, and were succeeded by several hours' stupor, which was not unfrequently interrupted by a return of the pains. Occasionally, however, these fits terminated in quiet sleep. The pains were generally extremely acute and frequent for about twenty-four hours; they then subsided a little, became somewhat less frequent and less severe, but never ceased altogether. They almost invariably began on the malar bone at the infraorbital foramen, shot towards the ear, up to the temple, and across the forehead, sometimes up to the vertex, occasionally going over the head to the occiput, and even sometimes extending down the back of the neck; at other times they darted down the cheek to the lowes angle of the jaw, passing down the neck and thorax till they reached the lower extremities, when they fixed themselves in the sciatic nerve, flying down, occasionally, like electric shocks, to the ankle. The right side was alone affected —never the left. It was when the pains extended themselves down to the lower extremity, that they usually ended in hysterical fits. Numerous practitioners of eminence, both in England and abroad, had, at various times, been consulted, and several mineral waters recommended to be taken—all, with very slight benefit.

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There is hardly a powerful medicine in the Allopathic Pharmacopœia which had not been tried during the foregoing twelve years. Prescriptions were put into my hands containing Carbonate of Iron, Tincture of Iron, Mercury (Blue pills,) Calomel, Aloes, Colchicum, Stramonium, Morphine, Veratria, Humulus, Cantharides, Belladonna, Prussic Acid, Nitric Acid, Muriatic Acid, Hydriodate of Potass, Iodine (both internally and externally,) Mercurial Ointment, Saline Ointment, Solutio Arsenicalis Fowleri, Conium, Crocus, Castoreum, Assafœtida, Opium, Valerian, Quinine, Ammonia, Sulphuric Æther, Sarsaparilla, Cusparia, Colocynth, Galbanum, Guaiacum, Lactuca Virosa, Aconitine, and a variety of others. She had been salivated at two different times. No really permanent beneficial results were produced by any of the above means, only occasionally a palliative effect. Blisters, setons, issues, leeching, cupping, and venesection, were all repeatedly resorted to with but temporary relief, and not unfrequently they were followed by decided increase of the symptoms.

The frontal nerve was at two different periods divided, with marked relief each time; but after some weeks the pains returned as violent as ever, particularly in the malar bone. An incision was made, some months after, immediately upon the infraorbital foramen, and the infraorbital nerve divided: after this operation the pains ceased for several months, and she began to hope that she was cured, when, after a fright, the pains returned again, exactly in the same spot with redoubled violence. The knife was again had recourse to, and two incisions were made on the malar bone, dividing the several small branches of the superior maxillary nerve. The same beneficial results followed this operation as in the former instances, but the relief from pain was not of long duration, for the paroxysms returned, after exposure to cold, with increase of violence and frequency, in every one of the different places which the pain used formerly to attack.

After applying issues and a variety of external remedies, as well as taking numerous medicines internally, without any marked relief, another incision was made on the side of the forehead, dividing the frontal nerve. No relief whatever followed this last operation.

Moxas were after this had recourse to, with no better results. Change of air was then recommended, and the patient was sent to Italy for the winter months, and to Carlsbad in the summer follow-

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ing. In Italy the paroxysms were less severe, and less frequent at first, but in the early part of spring they returned again, although somewhat less violently. The Carlsbad waters increased the pains to such a degree, and brought on such a succession of violent hysterical fits, that she was obliged to give up drinking them.

After her return home, she was advised to seek relief from Homœopathy. On being consulted, in the spring of 1830, I found the patient labouring under the following symptoms:—Sharp, darting, tugging pains, running from the temple across the right side of the forehead, following one another in rapid succession for several minutes, and then suddenly ceasing; after several similar paroxysms, coming on, at intervals of ten minutes, and a quarter of an hour, the pains suddenly extended up the scalp over the vertex down to the occiput, and then down the neck and along the spine to the inferior extremities. The slightest touch or pressure caused the greatest agony, accompanied by a thrilling, painful sensation throughout the whole frame. The pains often also attack the cheek and right side of the nose; at times they are tugging and darting—at other times cutting and stabbing, as if a penknife were passed across the cheek, and the point thrust repeatedly into the muscles and bone. The face is much flushed, with great heat following the course of the pains wherever they came. Some days, after several hours of repeated paroxysms of pain, a violent hysterical attack, as described above, is produced. The hysterical attacks generally occur twice and thrice in a week—sometimes only once; but ten days hardly ever elapse without their recurring.

When the paroxysms of pain come on, they generally last from eight to thirty-six hours, with only intervals of ten minutes or a quarter of an hour—seldom so long as half an hour; but even in the intervals she is never quite free from pain. The least excitement or fright invariably brings the pains on. After the hysterical attacks a succession of fainting fits often supervene. Any attempt at prolonged mental application, or even reading, writing, or drawing, or listening to an interesting conversation, are sufficient to bring on attacks. Driving in a carriage induces acute agony, particularly if prolonged beyond an hour or an hour and a half. Bowels very confined—appetite small—pulse weak and slow.

She is more susceptible to the hysterical attacks on the approach of, and during the catamenia. These generally retard, occurring only once in five or six weeks, and sometimes not for eight. They

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are too scanty, and are attended with excruciating pain in the lower part of the abdomen and in the back. The pain is like a sharp pointed stone, which seems to be pushing the inside downwards. The back feels as if broken and lacerated with a constant sensation of opening and shutting. These pains come on the day before the period, and last for upwards of twenty-four hours after it has appeared, and then gradually diminish. She suffers much from leucorrhœa, which sometimes excoriates the neighbouring parts.

Such was the state of this patient, on the 15*th May*, 1830, when I prescribed as follows:—

℞ Tinct. Belladonnæ, X. gl. i.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Belladonnæ, X. gl. iij.
Aquæ Puræ ℥ v. M.
Fiat solutio. A tablespoonful to be taken three times a day.

May 20*th*.—Has suffered much since commencing the medicine; the pains have been much more violent and frequent; has had two severe hysterical attacks; flushings and heat of face greatly increased; has had very bad nights, sleep constantly broken by the return of violent paroxysms of pain. Bowels relieved every other day with the assistance of an enema of tepid water.

℞ Tinct. Belladonnæ, XIII. gl. i.
Aquæ, ℥ iv. M.
Fiat solutio. A tablespoonful to be taken night and morning.

May 25*th*.—Pains somewhat less severe, and the intervals considerably longer; flushings and heat less; no hysterical attacks; sleep much better; bowels the same.

Repeat solution of Belladonna, XIII. gl. i. ℥ v. A tablespoonful to be taken night and morning.

May 30*th*.—Pains less violent; intervals longer; no hysterical attack, but heat and flushing much increased. The pains are more burning than darting or cutting. Sleep much better.

℞ Tinct. Arsenici, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Arsenici, X. gl. ij.
Aquæ, ℥ v. M.
Fiat solutio. A tablespoonful to be taken three times a day.

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June 4th.—Violent and frequent exacerbation of the pains; has had three hysterical attacks since last visit; flushings and heats much increased; nights much disturbed; bowels have acted twice without assistance; expects the monthly period; it ought to have come on the 2nd instant; suspend all medicines.

June 9th.—Catamenia not arrived; is a week beyond the right time; pains less severe since last report; has had one hysterical attack; flushing and heat continue very great; pulse quick and feverish; bowels more regular.

℞ Tinct Aconiti, VIII. gl. ij.
Sacchar Lactis, gr. vi. M.
Fiat Pulvis. To be taken at bedtime.

℞ Tinct. Pulsatillæ, IV. gl. i.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. Powder to be taken early in the morning.

℞ Tinct. Pulsatillæ, IV. gl. iij.
Aquæ, ℥ v. M.
Fiat solutio. A tablespoonful to be taken three times a day, and suspend all medicine on the appearance of the catamenia.

June 15th.—Catamenia came on on the morning of the 12th; ceased taking the medicine. Had a violent hysterical fit the day before the period; much less pain both in the hypogastrium and loins, and which only lasted eighteen hours instead of between one and two days, as heretofore. The neuralgic pains in the face have been as violent, but not nearly so frequent; nights very disturbed by the violence of the pain. Bowels act every day, and are no longer constipated. Appetite improved.

℞ Tinct. Belladonnæ, X. gl. iij.
Aquæ, ℥ v. M.
Fiat solutio. A tablespoonful to be taken morning, noon, and night, beginning the first spoonful to-morrow night.

June 21st.—Pains returned with increased intensity and frequency after taking the four first spoonfuls of the solution, so much as to make her fear to go on with it. Since leaving it off, she has gradually felt better, and has not had a violent paroxysm neither to-day nor yesterday, but complains of an acute pain in the occiput, with weight and dragging sensation at the back of the neck and down the spine, and total inability to read or write, for however short a time, without bringing on the pains and increasing the sense of weight at the back of the head. Flushings and heat have entirely

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ceased for the last four days; no hysterical fit; bowels not so regular, and more constipated; better appetite; feels stronger.

℞ Tinct. Nucis Vomicæ, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Nucis Vomicæ, X. gl. ij.
Aquæ, ℥ v. M.
Fiat solutio. One tablespoonful to be taken three times a day.

June 28th.—Pain and sensation of weight at the occiput entirely ceased; had severe headach at the back of the head, on the vertex and over the eyes, for two days after last visit; heat and flushings have not returned; no hysteria; still pain in the spine, with sensation of great weakness and burning all down the back. The paroxysms of neuralgic pains have become very capricious; one day they are as violent and as frequent as ever, and another day she is almost entirely free from all pain whatever, although she feels, on these good days, as if the pains were going to attack her every minute, from certain premonitory symptoms which used invariably to warn her before a violent attack of a succession of paroxysms; describes herself to be much stronger, and says she has had much fewer paroxysms during the last ten days. Bowels have again become regular, acting freely every day; appetite decidedly improved.

℞ Tinct. Belladonnæ, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Belladonnæ, X. gl. iij.
Aquæ, ℥ vi. M.
Fiat solutio. A tablespoonful to be taken three times a day.

July 6th.—Flushings and heats have returned, and with them frequent attacks of neuralgic pains, but in a decidedly modified form; has had, however, no intervals of ease such as she described in last report; no hysterical fit; the pains are now entirely confined to the frontal and second branch of the supra-maxillary nerve; expects the period in a few days; slightly feverish, much thirst, and considerable heat of skin; bowels regular, and requiring no assistance.

℞ Tinct. Aconiti, VIII. gl. ij.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.

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℞ Tinct. Pulsatillæ, IV. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken early in the morning.
℞ Tinct. Pulsatillæ, IV. gl. iij.
Aquæ, ℥ v. M.

Fiat solutio. A tablespoonful to be taken three times a day till the catamenia appear, when all medicine is to be suspended.

July 14th.—Catamenia appeared on the 10th, without any premonitory pains, and without any hysterical attack; copious, and continued during six days—favourable circumstances, which had not occurred for many years. During the first day of the period, the pain like the pressure of a sharp stone did not come on at all, nor the pain in the back, but she had, during upwards of twelve hours, pain like colic, with sensation of a knife cutting and stabbing in the hypogastrium, accompanied by great bearing down pains and lassitude, and sensation of fatigue in the back and thighs. The neuralgic pains are decidedly less in degree, (even during the time of the period when they used to be worse,) but they come every day at three o'clock and last till eleven at night, when they diminish, and allow her to fall asleep.

Repeat Pulvis Arsenici et Solutio Arsenicalis as on the 30th May, and remain three days without medicine before next visit.

July 24th.—The pains of face, temples, and forehead very decidedly better; has been upwards of five days without a single paroxysm, although she has had several isolated dartings; has had no pain in the occiput nor spine, no hysterical attack, and no flushing or heats; appetite good; bowels regular.

Repeat Pulvis Belladonnæ et Solutio Belladonnæ, as on the 28th June, a tablespoonful to be taken night and morning, and remain three or four days without medicine before next visit.

August 5th.—Still continues almost free from pain, and has had no return of the other symptoms; expects the period in a few days.

Repeat Pulvis Belladonnæ XIII, et Solutio Belladonnæ XIII, ℥ v., a tablespoonful to be taken three times a day; to suspend the medicine when the period comes on, and not to resume it till after the catamenia have ceased.

August 15th.—Catamenia came on on the 7th instant; slight hysterical attack followed several paroxysms of neuralgic pain on the 6th; no premonitory pains in the hypogastrium; back and limbs

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free from pain or lassitude; no pain as of colic, or cutting with a knife, but a slight return of the sensation of a sharp-pointed stone pushing her inside downwards; period only lasted four days, and was not so copious; neuralgic pains have appeared every day, but in few paroxysms, and not nearly so violent as formerly; considerable pain, weight, and dragging at the back of the head and down the spine.

Repeat Pulvis et Solutio Nucis Vomicæ as on 21st June; after which Pulvis et Solutio Belladonnæ, as on the 24th July.

August 29th.—Much better in every respect; remains several days at a time without neuralgic pains, but after excitement or fatigue they re-appear. She can read and occupy herself for a couple of hours; expects the period in a few days.

Repeat Pulvis et Solutio Pulsatillæ, as on the 6th of June; to suspend the medicine when the period comes on, and not to resume it till after the period has ceased.

Sept. 13th.—Catamenia came on on the 4th. No hysterical attacks, and no premonitory pains; total absence of pain as of pressure of a sharp stone, or sensation of a knife cutting; very copious, and lasted seven days; feels stronger; occasional isolated neuralgic pains, but no paroxysms.

This patient continued for about fifteen months under constant Homœopathic treatment, during which she had occasional relapses, which were successfully met by the following medicines:—Belladonna, Arsenicum, Nux Vomica, Pulsatilla, assisted by Hepar Sulphuris and Ignatia.

She was then for upwards of three years totally free from all vestige of neuralgic, uterine, or hysterical pains or disturbances. They all returned, however, after severe affliction, anxiety, and fatigue, but much less violent, and were successfully combated with *Chamomilla*, *Aconitum*, *Hyoscyamus*, and *Ignatia*, assisted by the other medicines already enumerated above. In less than four months all the symptoms had disappeared, and she has ever since been free from this painful disorder—at least up to 1843, when I heard of her last.

In this case I think there can be little doubt that, after each operation, the divided nerves, after a time, united again; and the several returns of the disease bear me out in what I ventured to advance in the preliminary observations of this essay, that, although there are some isolated cases where the

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division of the nerves has been followed by permanent cure, in the majority of cases only temporary benefit is produced by the operation. Much pain and considerable disfigurement would have been saved to this patient if these several operations had not been performed; and you perceive that Homœopathy possessed within its numerous resources the means of affording relief to the pain, and of curing not only the neuralgic affection, but that connected with the uterine system.

The next case is instructive, because it proves the necessity of minutely, carefully, and repeatedly examining the teeth of every neuralgic patient, particularly in those cases where the alveolar process becomes the seat of pain. The cause of the severe sufferings of the patient whose case I am about to narrate remained concealed from the patient, her friends, and various physicians, who had, at different times during two years, prescribed for her, and also from myself, who, being applied to last, had the advantage over my medical brethren of seeing her up to within ten or twelve days of her complete and permanent recovery from all neuralgic pain by the simple operation of extracting a tooth.

M. H——, aged 24, of sanguine temperament and very florid complexion, has suffered from violent pains in the face for nearly two years. The pain first began after exposure to cold at a window, when very warm from violent exercise. It commenced in the ala of the left nostril, and shot up the face to the left eye; it also extended along the whole of the superior alveolar process, and up to the ear and temple, on the left side. The pain is very acute, darting, boring, and pulsating. During the paroxysm, the face on the left side is very red, and slightly swollen. She is often for two and three weeks entirely free from pain; but the least exposure to cold is sure to bring on a succession of violent paroxysms, however well she may otherwise be. With the exception of the neuralgic pains, she is in perfect health; the appetite is good, the bowels act naturally, and catamenia are regular, and in proper quantity. For a few days before the approach of, and during, the menstrual flux, she is very susceptible of catching cold, and consequently of being attacked by the pains in the face; but if she escapes catching cold, she is not more susceptible of the neuralgic affection than at other times.

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Has tried a great variety of treatments, and consulted many physicians, without obtaining relief.

On the 16th September, 1836, I prescribed as follows:—

℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar Lactis, gr. v. M.
Fiat pulvis. To be taken immediately.
Mitte talis, vi. One to be taken night and morning.

Sept. 19th.—Pains have been much less severe; nights better; but the pains come on every time she remains more than an hour out in the open air, or sits near an open window.

Repeat Chamomilla night and morning.

Sept. 23rd.—Pains continue to be less violent and less frequent.

Repeat Chamomilla night and morning.

Sept. 29th.—The pains have returned as violent and as frequent as ever: they were brought on by exposure to the cold night air in an open carriage.

℞ Tinct. Dulcamara, gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Dulcamara, gl.
Aquæ, ℥ iv. M.
Fiat solutio. A spoonful to be taken morning, noon, and night.

Oct. 4th.—No improvement; on the contrary, thinks the pains more violent than she has ever felt them before; feels feverish and much excited.

℞ Tinct. Aconiti, III. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Belladonnæ, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken early in the morning.
℞ Tinct. Belladonnæ, X. gl. ij.
Aquæ, ℥ vi. M.
Fiat solutio. A tablespoonful to be taken every four hours.

Oct. 8th.—No improvement. The pains still continue very violent. Face on the affected side very red, and considerably swollen.

℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. Mitte talis, iij. One to be taken every two hours.

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℞ Mercurii Solubil. Hahnemann, VI. gr. ij.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Mercurii Solubil. Hahnemann, VI. gl. ij.
Aquæ, ℥ vi. M.

Fiat solutio. A tablespoonful to be taken every three or four hours.

Oct. 12*th*.—Pains much less violent after the second dose of Chamomilla; they continued to abate both in violence and in frequency, under the remaining dose of Chamomilla and Mercury.

Repeat Chamomilla, Mercurius as before.

Oct. 16*th*.—All the pains have returned with redoubled violence; has not been exposed to cold, and cannot account for the return and increase of suffering. Face much flushed, hot and swollen on the side affected; very feverish and restless, with violent throbbing in the left temple.

℞ Tinct. Aconiti, III. gl. ij.
Sacchar Lactis, gr. v. M.

Fiat pulvis. Mitte talis, ij. One to be taken immediately, and the other at bedtime.

℞ Tinct. Belladonnæ, X. gl. i.
Pulv. Sacchar. Lactis, grs. v. M.
Fiat pulvis. To be taken early in the morning.
℞ Tinct. Belladonnæ, XI. gl. ij.
Aquæ, ℥ vi. M.

Fiat solutio. A tablespoonful to be taken every four hours.

Oct. 21*st*.—The pains are more frequent and more violent; has little or no sleep, and no appetite; cannot chew from the violence of pain excited by the act of mastication. Feeling much disappointed at the increase in the pains since she put herself under Homœopathic treatment, the patient determined to leave it off and go into the country for change of air. About a month after her departure from town, I received a letter from her, in which she informed me that the pains gradually diminished for about nine days, when she was seized for the first time in her life with most violent toothach in the upper eye tooth of the left side. After two days' incessant suffering, all her former neuralgic pains returned with additional severity, and seemed all to radiate from the affected tooth; she had it extracted, since which every vestige of pain has entirely disappeared. The tooth itself was quite sound, but a considerable-

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sized fungus was attached to the fang. I had an opportunity of seeing this patient a few months ago, and she informed me that since the tooth was taken out, upwards of nine years ago, she has never suffered in the slightest either from neuralgia or from toothach, and can bear with impunity exposure to cold.

The neuralgic pain in this case, it is to be presumed, arose from the mechanical irritation produced in the dental nerve by the growth of the fungus;—the cause was never suspected till the tooth itself became the seat of pain. The extraction of the tooth, if it had been earlier resorted to, would, I have little doubt, have saved this patient from the long and severe pains she underwent during upwards of two years, which neither Allopathy nor Homœopathy had succeeded in curing.

The lesson given by this case has frequently proved of service to me since, and has led to a correctness of diagnosis in some cases, which, in all probability, would otherwise have escaped me.

In the treatment of the following case I had the advantage of the co-operation of my friend and colleague, Dr. Partridge. The patient was but a short time under the influence of the Homœopathic remedies when the disease, although of many years' standing, began to give way, and a decided amelioration of the painful symptoms took place. We dared hardly, at the commencement of the treatment, anticipate the happy results which so soon followed, the more so as the patient belongs to a family, every individual of which is a martyr to some disease of a very violent and serious nature. One sister, who suffers from Neuralgia, is hopelessly insane.

C. M——, aged 28; of a nervous, sanguine temperament; unmarried. Has suffered from violent pains of Tic douloureux for the last ten years. The pains commence in the alveolar process of one or the other side of the face, but generally in the right side; they extend up to the cheek, then radiate to the ear, the temple, and the vertex; sometimes they extend down the neck to the tip of shoulder, where they cease; they never extend lower. The character of the pain is most acute: shooting, burning, tugging, and darting. The pains almost always shoot upwards. During a paroxysm, the eye on the side affected becomes blood-shot, and is very sensitive; frequent darting pains pass through the ball. The right eye (the one usually affected) appears considerably smaller than the left. The slightest touch of the scalp or face, when the

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predisposition to the attacks exists, brings on the most violent paroxysms, whilst firm pressure somewhat relieves the pains. Exposure to cold invariably produces the attacks; she is much more subject to them in the spring and fall of the year. Sometimes she is without any pain whatever during some of the hot summer days; but since her first attack she has never been free for more than three weeks, or, at most, one month together, and that only in very hot weather. The pains are always more violent and more frequent at night than during the day. She seldom or ever passes a night without one and sometimes two attacks, however she may escape from them in the day time, except during the occasional relief experienced in hot weather. Each attack, consisting of a number of paroxysms, usually lasts three hours, during the night; two hours, and sometimes only one, in the day—never three, unless after exposure to great cold, when it lasts longer. She seldom has more than one attack during each day, if not exposed to cold, when two, and even three often come on.

On the approach of the catamenia, which generally anticipate the proper time by four or five days, and which are too scanty, lasting only one day and a half or two days, the neuralgic pains are more violent and frequent.

Total loss of appetite during the paroxysms, and inability to chew or swallow.

Has been under a variety of different treatment, without experiencing any relief.

When free from the pain in the hot summer days, she had a large black, blue, yellow, and green swelling over the whole of the right side of the face, extending from the right eye-brow down the face, and terminating immediately below the ridge of the inferior maxillary bone; a strong line of demarcation was visible down the middle of the nose, leaving the whole of the left side of the face and left side of the nose perfectly free from discolouration, whilst the right side of the face and nose was greatly distorted and disfigured. The eye on the right side was quite closed up; the right ear was, during these attacks, very much swollen, but was not in the least discoloured; there was no pain in the face during this discolouration further than what was natural from the amount of distention.

This has occurred in three successive years, and lasted a fortnight each time. Repeated application of leeches to the face, and fomentations were used. She remained each time free from the neuralgic pains about a week after these attacks, when they returned

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with their usual violence. The right ear remains swollen and painful ever since the first attack of discolouration and swelling of the right side of the face.

She has an elder sister who has suffered for a great number of years from Tic douloureux. It was followed by insanity. She is now confined in an asylum for the insane, and continues to suffer up to this day, from the most violent neuralgic pains.

On the 17*th October* I prescribed as follows:—

℞ Tinct. Chamomillæ, IV. gl. ij.
Sacchar. Lactis, gr. vi. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Pulsatillæ, IV. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken early in the morning.
℞ Tinct. Pulsatillæ, IV. gl. ij.
Aquæ Puræ, ℥ v. M.
Fiat solutio. A tablespoonful to be taken three times a day.

Oct. 23*rd*.—Paroxysms of pain as frequent and as severe; no change whatever in her symptoms, except that the pains have come on a little later in the night.

℞ Tinct. Arsenici, X. gl. ij.
Aquæ, ℥ iv. M.

Fiat solutio. A tablespoonful to be taken three times a day, and to remain three days without medicine after the last spoonful.

Oct. 28*th*.—Neuralgic pains in face better; has considerably less pain in the night; the paroxysm does not come on so soon in the night, and does not last so long; the paroxysm also consists of a fewer number of pains. The pains for the last four days have all shot downwards instead of upwards, as they used to do. Had a very violent attack the day before yesterday, although less obstinate than usual, lasting only one hour instead of three, as hitherto. Attributes this paroxysm to having been exposed to cold during several hours in the morning.

℞ Tinct. Belladonnæ, X. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Belladonnæ, X. gl. ij.
Aquæ, ℥ viii. M.
Fiat solutio. A tablespoonful to be taken twice a day.

Nov. 9*th*.—Paroxysms of pain less in duration: she sometimes remains the whole day without one, but has not passed a

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single night entirely free from pain, although the attack is less long and less severe.

℞ Tinct. Arsenici, X. gl. ij.
Aquæ, ℥ viii. M.

Fiat solutio. A spoonful to be taken morning, noon, and night.

Nov. 28th.—Pains much better; has very little pain in the night, and none throughout the day; feels stronger and better in general health.

Repeat Belladonna as on the 28th Oct. A tablespoonful three times a day.

Dec. 3rd.—Continues to improve; has passed three whole days without pain, and has very little pain during the night.

Repeat Solutio Arsenici as on the 28d Oct. A tablespoonful to be taken morning, noon, and night.

Dec. 9th.—Caught a cold on the 19th; the pains came on the same night most violently. During three days she was not free from pain more than ten or fifteen minutes at a time, and was in the most excruciating agony during each paroxysm. The pains shot both upwards and downwards. An abscess came in the lower jaw, outside the alveolar process; great pain in all her teeth.

Repeat Tinct. Belladonnæ as before: a spoonful three times a day; followed by Solutio Arsenicalis: a spoonful three times a day.

Dec. 16th.—The abscess burst whilst taking the Belladonna, since which the pains are much better; but is not so free from pain during the night as before the abscess formed. There is considerable discharge from the abscess.

Continue Tinct. Belladonnæ and Solutio Arsenicalis.

Dec. 28th.—Paroxysms of Tic douloureux not near so violent, nor so frequent, nor so long in duration, but occurring every night; occasionally only during the day. Abscess continues to discharge.

℞ Mercurii Solubil. Hahnemann, IV. gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Mercurii Solubil. Hahnemann, IV. gl. ij.
Aquæ, ℥ iv. M.

Fiat solutio. A tablespoonful to be taken three times a day, and then remain three days without medicine, after which, Tinct. Belladonna in Aqua ℥ v., and a tablespoonful to be taken three times a day.

Jan. 6th.—Pains much better; suffered very much for two days

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after last visit; discharge from abscess has entirely ceased; has now little or no pain, but occasionally feels very weak, low, and ill all over; has not had a single paroxysm since last report, only now and then single shooting pains.

℞ Tinct. Auri, gl. i.
Sacchar. Lactis, gr. v. M.
Fiat pulvis. To be taken at bedtime.
℞ Tinct. Auri, gl. ij.
Aquæ Puræ, ℥ v. M.

A tablespoonful to be taken three times a day, after which suspend medicine for three days, and then repeat Tinct. Belladonnæ, X. gl. ij, in Aquæ, ℥ vi.; a tablespoonful three times a day.

Jan. 16th.—Much better; has had no paroxysms, and no pain whatever.

Repeat Aurum et Belladonna as before.

Jan. 27th.—No pain; continues to feel well in every respect.

Repeat Aurum et Belladonna.

Feb. 10th.—Has not had the slightest return of Tic douloureux, nor the slightest pain of any kind. Complains now only of a slight palpitation of the heart, which comes on after all her meals, however slight they are.

Repeat Aurum et Belladonna.

Feb. 25th.—She continues free from all pain, and there is no appearance whatever of discolouration or swelling of the right side of the face, such as she experienced in former years whenever she had been so long free from pain. The palpitations of the heart have ceased.

Since her first attack she has never had so long an interval of ease, particularly during the cold season of the year. Usually, when the pains were relieved, she was so feeble and exhausted, that she was obliged to keep her bed for a week or ten days; whereas now the relief from pain has been preceded and accompanied by increase of strength and general good health;—is able to take long walks and bear much fatigue, and even long exposure to cold north-east winds; whereas, formerly, fatigue and cold winds used invariably to bring on severe paroxysms of pain. She has been many months without any medicine, and has been entirely free from any neuralgic pain whatever.

J. P., aged 57, of a bilious, nervous temperament, has been

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afflicted with Tic douloureux since September, 1827. It first seized him after long exposure to cold and rain, and began with sharp pains, like the pricking of needles, in the upper lip and right side of the face. For the first sixteen months, the paroxysms of pain did not occur oftener than once in ten or twelve weeks. They usually continued for about six days, coming on eight or nine times during the twenty-four hours. In the spring of 1829, the neuralgic pains attacked him more frequently and more severely; he was seldom so long as four weeks free from an attack; and the pains at this period began to extend from the upper lip and cheek up to the right temple and to the forehead. They came in violent paroxysms of a number of quick, shooting, burning, excruciating pangs, commencing at the upper lip, and darting upwards to the temple and across the os frontis, stopping immediately over the nose, and never extending to the left side. From this time, he gradually grew worse each successive year. Since the close of 1833, he has seldom been longer than three or four days free from suffering, except in the hot summer months, when he sometimes remained a whole week with little or no pain. During the autumn and spring months, his attacks were always more frequent, long, and acute.

From 1835, up to the present time, he has suffered almost continually; latterly, he has seldom been free from pain more than an hour at a time, except during the hot weather, or whilst taking exercise in the open air. During the prevalence of cold north-east winds, he is seldom five minutes free from pain.

Since the first attack, in 1827, the neuralgic pains have never once shifted from the right side of the face: at no time has the left ever been the seat of pain. He has consulted a number of physicians, and has been under a variety of different treatments. Eight teeth have been extracted, in the hope of mitigating the pain. He has also attended several dispensaries, and two hospitals, as an out-patient. Unfortunately, all the efforts to relieve him have been unavailing; and, I am grieved to add, that I have been equally unsuccessful in my endeavours to restore him to health. Shortly after the commencement of the Homœopathic treatment, both I and my patient began to entertain sanguine hopes that this severe and obstinate neuralgic disease was yielding. The pains became much less severe and less frequent, and his nights were much better; he remained even as long as three and four days at a time without a single attack, and was as many more with very slight pains. This had not happened to him

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for many years, particularly at this season of the year (December.) During this time he was under the action of Arsenicum. His occupation exposed him to sudden changes from great heat to excessive cold, and after a decided and apparently progressive amelioration of his symptoms, which lasted about five weeks, he was, when very warm, suddenly exposed to great cold, and the Tic douloureux returned with great violence, and neither the same medicine, Arsenicum, which appeared to have had such a beneficial influence upon the neuralgic pains, nor many others which I subsequently prescribed, seemed to produce the slightest effect upon the disease. Besides *Arsenicum*, I administered *Sulphur*, *Belladonna*, *Nux vomica*, *Chamomilla*, *China*, *Bryonia*, *Calcarea*, *Pulsatilla*, *Capsicum*, and recurred over and over again to Arsenicum, all without effects. I had proposed to try other remedies, but the poor sufferer grew disheartened, and discontinued his visits. I have reason to believe that he paid the strictest attention to diet, and gave every chance to the treatment which his circumstances and mode of life permitted. Whether other Homœopathic remedies would have ultimately succeeded in effecting what those prescribed by me had failed in doing, or whether the Neuralgia would have yielded to the Arsenicum and other medicines enumerated above, had the patient not been continually exposed to the sudden vicissitudes of temperature, the original exciting cause of the first attack of the disease,) it is impossible to determine; but I am disposed to believe, from what took place during the first administration of the Arsenicum, that, under more favourable circumstances, this medicine, alternated with some other Homœopathic remedies which I had not had an opportunity of trying, would have greatly mitigated the excruciating sufferings of this unfortunate patient—at least, I have often regretted that he did not persevere longer, and allow of a wider range of remedies being administered.

I am now approaching the last case which I shall introduce in this paper,—a case in which, more than any other, perhaps, which has yet come under public notice, the impuissance of medical treatment in this dreadful complaint has been a source of general as well as of professional regret. It is that of a noble and gallant officer, whose name can never be separated from the most glorious periods of our national history,—whose services are imperishably recorded in the annals of the profession of which he has long been the glory and the ornament,—and whose well-known designation, as the

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first and most chivalrous cavalry officer in Europe, makes all further specification of the individual case unnecessary.

I think I may say that, to have afforded permanent relief to the distinguished person I allude to, under the pressure of this excruciating complaint, would, indeed, have been a proud distinction, as much to the fortunate practitioner who might have achieved such a result, as to the system of medicine, whatever that was, which he practised; but, alas! such a consummation has, unhappily, been as yet denied to our profession. We can only hope that the stimulus which such a distinction, as that of being able to administer to the relief of this illustrious officer, may yet invite, as it will most assuredly compensate any degree of labour necessary to the thorough investigation of this important case, and to its successful treatment.

During the greater part of the thirteen years which I have been, at different times, employed in the endeavour to combat and conquer this inveterate complaint, I have had the great advantage of being assisted by two members of this society, both of whom have had the honour of being inmates of the noble and gallant officer's household as domestic medical attendants, Dr. Dunsford and Mr. Cameron, (the latter gentleman for upwards of ten years,) and you may imagine that every effort which our combined skill could command was made to cure this dreadful complaint,—I am sorry, however, to say, with a result far from commensurate with our hopes and wishes. There is, however, one source of gratification,—that of having, at various times, been able to afford decided relief for many months at a time, once even as long as nearly one year and a half, during which period his Lordship, although at times more or less threatened with a return of the paroxysms, was so far free from decided pain, that he was known repeatedly to declare, that he was quite ready to compound never to be better, if he could be guaranteed never to be worse.

It is impossible to give, in a paper of this kind, a faithful or detailed history of a case the treatment of which has extended over the greater part of thirteen years; the more so, because, during that time, a variety of interruptions took

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place, from the patient having resorted to numerous other treatments—Allopathic, Hydropathic, as well as to Electricity, Galvanism, and Mesmerism—all, unfortunately, however, without avail. I shall, therefore, content myself with bringing before you the more prominent features of the case, and the enumeration of the different remedies employed homœpathically, to grapple with this obstinate and direful complaint. The patient was first attacked in the commencement of the year 1818. The neuralgic pains came on suddenly and violently in the right side of the face; they made their first appearance in the right angle of the mouth, and extended along the lower jaw to the middle of the chin; they gradually invaded the tongue, the palate, the alveolar process of both the superior and inferior maxillary bone; they, at a later period, shot up to the malar bone, and along the right side of the nose up to the inner canthus of the eye, shooting up, in violent and repeated paroxysms, from the right ala of the nose. At times the pain came with great violence immediately over the parotid gland, and radiated out, like the sticks of a fan, across the right side of the face along the malar bone (sometimes, but rarely, shooting into the ball of the eye itself) across to the bridge of the nose and ala of the right nostril, along the upper lip to the centre of the mouth, and down the ridge of the inferior maxillary bone; at times darted with extreme violence into the ear, and behind the ear over the mastoid process. The pain seldom or ever extended above the eye. The patient does not remember ever having been affected in the temple, sinciput, scalp, vertex, or occiput. Occasionally, when the attacks have been very obstinate and the paroxysms very violent, the pains have shot from the face down the neck, extending to the acromion process of the right shoulder.

The pains which have, at various times, attacked the parts enumerated above, have mostly been of the most intense and excruciating nature it has ever been my fate to witness in this or any other painful disease; so agonizing, in fact, as almost to preclude belief in the powers of the human frame to endure them.

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During the twenty-nine years that this gallant officer has been afflicted with Neuralgia, the pains have assumed every form, phase, and variety in which it is possible for pain to show itself; at times they have been sharp, sudden, jerking; sometimes plunging, tearing, burning, tugging, and lacerating; at other times pricking, darting, stabbing, cutting, and piercing; frequently dull, heavy, gnawing, boring, pushing, and obtuse, as from a blunt instrument; sometimes moving like the rapidity of lightning, or like electric shocks, and darting to the extreme and various ramifications of different nerves; at other times moving slowly and heavily along the course of a nerve and its minor branches. The attacks, composed of several paroxysms, vary in duration and intensity; sometimes lasting a few minutes; at other times days, weeks, and months.

There is hardly a nerve on the right side of the face which has not, repeatedly, at different times, been the seat of excruciating suffering. The superior and inferior maxillary nerves, with almost all their branches, including the infraorbital nerve, the nasal nerve, the spheno-palatine ganglion, the gustatory nerve, the various ramifications in the antrum maxillare, on the alveolar process, and the lips, the videan nerve and the chorda tympani, the mental nerves and the superior cervical ganglion of the great sympathetic nerve, have all in their turn, repeatedly, been invaded by Neuralgia. Some of the ramifications of the ophthalmic branch of the fifth pair of nerves have also at times been the seat of pain, but seldom or ever the frontal nerve.

This case seems to me to prove, beyond question, the error into which Sir Charles Bell, Shaw, and other physiologists have fallen, who deny that the porto dura of the seventh pair is ever the seat of Neuralgia. The pain repeatedly commenced in the porto dura, and shot out, like the sticks of a fan, through the whole ramifications of the pes anserina on the right side of the face;—the seat and course of the pains did not admit of a doubt.

With respect to the means which have been resorted to, at different periods, to cure this terrific and obstinate disease,

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there is scarcely a medicine in the whole Allopathic pharmacopœia which has not been administered, nor a nostrum which has not been tried, by the advice of the patient's medical attendants or his friends—all without avail. Hydropathy, Mesmerism, Galvanism, and Electricity had no better success. Every external application ever invented, I believe, has been tried, with little or no beneficial result. At different times eight teeth have been pulled out, in the hope that the extraction of one or other of them would remove or alleviate the disease,—but not the slightest modification of it ensued. Almost incredibly large doses of the most heroic remedies have been repeatedly taken during the violence of the paroxysms, with little or no apparent effect. A number of different treatments and the administration of different powerful medicines have been pushed to the extremest point to which it was considered safe to go, and even beyond. The only effect was deterioration of the constitution and derangement of the general health, but no removal of the disease.

I wish I could tell you, Gentlemen, that Homœopathy had been more successful in the cure of this most excruciatingly painful case. Every remedy, either Antipsoric or Apsoric, which had, among its pathogenetic effects, neuralgic symptoms, has been prescribed; but I am grieved to add, that the disease, when it occurs, although the intervals between the attacks are much longer, comes on with as much violence, and the pains are as agonizing, as ever. The medicines which have proved most beneficial in alleviating the extreme violence of the pains, and in prolonging the intervals of ease, are Arsenicum, Nux vomica, Belladonna, Hepar Sulphuris, Chamomilla, Colocynthis, Hyoscyamus, Cannabis, Coffea, Sulphur, Mercurius, Opium, Phosphorus, Calcarea Carbonica, Verbascum, Baryta, Aconitum, Bryonia, Arnica, and Rhus Toxicodendron, according to the indications. The higher dilutions were generally employed; but in almost every medicine administered the lower dilutions were also repeatedly tried where the higher failed in producing an effect. It seldom happened that the lower succeeded when the higher had been ineffective.

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Various opinions and conjectures have been formed respecting the exciting cause of this disease, and several of the different eminent medical practitioners who have been consulted have thought that the neuralgic symptoms arose from sympathy with the nerves of the stump of the limb amputated at Waterloo, which they consider to be at times in a state of great irritation; nay, some surgeons have gone so far as to recommend a second amputation, with a view of curing the neuralgic disease by the removal of the irritation of the extremity of the nerves in the stump. To this the patient, with his proverbial, undaunted and unflincing courage, has been, at different times, quite ready to submit; but I have always been decidedly opposed to this second operation. I am not prepared to deny the possibility of irritation, sympathetic with the nerves of the stump, being frequently a cause of the pains; but I am fully persuaded that the patient would equally have been a martyr to this dreadful malady even if his leg had not been amputated. My reasons for entertaining this opinion are, that four other members of his family have been under my care, labouring under the most acute forms of Neuralgia; and one of them, a nephew, has been a martyr, for the last ten or twelve years, to this excruciating disease, in as severe a form, if possible, as his uncle, the subject of this case. Not one of these four patients have suffered from any wound, or undergone any amputation. Moreover, the father of the patient suffered for many years from violent pains in the face, and was often obliged to shut himself up for days, with his head enveloped in flannel, owing to the severity of his suffering. This was before or about the time when these pains first obtained the name of Tic douloureux, and many years before the term of Neuralgia was applied to them; but there can be no doubt that the pains which his father suffered from were essentially neuralgic. Again: although the Tic douloureux first appeared in the face between two and three years after the amputation, he was subject, from his youth, to most severe and repeated attacks of Lumbago and Sciatica. From these facts, I think, it cannot be doubted that there exists in many members of

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this noble family a strong predisposition to neuralgic affections, independent of any wound, and that the subject of these observations owes his dreadful sufferings more to this tendency to Neuralgia than to the amputation.

In conclusion, I am happy to be able to state, that, for some time past, the noble and gallant officer whose malady I have just described has been unusually free from suffering; but we live in dread of its return, with all its customary violence; and grateful shall my colleague Mr. Cameron, and myself feel, for any new light you may throw on the nature and treatment of this excruciating disease.

With this interesting case I bring this paper to a close; and I hope that, in the discussion about to follow, I shall have the great advantage of hearing the results of your skill and experience, and acquire from you new powers of combating Neuralgic disease in all its various and complicated forms.

F. F. QUIN, M.D.

REVIEWS.

Confessions of an Homœopathist.

Under this title has appeared a tale fashioned after the model of pseudo-religious novels, in which there is a general absence of the charity that "vaunteth not itself, and is not puffed up," and a most bitter assault on those who differ from the egregious writers on point of doctrine.

As the Vicar of Wrexhill, in the satirical novel of that name, is intended to describe a class, whereas, though there may be here and there such an individual, no such class exists; so, in these "Confessions," an impostor is set forth as the type of all Homœopathists, past, present, and to come. The object of the writer is to show that, by the stern decrees of the immitigable Fates, all Homœopathists are cheating vagrants with false names, scurvy rogues, illiterate scoundrels, killers of angelical girls in the last stage of pulmonary consumption, thieves, homicides, white-livered paltroons, and so forth. These worthies, who are always Germans that come to Great Britain to make spoil of the Queen's lieges, are represented

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as making no end of money; and when they are rich exceedingly, find out some German professor, or *chevaliers d'industrie*, whom they pass for their brothers, and to whom they sell, or generously give, the goodwill of their flourishing trade of imposture.

There is a sort of cunning cleverness in this attack on Homœopathy, the religious pretension being made to cover the malicious purpose and the personal grudge. Some of the salient points of the subject are assailed with a certain dishonest dexterity, which we should no more think of commending than we should do that of the expert pickpocket. We cannot help expressing our disgust that a member of a liberal profession,—for we judge from the internal evidence that the author is a medical man,—should degrade himself with such an occupation. Even extreme poverty, and the hope of obtaining a few pounds, would be no excuse for such a publication.

The hypocrisy, the falsehood, the malice, the personal hatred to some individual, are but too apparent; but we know that there are persons who have been weak enough to take this tissue of lying inventions as a narrative of facts. There are, probably, some who like this sort of writing, and like it the better for its malice and superfluity of falsehood, if there be a sufficient spice of cleverness to make it tolerable reading. Let such delight in these "Confessions;" they are more harmless than those of Jean Jacques; and, unlike his, they are, happily, ephemeral.

Homœopathic Institutions and Dispensaries.

THE admirable report of the Manchester Homœopathic Institution (which has been recently published, and on which we propose to make some remarks at the close of this article) has induced us to give a brief summary of our views on the subject of Homœopathic Institutions and Dispensaries in general.

The number of these institutions, and the multitude of patients who annually receive relief from them, in the way of medical treatment, must, ere long, produce marked results on the progress of medical reform. We wish to point out how, in our opinion, this progress may be expedited and assured by means of these institutions, so numerous and so numerously made use of by patients throughout Europe. That we are not premature in calling the attention of our readers to this important subject will appear from the fact that there are at least thirty such dispensaries now in full [illegible] in this country; and it behoves all who have at heart the advance- [illegible] scientific medicine to inquire in what way these, and others that [illegible] be instituted, should be conducted so as best to conduce to [illegible], the rapid and yet assured dissemination of our doctrine

[illegible]naries, and hospitals have a two-fold action; the first [illegible] course, the relief of the sufferers; the second is [illegible]herapeutics. Of the first we shall say nothing [illegible]rience of Homœopathic dispensaries, the suc- [illegible] the most sanguine expectations; of the

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second, the results have been no less satisfactory to the medical officers, but in England, at least, the benefit of this experience has been for the most part confined to the medical men of the dispensaries severally; very few attempts having been yet made by them to communicate the practical facts to their Homœopathic brethren. This great defect is probably due to the deficient supply of medical men, and the inability of those actually engaged at these dispensaries from want of leisure, to arrange and classify the rich materials that have been partly garnered and partly allowed to run to waste. As, however, the number of professional converts is gradually increasing, the *modus agendi* in such cases becomes a very important subject of inquiry. The greatest amount of therapeutical knowledge derived from clinical experience, diffused to the greatest possible extent, is our *desideratum*. For in this way not only may Homœopathist benefit Homœopathist, but we may be enabled to act most effectually and to their own advantage, by facts that shall appeal to them in their collective capacity, on our Allopathic brethren—so far as to induce them to devote some time and patient study to the subject on which they believe we are in error, but on which we know ourselves to be right.

Those who have associated much with the medical men of this country, and have observed their characteristics, will agree with us that they present three distinct classes of mental qualifications; the first class includes those who are distinguished by a high order of reflective intellect; the second, includes those endowed with acute perceptive powers; and the third embraces the *servile pecus*, the mere imitators, or "routine practitioners," as they have been called. It so happens, as might naturally be expected, that these last constitute the great bulk of the profession, and in their theories and practice are led entirely in the great towns, by what is most in vogue, and in country districts by what they had been taught in their youth. Those of the second order are men of acknowledged utility, active, and industrious, who pride themselves on their eclecticism, on their being unwedded to any principle or theory in medicine, and whose whole object seems to be the mental storing of facts, from which, in course of time, they generalize, and thus they individually establish, each for himself, a sort of basis on which they practice, so that each may be said to be a school of medicine in himself. Thus we find, in this class of eclectics, the saying to be true,—"as many men, so many opinions;" the views of one differing from those of another, according to their difference of experience or of mental constitution in the individuals. From their only dealing in facts, and making their opinions authoritative by the narration of cases, they exercise great influence on those who make this sort of experience their idol, and bow down to those who have obtained it for them. But these choice eclectics, useful as they are in a practical point of view, being yet deficient in the highest order of intellect, are seldom or never impressed by any principle, however beautiful it may be, unless the propounder of it can produce an array of figures which shall exceed those already obtained by them. The opinions of such men may be gradually displaced by a kind of elimina-

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tion, but not by a vigorous effort of the intellect. Such have they always shown themselves to be in respect of principles connected with semeiology and surgery, and which are evermore fluctuating as new facts arise. No wonder is it, then, that such persons, when the Homœopathic principle is told them, recoil at once on hearing something of the mode of practice. They cannot, it would appear, separate a principle from the means of its application; and as the fact of the infinitesimal doses is sufficiently startling, they make no further attempt at a solution of the question. It is useless to tell them of the vast importance of Hahnemann's theory of medicine, if it be true, and that the slightest hope of its not being false should stimulate them to the investigation of its claims. They are incapable of working the problem from within outwards, and are only to be convinced, and that of necessity, slowly, by the opposite mode. We mean them no disrespect by this statement; they exercise a beneficial influence in demanding that the principle should be so evolved, and by insisting on exactness and care, they re-act improvingly on those who adventure the task. They constitute the bulk of the inquiring and intelligent practitioners in Allopathy, and more immediate good would accrue to Homœopathy by their conversion than by that of any other class. Their change would, in a single generation, be followed by that of nine-tenths of the practitioners of medicine.

We have no fear that those we have put in our first class, the men of reflective intellect, will hesitate to join us, when they give themselves to a careful perusal of the works of Hahnemann, and find out for themselves what he really means. Their deficiency, hindrance, fault, is their scepticism on all points of therapeutic interest; this only keeps them aloof, and checks in them any attempt to know the grounds of our belief. They, when converted, will be powerful coadjutors, but less so than those of our second class, as their writings are not always immediately appreciated.

We have made these remarks with the view of suggesting the best mode of proceeding to lay a foundation not only for the purpose of mutual instruction, but likewise for winning over to our ranks those who misjudge us, sometimes arraign our honesty, and sometimes charge us with folly and ignorance, alien from, averse to us, but still our professional brethren, whom we are most willing to persuade and convince.

How, then, should our dispensaries be conducted so as to accomplish these two objects—our mutual instruction, and the conviction of those at present not with us? In the first place, as a dispensary is a charitable institution for the relief of the poor, that character should be maintained as much as possible; and the contributions of the rich should be made available to the need of the poor. Where these contributions, in the immediate neighbourhood, are insufficient to the purpose, assistance should be obtained from those at a distance, rather than the dispensary should seem to be self-supporting, or appear, by inference, to the vulgar-minded and mean-souled, to be of pecuniary advantage to its medical officers. One Homœopathic institution may be so favourably situated, so cordially and amply furnished with means, as to be able to assist another under any pressing emergency.

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Whenever it is practicable, the doors of the dispensary should be open to all comers, though all sent by subscribers should be understood to have a preference, if the numbers of admission are any where, perforce, limited, from the inadequacy of the medical staff.

From the inability of the medical men to visit many patients at their own dwellings, and from the unwillingness of those that have been successfully treated, or relieved, to lose time in reporting themselves cured, or relieved, there has been a great difficulty in obtaining the results of dispensary practice. This difficulty has occasioned discouragement, which naturally generates, more or less, a feeling on the part of the medical men that they cannot help it, and things must go on as they are. Much, however, may be done by the different individuals connected with the dispensary, enforcing on the patients themselves the propriety of their making these returns, and explaining to them the importance of their doing so. Most of them will, in that case, comply with the requisition; for we are warranted by our experience in asserting, that the most of our poor patients are not wanting in gratitude.

Each case-paper should be kept at the dispensary, as otherwise many reports of most instructive cases are either lost, or mutilated, or rendered illegible, by the carelessness of the patients. All will understand the disappointment of the medical man, who has carefully watched a case for weeks or months, on the occurrence of such an accident.

House-surgeons, we think, should be appointed, as soon as, or wherever, it is practicable in any place, for the purpose of attending patients at their own homes; and we feel persuaded that in a few years there will be found no difficulty in accomplishing this important object.

By attending to these general rules for obtaining and preserving full and careful reports of cases, we should soon be in possession of a mass of facts, which may form the basis of a satisfactory statistical comparison with Allopathy. There would be little or no additional expense incurred, and the results would be as complete, or nearly so, as those obtained from an infirmary.

Our Homœopathic brethren may say, that this has already been done in the admirable reports of Fleischmann and Reiss; but our Allopathic opponents sneer at the insufficiency of details, furnished in their tables, as to the previous duration of the illness, the age, sex, &c. of the patient; and, besides, they object that these authorities are foreigners, and at too great a distance to have their statements tested, and that they are not of sufficient weight, and so forth. We cannot expect, for a time, large Homœopathic hospitals, nor for a time expect that Homœopathic physicians and surgeons should be elected to the existing hospitals and infirmaries; but much may be done to bring about even this.

Every dispensary should be expected to obtain the results of the cases there treated, at least to as great an extent as is possible, during each successive year. The unfavourable, as well as the favourable cases should be published with unshrinking and unswerving honesty. It is not necessary

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that each case should be given in full; but we should have something more copious than the bare statement that so many cases of such and such diseases had been treated, of which such a number was cured, and such a number died.

An intermediate plan may be adopted. A table should be constructed, having in the 1st column the number of the case in the case book; in the 2nd, the age; in the 3rd column, the sex; in the 4th, the previous duration of the disease; in the 5th, whether the old treatment had been pursued; in the 6th, the ordinary nosological name; in the 7th, the duration of time under Homœopathic treatment; in the 8th, the season of the year; in the 9th, the remedies; and in the 10th column, the result.

In illustration we extract a portion of the tables of the Manchester report; additional columns would have to be added for the *age*, *sex*, season of the year, and the remedies.

No. in Case Book.	How long ill previously,	Under old Treat ment.	Disease.	How long under Treatment Here.	Event.
1290	6 weeks.	yes	Gastrosis.	1 week.	Cured.
930	3 years.	yes	Ditto.	6 weeks.	Ditto.
2701	——	—	Ditto.	14 days.	Ditto.
527	——	—	Ditto.	4 months.	Ditto.
668	2 years.	yes	Ditto.	2 months.	Ditto.
451	2 years.	yes	Ditto.	9 months.	Ditto.
506	10 years.	yes	Ditto.	6 months.	Ditto.
1427	2 years.	yes	Gastritis Chronica.	10 weeks.	Ditto.
1112	9 months.	yes	Ditto.	3 months.	Ditto.
1172	1 week.	—	Gastro Enteritis.	2 weeks.	Ditto.
1044	6 weeks.	yes	Diarrhœa Chronica.	10 days.	Ditto.
3583	9 days.	—	Diarrhœa.	3 days.	Ditto.
3815	——	—	Ditto.	7 days.	Ditto.
2445	——	—	Diarrhœa Dysenterica.	3 weeks.	Ditto.
	1 week.	—	Ditto.	12 days.	Ditto.
540	1 month.	—	Ditto.	1 week.	Ditto.
485	3 weeks.	yes	Ditto.	7 days.	Ditto.
897	4 days.	—	Dysenteria Chronica.	6 days.	Ditto.
3119	6 weeks.	yes	Ditto.	6 weeks.	Dead.
518	2 weeks.	—	Dysenteria Acuta.	17 days.	Cured.
2695	2 months.	yes	Dysenteria Chronica.	2 weeks.	Dead.
2782	3 months.	yes	Diarrhœa Dysenterica.	3 days.	Cured.
2695	12 months.	yes	Diarrhœa Chron. Ulceration of Bowels.	15 days.	Dead.
3428	3 months.	yes	Diarrhœa.	9 weeks.	Cured.
2484	1 week.	no	Ditto.	1 week.	Ditto.
3815	1 week.	no	Ditto.	3 days.	Ditto.
817	——	—	Icterus and Menorrhagia.	2 months.	Ditto.
1181	2 months.	yes	Icterus.	3 weeks.	Ditto.
559	2 years.	—	Obstipatio.	2 months.	Ditto.
2459	——	—	Ascarides.	2 months.	Ditto.
544	3 months.	yes	Tænia.	6 months.	Ditto.
749	2 years.	yes	Ditto.	3 months.	Ditto.
1697	11 months.	yes	Ditto.	1 month.	Ditto.
1965	1 day.	no	Peritonitis Acut.	5 days.	Ditto.
2155	4 years.	yes	Peritonitis Chron. Ascites.	4 months.	Ditto.
1327	3 months.	yes	Tabes Mesenterica.	7 weeks.	Dead.

If this were followed out, and each dispensary published annually its reports, constructed after this plan, we should have, in a few years, such a mass of figures as would suffice to settle the question for ever.

We are glad to see that the Manchester Dispensary Report has been

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framed in this right direction. It is the first attempt of this sort yet made in this country, and is the most elaborate report we have yet seen of our Homœopathic Dispensaries; it deserves, and indeed claims our attention.

The report is divided into two parts, that by the non-medical managers, containing the financial statement, &c., and that of the medical officers, which is purely medical. In the first part the utility of the Dispensary, as a charity, is set forth by a statement of the number of the patients, 3399, which exceeds that of any other dispensary in Manchester, except the *out*-practice of the Infirmary. This fact sufficiently declares the utility of the Institution, independently of what we know from the second part of the report. Indeed, it must be obvious to those who will consider the numbers treated at the Edinburgh, Liverpool, and Manchester Homœopathic Dispensaries, that the poor must derive great benefit from them, or those numbers would not be so great; and we know, from personal experience, that the numbers would be still greater, much greater, but for the paucity of medical officers.

Another important fact brought out in the first part of this report is the great difference of the expense incurred at Allopathic and Homœopathic Dispensaries. The average cost of each patient at the Manchester Dispensaries is as follows:—

	s.	d.
Salford and Pendleton Royal Dispensary	4	1½
Ardwick and Ancoats Dispensary	4	2
Chorlton-on-Medlock Dispensary	4	8½
Homœopathic Dispensary	1	1

The medical report contains a classified general arrangement of all the cases treated during the year 1845, followed by a more particular arrangement in a tabular form, (of which we have given a specimen,) of the 400 cases the results of which have been ascertained. Then follows a selection of cases, accompanied by suitable remarks; of these we insert the following:—

Case 1.—*June 12th*, 1845.—An unmarried woman, age 22; occupation, weaver. She has been complaining for four years. The abdomen is as large as that of a woman at the full period of pregnancy, with very distinct fluctuation; she has frequent stabbing pains extending from the iliac regions across the hypogastrium; the urine is scanty, and is frequently bloody, or of a dirty muddy appearance. Catamenia regular. Ordered Arsenic at the twelfth dilution, a dose night and morning.

20*th*.—Less of the stabbing pain; urine as at last report. Bryonia 12.

28*th*.—The urine reported natural in quantity, but still slightly muddy; the abdominal pains are much less urgent, but she complains of pain of a similar character in the right submammary region, with cough and expectoration of dirty coloured sputa. Nausea. Nux vomica 12.

July 5th.—All the symptoms with exception of the abdominal enlargement relieved, the Nux was repeated. She did not return until the 27th August, having gone to the country, in the enjoyment of better health than she has had for four years. The swelling, she thinks, is less. As she wished to return to the country, three powders were ordered, consisting of 1 Arsenic 12; 2 Bry. 12; and 3 Nux vomica 12; to be used as numbered.

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September 15*th*.—Since she commenced taking the Nux, a week ago, has suffered much from sour eructations after meals, flatulence, with slight pain at the epigastrium. Pulsatilla 6.

22*nd*.—Acid eructations gone; urine quite natural both in quality and appearance; very perceptible subsidence of the swelling. Arsenic 12.

October 17*th*.—Since last report there has been a very marked diminution in the size of the abdomen. No fluctuation perceptible; urine copious. Arsenic 18.

27*th*.—States that she feels, and is to all appearance, quite well; the belly is not larger than natural.

When this case was first admitted, from its history it was thought to be one of ovarian dropsy. The successful issue, however, would lead us to infer that it was ascites, the result of chronic peritonitis. The dyspeptic symptoms of the 15th September are interesting, from the fact of their having appeared whilst taking the Nux vomica, and would seem to have been due to the physiological action of that substance.

Case 4.—*May* 20*th*, 1845.—A painter, aged 23; sanguine lymphatic temperament, full habit of body, and previously in good health. On the 16th had a slight rigor, followed by considerable fever, which has since continued and increased. Has been subjected to no treatment beyond the action of a smart cathartic received from a neighbouring apothecary. Present symptoms:—Pains, burning and throbbing, in the insteps of both feet, and especially in the first joints of the great toes, which are slightly swollen, rather tense, and glistening and suffused with a reddish blush. The carpal and metacarpal joints of both thumbs and most of the joints of all the fingers are similarly affected. Shooting pains are felt on motion in all the limbs. Pulse 108, soft; great heat and dryness of skin; tongue dry in the centre; great thirst. He was ordered Aconite at the third and Bryonia at the third dilutions, a dose to be taken alternately every two hours.

21*st*.—Has slept a little during the night; feels somewhat easier; the knee joints are both swollen, painful, and somewhat reddened; left hand rather less swollen. Slight constriction at the chest, felt on making a deep inspiration, but no physical signs of cardiac complication can be discovered. Skin still very hot and dry. Pulse 120. Some soreness of the throat. Bowels moved thrice since last night. Urine clear, but high coloured. Continue medicine.

22*nd*.—Yesterday evening raving delirium, which continued, with occasional intermissions, until this morning; since then it has not returned. Had a great deal of fever this forenoon, with flushed face. Considerable tenderness at the epigastrium. Bowels moved once since yesterday. The right wrist red and swollen; the left has also become affected. Less pain and swelling in ankles and feet, but that of the knees increased; severe pain in the region of the sacrum. Tongue cleaner. Pulse 108. Urine depositing copious red sediment. Continue medicine.

22*nd*.—Symptoms nearly as yesterday; complains more of throat and epigastrium.—Belladonna 3; Bryonia 3.

24*th*.—Occasional delirium during night, with restless sleep. Complains much of drawing and tearing pains in the joints. Has felt a slight stitch in the cardiac region. [The chest again examined, as it has been at every visit, but no abnormal signs detected.] Bowels moved twice to-day: stools lighter in appearance: urine again clear. Pulse 108, full and regular. Continue medicine.

25*th*.—No change in the general symptoms, with the exception that there is more complaint of numbness than of pain in the joints affected. Shootings experienced, however, on the least motion. Has had a bad night, stools loose, dark coloured. Tongue much loaded. Pulse 112. Arsenic 6; Aconite 6, alternately.

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26th.—Has had a good night; pulse 102, full and throbbing. Hands more affected and slightly Œdematous. Bowels have not acted to-day. Continue medicine.

27th.—Has complained much to-day of severe stabbing pain in the sternum, on a level with the third rib, deep seated, increased by motion, especially by raising the arms; respirations short and hurried; impulse of the heart feeble; sounds distant, but normal. Increased precordial dulness on percussion, but no dulness at the part to which the pain is referred. The pain is increased by swallowing; epigastric tenderness again present. Pulse 104, skin hot and burning. The pains in the joints continue less urgent. Aconite 3. Spigelia 3.

28th.—Experienced great relief in about two hours after commencing the medicines. Has slept pretty well; the pains have returned again with more intensity in the joints. A double friction sound, or rather rustling, is heard with each beat of the heart. On taking a deep inspiration the pain is still felt in the upper part of the sternum. Pulse 108, skin still hot; tongue cleaner; bowels moved thrice; urine yellowish, but free from sediment. Continue medicine.

29th.—Delirium from ten last night till two A.M., after which some quiet sleep. Pain still felt, but breathing evidently easier. Loud rasping friction sound heard, on applying the stethescope over the apex of the heart and to the left of the mamilla. A rather loud bellows murmur accompanying the systole of the heart, and propagated along the course of the aorta, most audible over the sternal articulation of the fourth rib. Can lie on both sides, but experiences sense of oppression when so doing. Pulse 108, full, skin as before. Bowels moved once during the night. Arsenic 3. Spigelia 3.

30th.—Fresh cardiac attack, and marked aggravation of all the symptoms. Aconite 3. Bryonia 3.

31st.—Has had a good night, slept two hours at a time. Pulse 94, smaller, skin moist. Pains in the hands worse. Bruit de Frottement diminished in intensity, and is confined to a spot immediately below and a little to the left of the mamilla; bellows murmur unchanged. Continue.

June 3rd.—Has been progressing favourably since last report; the scraping sound heard, but much diminished. Pains of joints all gone, with the exception of elbows and shoulders; urine of a golden yellow. Pulse 84, soft and regular, has been taking Bryonia 3 and Mercurius Vivus 2 dae trit. alternately. On the 13th, was called on for the last time; the treatment having in the interval consisted of T. sulphur 0 for a few days, which was followed by Arsenic at the 30th dilution. The abnormal sounds had nearly ceased by this time, but the impulse of the heart was still too diffused, and for a month longer he had Arsenic 30, and afterwards Phosphorus 30.

Six months afterwards the heart was carefully examined, but nothing beyond the natural sounds was heard. He has since enjoyed excellent health, and returned to his work in seven weeks from the first accession of his symptoms.

The case was frequently seen by two medical gentlemen of this town, not Homœopathists, who quite accorded in the diagnosis with the author of this report.

The report of the 30th shows the bad effects of giving Arsenic in too low a dilution, as the symptoms so much aggravated on the following day warrant this conclusion.

Case 3.—A seaman, aged 22, admitted October 31st, 1845.—Has been ill three years. States that he has been on the coast of Africa, where he had an attack of the endemial fever, which, after his convalescence, was followed by quotidian ague. For the cure of this he took quinine and bark frequently, and in large doses, but with no other effect than that of chang-

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ing the type of the fever from quotidian to quartan. Is not aware of having taken any tasteless ague drops. Yesterday, at three P.M., had a severe rigor, lasting about twenty minutes, followed by a hot fit and sweating, which continued till midnight. These paroxysms occur every fourth day. There is marked fulness in the splenic and hepatic regions, but without pain or tenderness on pressure. There is increased impulse of the heart, and more extensive dulness than natural, and the first sound is accompanied with a harsh prolonged "bruit," louder towards the left side. Ordered Tinct. Arsenic 6th dilution, a dose every four hours.

November 7th.—Has had two paroxysms; the first as usual, the second much less severe in character. Continue medicine.

11th.—On the 8th a slight rigor. Continue medicine.

17th.—Has had no return of the ague. Arsenic 12.

January 17th, 1846.—Is still under treatment for the cardiac disease, but has had no symptoms of ague since the 8th November. The fulness in the hypochondriac regions has disappeared. The above case illustrates well the specificity of Arsenic in ague where Cinchona had failed to do more than change the type. It also shows the absurdity of giving Arsenic in the ordinary doses, when the billionth, or even less, of a grain can do all that is required, thereby saving the patient the risk of having produced in his person the pathogenetic effects of that poison.

CASE 5.—*August 5th*, 1845.—A young woman, 16 years of age. Has been suffering for several months, and under other treatment before coming here. In the centre of the forehead, a little above the root of the nose, there is a puffy swelling. In the right upper eyelid, about one-third from the external canthus, a sinuous opening discharging pus, especially when pressure is made on the puffy swelling above referred to. Hepar Sulphuris Calcarea 12, and afterwards Sulphur 12, were administered for a few weeks without benefit. A free incision was made down to the os frontis through the slight swelling; the bone found denuded. This was followed by slight erysipelas, which was combatted by Belladonna and Mercurius, at the 6th dilution. Pressure was then gently applied, the medicines continued. The wound healed, but left matters precisely as they were before. [When under Allopathic treatment, a similar surgical proceeding, with same result, had been had recourse to.] Silica 18 was now prescribed and continued for six weeks, when she was dismissed cured.

The surgical treatment was very obvious, but failed to produce the desired effect; but immediately a remedy was given, which acted specifically on the particular condition of the nutrition of the diseased bone, a speedy cure resulted, although the state of parts had become the same as if no surgical treatment had been adopted.

CASE 9.—A young man, 30 years of age. Admitted the 27th October, 1845. Has been subject to attacks of Tic, which come on every autumn, lasting from four to six weeks. The present one commenced nine or ten days ago, and he has been under the care of an Allopathic practitioner without relief. He has had three similar attacks in the course of the present year.

Present symptoms:—The pain comes on every morning about ten o'clock, and continues, with very little intermission, until five or six P.M. It is felt more over the left orbit, and extends into the forehead and left cheek. It is described as tearing and shooting in character, accompanied with lachrymation, swelling and redness of the cheek, and general profuse perspiration. It is aggravated by the slightest touch, and quite unfits him from pursuing his ordinary occupations.—Spigelia 12.

29th.—The pain, since he commenced the treatment, has not come on so early as usual, nor is it so violent; is more of a burning character, and shoots to the teeth and ears. Eye still watery.—Staphysagria 6.

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31*st*.—The paroxysms much shorter in duration, and less violent.—Sulphur 12.

November 3*rd*.—Is very much better, having had no attack since last report, beyond an occasional twitch. He has now returned to his employment.

January 28, 1846.—Has felt not the slightest pain since the 31st October.

It will be seen from the above that the attack lasted but four days after the administration of the medicines. He had been ill ten days previously, and the shortest attack he had ever had before, and when treated according to the old routine, continued four weeks, showing an advantage on the side of Homœopathy of at least fourteen days, and not taking into account the increased difficulty resulting from the abuse of medicines.

It is to cases of Neuralgia that the inquiring Allopath, who really feels inclined fairly to investigate the claims of infinitesimal doses to rank as therapeutic agents, should direct his attention. The graphic description of the patient of the increase or diminution of his sufferings, when a remedy Homœopathic to his case has been selected, the impossibility of deceiving him by giving distilled water or pure sugar of milk, and the accuracy with which he will tell which has been the medicated powder in a series of half a dozen, five of which were sugar of milk alone, will soon convince him that decillionths, and even minuter quantities, are positive agents.*

Case 10.—A youth 19 years of age. Admitted 23d December, 1844. Has been ill ten years, and under all kinds of treatment.

Present symptoms.—Spasmodic jerkings, affecting both sides, but more especially the right. He cannot, for a longer period than two or three seconds, hold one of his arms still, and whilst sitting, and particularly if he tries to keep very still, is in a state of continual restlessness. The intellect is unimpaired—no tenderness of the spine or of the belly is evident. The bowels are regular. He suffers occasionally from frontal cephalalgia. Ordered Belladonna 12 twice a day; a dose of Sulphur once a week.

No other treatment was adopted. Improvement began to manifest itself in about ten days after commencing the medicines, which were gradually weakened until at the 30th dilutions, and on the 21st of April he reported himself completely cured. He has not been heard of since, but from the satisfaction he expressed at the period of his dismissal, it is not probable that, had he again become ill, he would have placed himself under any treatment other than Homœopathic.

Case 11.—A child 2½ years of age. Admitted 15th June, 1845. Has been ill five weeks with Pertussis. Symptoms are—Frequent and urgent cough, with the characteristic whoop, accompanied with vomiting, and frequently followed by Epistaxis. Sputa tough white.—Veratrum 6; Belladonna 6.

17*th*.—Cough diminished; she rarely vomits, and has no Epistaxis.—Continue.

24th.—Up to yesterday was steadily improving, but was allowed to go out of doors, and sit for upwards of an hour on the steps in the streets. To-day the pulse is 140, respiration short and hurried. Considerable heat of skin, which is slightly moist. Cough urgent. Bowels moved once. Tongue loaded with a yellow fur at the root. Subcrepitating rattle heard on both sides of the chest posteriorly. Sonorous and mucous râles anteriorly.—Aconite 3; Phosphorus 3.

25*th*.—Symptoms as yesterday, but there is rather less heat of skin. Pulse still 140.—Continue.

26*th*.—Breathing easier; other symptoms same.—Continue.

28*th*.—Cough more frequent, but the expectoration seems easily de-

* See Quin. Br. J. of Homœopathy, Jan., 1846.

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tached, the feverish heat less constant, increasing towards night.—Aconite 6 p. r. n.; Phos. 4. 4tâ quâq. horâ.

July 1st.—All the symptoms less urgent.—T. Sulph. 0.

This last was continued for a few days longer, when she ceased to require any further attendance.

Case 7.—A calico printer, age 36, admitted 15th May, 1845. Is of a nervous sanguine temperament. Five years ago was seized with severe pain in the lower jaw on the right side, followed by swelling and the formation of pus. After the evacuation of the pus the pain shifted into the upper jaw, where two teeth, the two left bicuspids are carious. After the lapse of a few days the pain returned to its first position, and the paroxysms of pain to which he is now subject originate there still. The pain has been nearly, although not quite, absent at the longest for a period of six weeks; this occurred about six months ago. He has been subject to every variety of treatment at public hospitals and dispensaries, by private practitioners and quacks, but without experiencing any relief.

Present symptoms:—Pain described as commencing a little below the angle of the mouth, deep seated at first, but afterwards more superficial, preceded by a feeling of numbness in the jaw, compared to the buzzing of a fly. The pain shoots suddenly towards the temple, is very intense, and compared to the thrusting of a red hot iron through the part. It extends to the forehead, where the pain is of a tearing character. Thence it gradually and *stealingly* descends to its original seat, still bearing the same character however, and suddenly disappears. Each paroxysm invariably follows the same course. It varies in the frequency of its occurrence, amounting sometimes to forty or fifty attacks per day, and in duration from twenty seconds to two minutes. During the paroxysm the face is expressive of great anxiety, flushed, and there are slight twitchings of the muscles of the right side. Increased flow of saliva during its continuance, bowels regular, tongue loaded. He has recently taken large doses of opium without even temporary alleviation.—Belladonna 6. He took the Belladonna without relief, and was ordered at different times during the subsequent three weeks Mercurius and Staphysagria, Polus Magnetis Borealis, with partial relief; the symptoms at this period seemed strongly to indicate Platina; the pain being very similar to that caused by this substance, and accompanied with an optical illusion, very characteristic of Platina, objects appearing to him smaller than they really were. He was ordered Platina 18, with intense aggravation; 24 with the same effect, and lastly 30, with slighter aggravation, but followed by comparative comfort. It was administered as high as the 36th attenuation, with very marked benefit, and in a short time he returned to his work. For seven months he has been satisfied with the relief obtained, has not attended regularly, and having ascertained the name of the medicine, when he has any slight attack he proceeds to the chemist and obtains a supply of the platina. The pain during this time has been very slight in character, and of very short duration, in fact, they only last two or three seconds at the most, and are generally as transient as the passage of the electric spark. He states, indeed, that they cause him very little annoyance.

We earnestly recommend those who have the medical charge of the Homœopathic Dispensaries, or who are about to undertake such a charge, to imitate this good example. It is by annually pressing forward mass upon mass of such facts as these, that we must act as beseems us in vanquishing the incredulity, convincing the scepticism, disarming the hostility, and winning the adherence of our opponents. We wish the better part of them to be with us, partly for our own sakes, more for their own, and, most of all, for the sake of the public at large.

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Before we conclude these remarks on Homœopathic Institutions, we would, very briefly, make another suggestion that seems to us very important. We allude to obtaining sufficient means for establishing schools for imparting the doctrine and practice of Homœopathy in connexion with those institutions. One attempt of this sort has been notified, but we believe, with the exception of some clinical lectures delivered by Dr. Curie, that no progress has been made towards its accomplishment. Lectures on the materia medica, and on therapeutics, at least, should be delivered to the medical pupils, or the younger medical men who come for information. We had indulged the hope that the President, fellows, and members of the British Homœopathic Society would ere this have organized some large Dispensary, and have appointed lecturers on these subjects, out of their own body. London, Edinburgh, and Dublin, as the capitals of the three kingdoms, should have the distinction of originating these schools. The means should be obtained by the united exertions of all Homœopathists. In London and Edinburgh, from the number of the medical Homœopathists, there would be no difficulty in having accomplished lecturers; and even in Dublin our medical brethren might find time to give such lectures, though as yet their number is small. The expense would be very inconsiderable in comparison of the object, and the results might be very important indeed. We hope, at least, that the plan suggested for working the Dispensaries will be adopted without loss of time.

[Since writing the above, we have received a communication from Dr. Guinness, by which we perceive that he, an Homœopathist, has been elected to the situation of physician to the Raheny Dispensary, by the unanimous voice of the subscribers. He had, indeed, filled that office as an Allopath for eight years previously, and no doubt, from old connexions, found less difficulty than another Homœopathist would have done in securing the suffrages of the electors. But making every allowance for circumstances, we view the fact as one of importance, and not to be lost sight of. It is the first case that has occurred in this country of one holding our tenets being appointed to a public institution which had been established antecedent to the introduction of Homœopathy, and not professedly Homœopathic. We hold it to be a matter of great encouragement to other Homœopathic practitioners to come boldly forward, on the occurrence of any medical vacancy in public infirmaries, as candidates; and although, doubtless, at first, they will have to sustain a series of defeats, yet ultimate success will be inevitable. By following this plan, in twenty years we are confident that we shall be in possession of many large hospitals; and when these are attained, Homœopathy will speedily take its proper place in the science and art of medicine.]

Newcastle Homœopathic Dispensary.

Since the foregoing remarks were in type, we have received the Annual Report of this Institution, which is conducted by Dr. Hayle. The funds, by means of the individually small sums paid by the extraordinary patients,

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are in so flourishing a condition, that the Treasurer speaks confidently of the prospect of establishing an hospital with the surplus. Nor does this prevent a fair number of subscriptions from private persons interested in the support of the Dispensary.

The whole number treated last year was 566, of whom 326 were extraordinary, and 240 ordinary. Of these, 78 were cured, 159 improved, 40 unimproved, 68 doubtful, not having returned, 2 died, 219 remain.

An abstract of some of the more interesting cases is added, from which we select the following:—

	ASPECT OF THE DISEASE.	DURATION OF SYMPTOMS.	TREATMENT AND RESULTS.
	Neuralgia Ischiatico-tibialis.		*November 1st,* Calcarea Carbonica 2-30
Edwd. A., aged 31, mason. Ill 2 months.	Severe pain in calf of the left leg, worse on stretching it out, easier at night. Occasional shoots from the calf into the back on stretching the leg out.	2 months.	Nux vomica 2-3, every other morning, in the order above mentioned, for two weeks each. Relief of the pain in the loins and calf, and appetite
Duration of treatment, Nov. 1 to Dec. 1 One month.	Severe pain in the loins on stooping. Appetite poor. Slight reddish sediment in the urine.	1 month.	good in two weeks. Complete restoration to health in a month. This man had been working in the wet.
	Bronchitis, Dyspepsia, Cephalalgia.		*March 13th,* Calcarea Carbonica 2-30
Simpson D., aged 64, Glass House Pot Maker. Two years ill.	Cough chiefly in the day on bodily movement, with expectoration and palpitation.	2 years.	every fifth morning. At the end of two weeks slept well, headach after eating only twice.
Duration of treatment, Mar. 13 to May 8, eight weeks.	Shortness of breath on walking. Regurgitations of phlegm after eating, with headach and giddiness; costiveness; yellowish sediment in the urine.	10 months	Vomiting nearly gone, and every other symptom much relieved, except costiveness.
	Headach, especially in occiput, as if the head was swelled, worse in the morning in bed, with nausea, and vomiting of thick phlegm.	5 months	At the end of a month every symptom but cough and costiveness had entirely disappeared; the cough being noted as nearly gone. At the end of 2 months perfect health.
	Throbbing in the forehead after exertion; sound as of ringing of bells in both ears.	1 year.	
	Coldness of feet and hands. The skin naturally open is now dry; sleeps but four or five hours; memory bad; absence of mind; lowness of spirits; irritability.		

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	ASPECT OF THE DISEASE.	DURATION OF SYMPTOMS.	TREATMENT AND RESULTS.
Elizabeth S., aged 6. Three years ill. *Duration of treatment*, Dec. 5 to Feb. 4, about 2 months. This attack followed shortly on measles, and has been kept up by frequent attacks of acute inflammation of the parts. Two years ago hooping cough very severely.	*Laryngitis; Tracheitis, Bronchitis.* Cough hoarse as if through a dry tube, lasting quarter of an hour at a time, worse about 3 A.M., shortly after which she has three or four violent paroxysms, excited by the slightest smell of tobacco smoke or by anger; great wheezing. Crows like a cock on going to sleep. The family have been knocked up by a policeman, three or four times, to ask what the noise was. Frequent waking from a feeling of want of breath. Obstruction of the nose. Pulse 120. Hoarseness.	3 years.	*December 5th* Drosera 2-30, every other morning. In five days the crowing was only at intervals, the cough much better. At the latter end of the third week there was little or no cough, and very slight dyspnœa; pulse 90; there was still obstruction of the nose. On the 4th of Feb. she was quite well, and remains so.

PATHOLOGY.

ENGEL ON THE DYSCRASIAS.

(*Continued from page* 112.)

A.—ON THE BLOOD IN INFANCY.

After death it is found only in the larger venous trunks, and in the cavities of the heart; the arteries and finer peripherical vessels are generally empty. Hence there are but few, and not very well marked, suggilations; the general integuments, the cellular tissue, the serous and mucous membranes, the parenchymata with few capillaries, are generally pale, while the liver, the spleen, the thymus gland, and the kidneys, as also the bones, are fuller of blood than the other organs, or even than they are in more advanced age. A dark colour of the general integuments, with the rapid appearance of many and livid suggilations, indicates a great change in the blood—similar to scurvy in adults—or previous convulsive disease.

The blood, as is always the case in the dead subject, is not divisible into arterial and venous; in the normal condition it separates into the fluid portion and the clot. The fluid portion of the blood is of an oily consistence and a dark blackish-red colour; the colouring matter adheres to it with a certain degree of tenacity, and is not imbibed by the surrounding tissues, unless putrefaction has already commenced in the body. It is owing to the spissitude of the blood that the *post mortem* suggilations are so long of

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making their appearance; and to the same cause that parenchymata with fine capillaries, are less injected, and hence appear more deficient in blood, as also that when exposed to the contact of the air, they assume a bright red colour. The dryness of the infant's body is owing to the same circumstance, and collections of serum, even of small bulk, are, except in the arachnoid and pericardium, not only rare, but their presence is of great importance to the anatomist. The blood coagulum is found only in the heart, of equal size in both sides. It is not compact, but, by pressure, readily turns into a thick fluid; it abounds in serum, and fills all the cavities of the heart with the exception of the left auricle, without, however, producing any great distension. A separation of its fibrine is never observed. With respect to the colouring matter, what has been said of the fluid blood applies equally to the coagulum. The blood of the portal system shows a greater tendency to coagulate than it does in adults, for it is frequently found coagulated in children, but seldom in adults.

From this description it follows that the blood of infants is similar to the *venous* blood of adults who are affected with dilatation of the right heart and accumulation of blood therein, and similar to the blood of adults in typhus and exanthematous fevers; the observations we have collected with respect to the pathological relations of the blood in adults, apply, with some requisite modifications, to that in infants, and this is fully confirmed by experience.

We shall here take the liberty of giving a short review of the pathological states of the blood in infancy; the brevity of our remarks will be sufficient excuse for thus anticipating our subject. *Inspissations* of the blood, in consequence of serous exhalations, be they by the bowels, by vomiting, by the skin, or by any other mode of exsudation, occur more rarely than in adults. Such inspissations attain a greater height than in adults, producing little injection of the finer capillaries, especially those of the lungs, thereby giving rise, apparently, to the emphysematous state of the lungs so frequent among children, where there is an increase of the respiratory surface in order to present on all sides points of contact for the small quantity of blood. *A diminution of consistency* frequently occurs in consequence of plastic (albuminous) exsudations with changes in the blood similar to scurvy in adults, &c. Along with the increased fluidity, there is in general an increase of volume in the blood with tendency to rapid decomposition. These two states of the blood occur in the course of acute diseases; in chronic exsudative processes, on the other hand, there is a diminution of the blood *in toto*—*Anæmia*, as it is termed. It is a common consequence of bad nourishment and sometimes occasions the symptoms of what is called *tabes*; sometimes it runs its course without any particularly-marked symptoms, and carries off the child suddenly and unexpectedly. It is easy to distinguish on the dead subject a diminution of the volume of the blood in consequence of its mere inspissation, from actual poverty of the blood. The disposition to coagulate is diminished by all the circumstances we have mentioned, which occasion inspissation or too great fluidity. Very rarely is the coagulability increased; spontaneous separation of the

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fibrine, be it ever so small, is indicative of a highly inflammatory state. The colour of the blood varies with its different degrees of consistency: when inspissated, it is dark violet; when impoverished, it is reddish brown; when preternaturally fluid, it is dirty red.

The exsudative processes in infants afford only an *albuminous* fibrineless exsudation, scarcely admitting of any other metamorphosis than the suppurative process. Croup properly so called, real (croupy) pneumonia, and tuberculosis traceable to fibrinous exsudations, are consequently rare in the earliest periods of infancy. Hence blennorhœas of the respiratory mucous membrane are more frequent; hepatisation, when it does occur, is soft. After albuminous exsudations of very moderate extent all the symptoms of decomposition manifest themselves, whereof the following are the characters observable in the cadaver:—Puffiness, with dark discolouration; rapid development of dead spots; thinness of the blood, with pale, dirty colour, and deficient coagulability; collapsed state of all the organs; rapid decomposition. Who can fail to recognise here a great similarity to the state which accompanies the albuminous blood of adults, more particularly that which we find so often in typhus and acute exanthemata, in which not only are the physical and anatomical characters of the blood, similar to what we find in infants, but they resemble each other also in this respect, that when they take on the exsudative process they have a tendency to pass rapidly into a scorbutic state? But it is not exsudative processes alone which develop this putrid alteration, it frequently occurs after ulceration of the heart and its vessels, after erysipelatous exanthemata; sometimes, also, as a primary condition in infants whose mothers were affected with puerperal fever, or who have been reared on food of a bad quality. When fibrinous exsudations occur in infants, then the blood is generally in the same state as we find it in adults who have been carried off in the enjoyment of health. What is normal in the latter is abnormal in the former, and *vice versa*. Hence it follows, that the conception of an abnormal state of the blood is purely *relative*, as will appear more plainly in the course of this essay.

A brief review of what we have said concerning the blood in infancy gives us the following results:—In an anatomical and chemical point of view, the blood of infants is similar to that of adults in the first stages of typhus, or in acute exanthemata: it is rich in albumen. As such, it has a tendency to the putrid decomposition which either takes place spontaneously,—that is, immediately,—or is caused by large albuminous exsudations. It rarely happens that there is an increase of the fibrine in the blood. No other important alterations take place in the blood of infants, as the infantile organism cannot admit of them. All those morbid processes are excluded wherein products are formed differing from the crude constituents of the blood, such as fatty degenerations, fibrous tumours, abnormal formations of cartilage or bone, tubercle, cancer,* &c. Those transformations of exsudations which demand a considerable duration of the morbid process,

* There are a few exceptions scarcely worth noticing.

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as into tubercle, fibrous tissue, &c., do not take place; but suppurative and ulcerative processes, which require but a few hours for their occurrence, are frequently met with. Many different forms of disease may be connected with one and the same condition of blood, and this latter can often only be diagnosed when exsudations are present whose *quantum* and *quale* are known.

As I have been able to obtain for examination, proportionably, but few bodies of individuals belonging to the periods of childhood and youth, I must refrain from giving any particular description of the blood in these periods as my investigations have not yet led to any positive results.

B.—THE BLOOD IN MANHOOD.

First period of Manhood, (from twenty to about forty years of age.)

The quantity of blood is judged of by the degree of fulness of the heart and large vessels, as also by the injection of the capillaries. In the normal state blood is always found in the heart, more in the right than in the left side; in every case just so much as not to distend the heart excessively, nor to prevent its due contraction. The commencements of the large arterial trunks contain blood which occupies about a sixth part of their caliber; beyond this is found in these, as well as in the arteries generally, some serum. The smallest arteries contain proportionably more blood than those of a medium diameter. On the other hand the venous vessels are all filled with blood, yet not in such a manner as to give give them the appearance of well-filled cylinders; they present the appearance of laterally compressed cylinders, or even tape-like stripes, in which the blood is easily moved hither and thither by pressure. The quantity of blood in the capillaries is judged of by the depth of colour of the different organs, as also by their degree of dryness or moisture. On the cut surface of the brain fluid blood appears in the form of points; the lungs are pale or rose-coloured in the upper, scarlet or bluish-red in the under lobes; their large vessels discharge thick, dark-coloured blood. The liver shows what is termed the division into two substances; its cut surface is in a short time coloured with blood, which oozes out; the spleen is brownish-red, somewhat moist; the kidneys grayish-red, containing generally liquid blood; the mucous and serous membranes and general integuments are pale and dry; the spongy bones dirty pale red, yielding to pressure some bloody serum; the muscular substance has a dark, grayish-brown colour with considerable dryness; the cadaver has a fresh appearance, but few hypostases; no transudations of blood through vascular membranes or parenchymata; all the organs possess a certain degree of resistance, differing, of course, in different organs; there is no collapse; the *rigor post mortem* appears rapidly, is strong, and lasts a considerable time. The blood in the veins is seldom or but loosely coagulated; it is somewhat more consistent than water, of a brownish-red colour, which it does not lose, and of an oleaginous lustre; in the heart it is always separated into coagulum and fluid blood. The latter is thinner than venous blood, and less deeply coloured; the clot is large, consistent, elastic, brownish-red, and sometimes shows a fibrinous coat on its

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surface; there are usually masses of fibrine in the pulmonary arteries and aorta at their commencement, generally consisting of pure fibrine imbibed with serum, in the form of cords pointed at both ends; the portal blood is thick and dark red. At this period of life the blood shows a great disposition to separate its fibrine from very slight causes. In it slight pulmonary œdema, emphysema, slight pneumonia, &c., are common. Moreover, this is the period of life when acute transformations of the blood most readily occur.

(Second period of Manhood, from forty to fifty-five years.)

The quantity of the blood appears in this period somewhat diminished; the veins, with the exception of the enlarged branches of the plexus hypogastricus, and of the inferior extremities, contain less blood; the capillary injection is not so great; the brain, lungs, liver, and spleen are paler, and lose the resistance, the tone they presented in earlier periods of life; there are but few serous infiltrations; the *post mortem* hypostases and bloody discolourations are slight. The blood has become inspissated, brownish-red; in the right heart it appears as a small not compact coagulum, with little or no separation of fibrine. This period is exposed to few diseases of the blood, and no, or at least no important acute transformations occur.

C.—THE BLOOD IN OLD AGE.

In this period of life the quantity of the blood is so very much diminished, that even the larger veins often appear nearly empty. The brain and jugular venous system are particularly bloodless: even in the heart there is often scarcely a drachm of blood; in the arteries there is only some serum. The blood is thin, without coagulum, bright rust-brown colour; does not part with its colour. All the organs are pale; a few of them, as the brain and the liver, tougher; others, as the lungs, the spleen, &c., more brittle than in the previous periods.

Having now laid down this preliminary normal standard, and having stated those circumstances which are capable of producing a slight alteration in the physical properties of the blood, without, however, causing any important metamorphosis therein; we may now proceed to speak of its abnormal states, and to give a description of them. Hitherto, as is usual in medicine, exactly the opposite course has been pursued; the abnormal conditions were first investigated without the slightest knowledge of what their normal state was; of the latter, indeed, there was not even a superficial anatomical description. I am far from considering the above description as complete, but I feel pleasure in having given a commencement to a work of this kind, and I shall leave my sketch to be filled up by abler observers.

In the commencement of this paper we remarked that, by a careful study of the exsudations we might attain to a knowledge of the dyscrasias, because it is a matter of observation, that where one constituent of the blood is (relatively) in excess, it will be, to a certain extent, thrown out of the organism; yet it would be a great error to form a conclusion in every case, and unconditionally, with respect to the state of the blood from the

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character of the exsudation. In order to form a probable conclusion on this point, the following conditions with respect to the exsudation must be attended to:—The exsudation must be in a certain quantity. This quantity differs not only according to age and constitution, but chiefly according to its seat, that is, the particular organs from which it is thrown out. With respect to *age*:—we have stated above, that in infancy the exsudations are generally albuminous; that the blood of adults has a disposition to throw out fibrine, consequently, in this period of life fibrinous exsudations are commoner than others; further, it was observed that the blood of old persons was poor in plastic materials, consequently, only capable of separating a watery albuminous exsudation; so that if we find in any of these periods of life exsudations containing, even in small quantity, some substance not usually met with at that period, the presence of this substance is a strong proof that the blood contains it in excess. Thus, croupy exsudations in infants, even though but small, allow us to conclude that there is a high degree of what is called plasticity in the blood. On the other hand, albuminous exsudations in adults, even though of very small extent, indicate a great depression of the vitality of the blood, &c.

With regard to the seat: exsudations of a certain kind are met with more frequently in certain parts of the body than others; thus the fibrinous occurs oftener in the serous membranes and in the parenchyma of the lungs; the albuminous oftener in the brain, the liver, the kidneys, the mucous membranes. The quantity of exsudation in these seats of its ordinary occurrence must, in order to enable us to come to a fair conclusion with respect to the state of the blood, be always greater than when it occurs in unusual situations, in which latter case exsudations of but small extent are of great importance. If in the same individual, formations of exsudations of an identical character take place in several places at once, even although but small in quantity, this is a strong proof of an analagous state of the blood. Tracheal or gastric croup is a more decided proof than the hepatisation of the whole of the lobe of a lung, or than an inflammation of the liver with suppuration of the whole right lobe. Exsudations which attain a considerable size, not at once, but after a considerable lapse of time, do not allow us to come to any, or, at least, to any sure conclusion. Hence chronic inflammations, with their exsudations, are not calculated to lead to any inference with respect to the condition of the blood. Hence the exsudation under examination must be as recent as possible; a period of not more than eight days should elapse from the first formation of the exsudation until the death of the patient; yet it frequently happens that we may draw inferences from ancient exsudations, when certain metamorphoses independent of external influences occur in them. The tuberculous degeneration of large exsudated masses enables us to infer a previous increase of fibrine in the blood; the tuberculous degeneration of small exsudations indicates a general diminution of vitality; large exsudations suppurate in robust individuals, and in extremely fibrinous states of the blood; small and but little plastic exsudations suppurate in consequence of depressed vitality of the blood; the first ulcerate with difficulty, and sel-

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dom extensively; the last easily, and throughout their whole mass; thick, firm, cartilaginous-like exsudations and indurations of considerable extent have been formed out of fibrinous exsudations, under the influence of a marked fibrinous condition of the blood. From the quality of the recent exsudation, the quality of the blood may be inferred if the above mentioned circumstances be attended to. The quality is determined by the preponderating constituent. Seldom or never is a substance exsudated in a state of perfect purity; it is always mingled in various proportions with other constituents of the blood. The exclusion of one dyscrasia by another, or rather, of their products, is less useful for establishing the diagnosis of a concrete case of disease than for gaining a knowledge of the dyscrasias generally. The doctrine respecting these mutual exclusions has been so often attacked and defended that one could scarcely tell whether to regard it as a mere invention, or as an established fact: it is, however, well founded, and the facts which were thought to militate against it are actually proofs of its truth. It certainly happens that tubercles and typhus, tubercles and cancer, are met with in juxta-position in the same individual; but any one who pays attention to the stages of the several processes will at once perceive that the one product belongs to a dyscrasia which has long been extinguished, whilst the other belongs to one which is just being developed; and it will further be discovered that the cause of the frequent blighting of earlier morbid products is to be sought in this development of a new dyscrasia.

ON THE PATHOLOGICAL CONDITIONS OF THE BLOOD.

The following general deviations of the blood from the normal standard we have already given:—

First,—The quantity of the blood in general is increased or diminished without any striking change in the proportion of its several constituent parts being perceptible, although such a change must inevitably occur on the long continuance of this state. It is, indeed, scarcely possible to imagine an increase in the quantity of the blood without some change of proportion among its constituents. Hyperæmias and anæmias of individual organs, in as far as they are not productive of general symptoms, cannot form the subject of our present investigations; *general* hyperæmia and anæmia alone can be regarded as coming within their sphere, in as much as they cause general symptoms, that is, symptoms involving a large number of organs. General hyperæmia frequently occurs in the venous state of the blood hereafter to be described, general anæmia is met with in the venous diathesis; both pass at last completely into these several states. *General hyperæmia* is frequently found along with a considerable development of fat, in middle-aged persons; *anæmia* occurs in every age, modified, of course, by the particular period of life, and presenting peculiar symptoms at these different periods. In *infants*, a small quantity of dark-coloured inspissated blood is found and such children die with convulsive symptoms; or their vessels contain thin, pale blood,—a frequent occurrence in infants reared on artificial food.

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In *adults* is found a small quantity of thin blood, presenting, however, a fibrinous clot which not unfrequently is relatively of considerable size: chlorotic symptoms betray this state during life; in the *second period of adult age*, we find inspissated blood; when this is the case the secretions appear diminished, rheumatic sufferings, probably in consequence of diminished synovial secretion, torment the patient and are greatly aggravated by the employment of antiphlogistic means. In chronic metallic poisonings, *e. g.* by lead, we find a similar poverty of the blood which is dark and inspissated; such a state can be rapidly developed by extensive exsudations, as a consequence of which occur sometimes what are termed adynamic, sometimes convulsive, and sometimes also tetanic symptoms.

In general hyperæmia also the symptoms are by no means constant; they will be treated of more conveniently by and by under the head of venosity, as hyperæmia occurs almost exclusively along with a venous state of the blood. This general hyperæmia ends almost always either in scorbutus, or in general marasmus; contrary to the prevalent opinion among physicians, it never passes into the proper inflammatory state. During life it is indicated by excessive formation of fat, what is called the *habitus torosus*.

As *anæmia* presents two forms in children as also in adults, so it is betrayed by a difference of *habitus* of these individuals. In anæmia with inspissation and dark discolouration of the blood the skin is attenuated, dry, dark coloured, (earthy,) the fingers and toes are not unfrequently blue coloured. When the blood is thin, fluid, and pale, the skin appears soft, frequently slightly infiltrated, pale *(chlorosis.)*

Combinations of the above form of disease with morbid products of a different kind do in general only exist when the latter belong to morbid processes which have already ceased; *e. g.*, anæmia with tuberculosis of the uterus, (whereby incurable chlorosis is produced;) in this case the tuberculosis is the antecedent. No morbid product accompanies these kinds of disease of the blood.

Secondly: the blood can occasion general symptoms, when it is what is called normal with reference to some period of life, but when the age at which it actually occurs is too early or too advanced for the particular properties the blood presents,—in such cases there is a tendency to the production of exsudation. The blood may be either premature, or retarded in its development.

A.—PREMATURE DEVELOPMENT.

The blood in infants and children shows those qualities which constitute its normal condition only in adults of from twenty to thirty years; it separates into a distinct firm coagulum of blood and fibrine, and fluid blood, the latter of bright colour and great fluidity. In such cases it possesses the same properties as in the hyperinosis common in adult age, which we shall hereafter describe; it is disposed to form exsudations rich in fibrine and, consequently, is liable to produce tuberculosis; it often passes into the serous crasis. In infants no peculiar habit of body is discernible; in children this state is indicated generally by a slender figure, blooming com-

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plexion, and tender skin. The anatomical causes for this premature development of the blood have not yet been discovered. No other symptom is known as belonging to it, except a striking disposition to inflammatory complaints. When exanthematic or other states occur during the continuance of this morbid crasis, they not unfrequently undergo remarkable modifications and degenerate into a croupy, or some other exsudative process, rich in fibrinous products.

In adults, in the first period of manhood frequently appears the venosity of the second period, and, as a consequence of this, often the marasmus of old age; both of which are indicative of premature senility of the blood.

Premature venosity in the first period of adult age disposes to the deposition of fat and to inflammations with purulent albuminous exsudations. It, moreover, predisposes to various kinds of morbid products, as, for instance, the cancerous degeneration; it ends in simple marasmus, more rarely in scorbutus. Its anatomical causes are unknown; slight hypertrophies of the heart, liver, and spleen, are probably effects rather than causes; the symptoms by which it is accompanied—various affections of the abdominal organs, hypochondriasis—belong less to it than to the affections of those organs. There is no distinctly marked habitus.

Premature marasmus of the blood (we have already given its characters) is found after considerable exsudative processes, whatsoever they may have been, extensive tuberculous deposits, cancer, dysentery, typhus, &c.; or it occurs without the previous formation of any product, in what are termed nervous individuals—namely, in hysterical women—and appears not unfrequently to be the exciting cause of that chain of symptoms commonly enough described as purely nervous symptoms.

B.—RETARDED DEVELOPMENT.

This is met with in old persons under two forms; either as venosity protracted until extreme old age, when there are often formations of morbid products of an acute character and of a sero-albuminous nature, whilst wandering gouty and rheumatic affections show the existence of a general morbid state, but conceal its actual nature. If we except slight hypertrophy of the heart there is present no fixed anatomical cause, neither is there any marked habit of body peculiar to this state. It is often conjoined with diseases of the heart and arteries. I am not aware from anatomical investigations, that this crasis passes into any other; death may occur suddenly at the climax of what are called the rheumatic symptoms, or the blood shows those properties which are generally peculiar to the first period of manhood, (protracted arterial character.) Formations of products, of which the chief constituent is extremely coagulable fibrine, are always met with in this state of the blood; these products sometimes are of great extent. In reference to their seat, they, as is the case generally in arterial states of the blood, affect the parenchymata, more especially the pulmonary parenchyma. Inflammatory symptoms alone seem to present themselves. Anatomical causes are not discoverable. This state may, and

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must, be only temporary, although anatomists have hitherto failed to detect the exact nature of the change that occurs.

Thirdly, one of the most frequent sources of what are called general diseases, appears to be that state of the blood in which its proper constituents are present in altered proportions, in such a manner that one constituent is relatively in excessive quantity, thus giving the blood a peculiar anatomical character. In the blood there is evidently a tendency to rid itself of the abnormal excess of this material; diseases of this class consequently tend to produce exsudations. According to the degree of the symptoms present, we term these formations of exsudations either inflammatory or sub-inflammatory conditions, or we deny altogether the presence of what is denominated inflammation. It follows, then, as a matter of course, that there is no such thing as an actual inflammatory crasis of the blood, as every kind of abnormal crasis disposes to inflammation; the idea, then, of an inflammatory blood-crasis must either be entirely relinquished or much modified, and henceforth we shall only consider as inflammatory (arterial) that crasis of the blood whose products are distinguished by a preponderance of highly coagulable fibrine.

According as one or other of the chief constituents of the blood is in excess, we divide this class of diseases of the blood into three genera—the *fibrinous crasis*, the *albuminous crasis*, and the *serous crasis*. The various diseases belonging to any one of these three *genera* have certain general anatomical symptoms, from which they rarely diverge much; but the varieties of their course, and the differences in form of their products, warrant us in supposing that considerable differences may exist although any further distinction, in a purely anatomical point of view, is at present impossible to be drawn; it is reserved for chemistry alone to arrive at results on this point, by pursuing the path which anatomy points out.

(To be continued.)

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MISCELLANEOUS.

THE following interesting Report and Letters were sent by Dr. Guinness to Dr. Drysdale, with permission to publish them in this Journal, which we do with pleasure :—

"REPORT OF THE RAHENY DISPENSARY,

"FOR THE YEAR ENDING MARCH, 1846.

"TO THE COMMITTEE OF THE RAHENY DISPENSARY.

"GENTLEMEN,—I shall not occupy your time this year with a detail of the number of cases of each disease treated during the past year, (as I have another subject to draw your attention to,) further than to state, that the fever cases amounted to 223, which is more than double that of last year. There were several cases of gastric fever, a few of typhus, and some cases of small-pox. Scarlatina and measles were not prevalent. Hooping cough prevailed much this year; but I am happy to say the treatment adopted proved very successful, most cases recovering in three or four weeks—some sooner. One case only proved fatal: this child had inflammation of the lungs, and was ill some days before I was asked to visit her; she was then in a dying state. Bronchitis was also very prevalent; they have all been treated without bleeding or blistering, and the success has been remarkable—none of them died. There were three or four severe cases of sciatica, the usual treatment of which, in general, proves tedious; they yielded rapidly to the treatment adopted, without cupping or blistering. I will subjoin a list of the names of these patients, as also some other striking cases of recovery, as it may prove satisfactory to the committee to make inquiries from the patients themselves. The total number of cases treated has been 2965; of these, 767 were visited at their own homes, and the deaths have been twelve. Of these, five died of phthisis, and one of the five had paralysis: these cases were incurable under any treatment. Three of dropsy of abdomen: one of these I tapped *nine* times, which was the means of prolonging his life considerably. One of pneumonia and hooping cough, ill some days, and in a dying state, when asked to see her. Another child of typhus fever. One old man of pleurisy, with a broken-down constitution; and an old woman of a tumour in the abdomen. One man died of consumption, and a woman in labour, in the parish, but neither under my care. I sent a few cases of fever to hospital. Diseases of the digestive organs prevailed much. Dysentery frequently occurred, but they all yielded rapidly to the treatment adopted. The bad potatoes must, in a degree, account for the great number of affections of the stomach, liver, and bowels, which have occurred, and also of gastric fever. The number of patients who applied for relief from the neighbouring parishes amounted to 56. Ninety-two children were vaccinated.

"I take this opportunity, Gentlemen, of calling your attention to my letter of resignation, addressed to the Secretary in August last, in which I stated the rea-

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sons which led me to resign, namely, my conviction of the superiority of Homœopathic practice, and the feeling of having been appointed to this Dispensary as an Allopathic Physician. Some influential members of the committee, however, kindly expressed a wish that I should hold it until our usual annual meeting in March. My subsequent experience has fully confirmed my views as to the merits of the Homœopathic system of medicine. However, I must say that I differ from some Homœopathic Physicians, in a few points of practice; and Dr. Henderson, of Edinburgh, Professor of Medicine and Pathology, who has for some time been convinced of the truth of Homœopathy, agrees with me on these points; I have much pleasure in laying before you his letters to me. As he says, (in his Work on Homœopathy,) 'The question now is, not whether Homœopathy originated in a mere speculation, or in an induction of facts, *but* whether it be, as actually employed in the treatment of disease, a *valuable acquisition* to the practice of medicine.' This I have found, by *practical experience*, to be the case; at the same time, I totally differ in opinion from those Homœopathists 'who are still so prejudiced against the ordinary practice as to deny its possession of many palliative and curative expedients, which render it, with all its imperfections, of great service to mankind, when administered with ability.' And I trust *no one* will suppose, that because I maintain the merits of the new practice, I therefore *condemn* the other as valueless, and that my former treatment of diseases had been injurious or useless: on the contrary, I think there has been, for the last few years, much improvement in the usual practice of medicine. The President of the College of Surgeons lately said—(*Medical Press*, Feb. 4, 1846,) 'Acute cases must be met by active means, *but*, under judicious attention to regimen, it is surprising how long persons will survive and even enjoy life, where very vital organs are deeply diseased, *provided* their constitutions are not *worn out* and *harassed* by mercury or other active medicines. *Indeed*, as *our* experience increases, we give but *little medicine* in these cases.' Again, to show further the improvement alluded to above, in *Medical Press*, Feb. 18, 1846, there is a very interesting paper, by Dr. H. Walsh, on the treatment of scrofula, by a medicine *rarely, if ever, used*, which, however, he recommends in almost Homœopathic doses (one-twelfth of a grain.) Now, this medicine is frequently used for scrofula by Homœopathic physicians.

"From what I have written, Gentlemen, you observe, that I consider Homœopathy a *valuable acquisition* to the practice of medicine, but that I by no means condemn the other practice as useless or injurious, *if judiciously practised.* With these views, I cannot object, when I meet patients *not yet* convinced of the efficacy of Homœopathic practice, to prescribe, in the *usual* way, *in compliance* with their *request.*

"I cannot allow this opportunity to pass, Gentlemen, without expressing the great pleasure it gives me to say, that during the eight years and a half I have been medical superintendent of your parishes, there has been no cause of complaint; but that, on the contrary, you have been kind enough *each year* to express yourselves highly pleased with my attention, and have passed resolutions to that effect. I may also add, that should inquiries be made, a general feeling of satisfaction will be found to exist amongst the poor.

"I beg to remain, Gentlemen, your obedient Servant,

"ARTHUR GUINNESS, M.D., F.R.C.S."

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DR. GUINNESS TO DR. DRYSDALE.

"CLONTARF, APRIL 19.

"MY DEAR SIR,—Having resigned my dispensary in August last, in consequence of my views respecting Homœopathy, I was requested to hold it until our usual annual meeting in March, when, I am happy to inform you, I was unanimously re-elected. I send you one of my printed reports, in case you should wish to publish it in your useful journal. You observe I have made no stipulation that I would practise Allopathically in the dispensary, nor was it at all even hinted at by the committee. I merely said, that 'when I find patients *not yet* convinced of the truth of Homœopathy, I consent *then* to practise Allopathically, at *their own request*.' This, of course, can scarcely occur, except in private practice, and, to prove that this will tend to advance Homœopathy, I send the notes of the following case:—

"'About three months ago I was called to visit Mrs. M——, an elderly lady; the following symptoms were observed: stupor, (which came on after a rigor;) deafness; when left alone falls off immediately into a heavy sleep, with snoring and hurried respiration and muttering; but when spoken to very loudly, answers questions pretty well, but her voice is thick, and she mistakes the day for the night; there is a patch of erysipelas on the right cheek, near the ear; skin hot; pulse over 100; weak; is thirsty; tongue dry and brownish; she had been in church the day before, but felt ill, and nearly fainted. She has now great prostration of strength, and she and her friends wished that she should be treated Allopathically. The same day I had the valuable assistance of one of our first physicians, a man for whose advice and opinion I have the greatest respect: we decided on giving small doses of Pil. Hydrarg. alternated every third hour with a dose of effervescing bark, and also claret and water. The disease spread rapidly to the right ear; the eyes, in a day or two, were completely closed, and it spread to the opposite ear and back of the neck, &c.; flour at first, and, afterwards, lime-water and oil, were applied with a feather; he disapproved of the plan of smearing the parts with Mercurial ointment and oil, so highly spoken of by some Allopathic doctors, particularly the French: she remained in a critical state for nearly a week, when the disease gradually subsided; but, after remaining pretty well for two or three days, (not having been able at all to leave her bed,) the erysipelas again partially returned; it was treated in like manner, and at the end of four or five days it again subsided, but never left her. In two or three days afterwards it again returned, and with more alarming symptoms; great prostration of strength, and the pulse very weak; instead of bark we gave, every third hour, some Carbonate of Ammonia and more wine; the physician in attendance with myself, now stated to her friends that she was in a very alarming state, and that we entertained serious doubts as to her recovery; however, after some days, she again got better, but the erysipelas never completely left her face, and she had a large patch of it on her right elbow; she also complained of great weakness, though getting wine, broth, and ammonia; and was unable to leave her bed, when she was attacked with rigor, and her eyes were again completely closed, her face enormously swollen, and also her ears, forehead, &c.; her friends wished again to have a consultation, but she preferred that I should treat her alone; left to myself, and finding her disease so obstinate, I determined on giving her Belladonna, and,

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as she had objected to Homœopathy, I ordered her pills containing the one-twelfth of a grain of the extract of Belladonna, three times daily. Next morning she stated that she had not felt so well since her attack, and that 'whatever these pills were, for the first time her erysipelas seemed to be going off most quickly.' The nurse made the same remark; in fact, she was wonderfully improved, and seemed much stronger. I *then* told her that I had ordered her the medicine which we use in Homœopathy for erysipelas; she said she would no longer object to Homœopathic treatment. She recovered rapidly, was able soon to be out driving and walking, and remained well until last Sunday week, the 12th of April, a period of six or seven weeks. On that morning I was again sent for; I found her shivering, her left eye completely closed, and her left cheek much swollen; the erysipelas had extended to the right eye and forehead, but not to the ears; pulse 105, weak; tongue foul; voice thick; stupor; respiration quick; skin hot. She answered questions when spoken loudly to, but immediately after relapsed into a heavy sleep. She had passed a very restless night, and complained of much weakness; in short, she was precisely affected as in her first attack; she herself asked to be treated Homœopathically. I ordered Aconite (3) and Belladonna (3,) alternately, every second hour. She passed a quiet night. Next morning, erysipelas of left eye and cheek less; right eye and cheek still much swollen; pulse 80; no stupor; felt stronger; took only gruel and whey; (no claret.) Ordered to omit Aconite, and gave Belladonna (3) every third hour. Next morning, third day, my patient's eyes were quite open; she was reading the newspaper; erysipelas had not extended to the ears, and she wished to get up she said she felt so strong; the fourth day she was able to be in the drawing-room, and had beef tea. I need scarcely add how much pleased she was to find her disease so rapidly cured. In the *Dublin Medical Press*, April 8, 1846, there is a paper by a Mr. Sunter, on erysipelas. He gives the following case:—'A man, aged 26, had erysipelas on right side of face and nose; right eye closed; intelligence perfect; (in this respect symptoms were better than in my case;) pulse 120, small; slept badly;' in short, the symptoms very much resembled my case. The treatment was, first, Ipecacuanha, one scruple; Tartar Emetic, one grain; this to be taken at once, and ten grains of Extract of Colocynth at night; this was a good strong dose to begin with; notwithstanding the face became more swollen, and the erysipelas spread to the left side; he got Calomel and Jalap, two large doses; then Purgative Mixture, four drachms, Tartar Emetic half a grain, in one dose; and afterwards Tartar Emetic, two grains, Distilled Water eight ounces; half an oz. every four hours. You will agree with me that this was dosing him pretty well with Tartar Emetic. Report after this, pulse 100, weaker; "says he is very sick;" vomited after each dose; all this did not prevent this dosing doctor to continue his Tartar Emetic, adding Aqua Ammoniæ Acetatis, and giving him one ounce sextis horis; still erysipelas spread over the forehead and on each side of his head, and, the report goes on, "has fluid rhubarb-coloured stools;" answers coherently; says he will die. The doctor thought he had now given him enough of Tartar Emetic, and he changed his treatment to bark, sago, and beef tea, but I think rather too late, as his pulse, notwithstanding bark, beef tea, &c., was 168, *vanishing* on pressure. A blister then to abdomen, and another to inner side of right leg; to be purged; wine, eight ounces; next day comatose;

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sinking: wine, sixteen ounces; Camphor Mixture, Carbonate Ammonia, Spirit Ammoniæ Aromat. Liq. Œther, M. An ounce every four hours. A blister between shoulders; more wine was ordered; several more blisters; mustard boots; brandy; and to be purged again; and, to complete this scene of drugging and torturing, Croton Oil and Spirits of Turpentine ordered to be rubbed over his heart. I need scarcely say the poor man died on the fourteenth day of the treatment; and, what makes the case more remarkable, the doctor adds, 'on the eleventh day *he was sensible*, and then there was apparently nothing but *debility* to contend with, *yet* he died on the fourteenth, an occurrence I certainly did not expect.' Can there be a doubt of the cause of his death?

Having some doubt as to whether I should prescribe Allopathically whenever I met a patient not convinced of the truth of Homœopathy, as in the case of the lady above, I wrote to Dr. Henderson on the subject, and he, in the kindest manner, gave me his advice. I send you his note,* as he says I may do what I please with it. He has quite satisfied my mind on the subject, and two or three Allopathic practitioners, friends of mine, advise me to do likewise. I think the case above and others I could mention prove that this will tend to promote the cause. Had I refused to treat that lady Allopathically, I should not only have lost the case, but I could never have had an opportunity of convincing her of the efficacy of Homœopathic treatment;—she now says, 'she will speak of it wherever she goes.' There are cases which, in my mind, also cannot be treated in any way but by blood letting, such as apoplexy in robust persons; in local inflammations where I have found Arnica fail, leeches always give relief, and I am also of opinion that in acute inflammations of internal organs, the bowels *ought not* to be neglected, but should be relieved by enemata or Castor Oil. I quite agree with the doctor when he says that it is bigoted Homœopaths who have well nigh ruined Homœopathy; and I am happy to find that Dr. Grey, editor of the *Homœopathic Examiner*, is quite of my mind on these points. He says, he considers blood-letting indispensable to a successful practice of medicine at the present day, and that he has used it frequently during eighteen years' acquaintance with Homœopathy, but much less than as an Allopathist: he also frequently uses the Mother Tinctures. I greatly wish that all Homœopathic practitioners would communicate their views on these important points to each other, and we may then have fixed principles to guide us. Should you think this letter worthy a place in your interesting journal, you are perfectly at liberty so publish it; also the medical report.

"Believe me to remain, my dear Hanon,

"Very faithfully yours,

[illegible]

"Dear [illegible]

converts from [illegible]
are placed, [illegible]
for me to [illegible]
injure the [illegible]
decline all practice [illegible]
large city, and, [illegible]

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circumstances, and I see no imperative reason for its being followed. You cannot expect your old patients to become converts merely because you have. They want the evidence necessary to turn them, and I see no plan by which they can ever be brought to witness such evidence but by the cautious and considerate conduct of their family attendant. You may persuade them to allow you to treat them Homœopathically in ailments unattended by danger, while you agree to use the ordinary means in serious acute diseases, until they permit you to do otherwise. You, of course, should not conceal your preference for the Homœopathic practice, even in the most acute affections, but you must give them time and opportunity to come round gradually to the same mind. As a matter of *conscience*, I see no impropriety in this course. In treating such patients as demand it in the old way, you only do what they will require another to do if you refuse, and, therefore, you do them no injury. Nay, more: the old practice, in the hands of a Homœopath, is likely to do less evil than in those of another. There are many things which you can wisely omit that a determined Allopath would insist upon, to the great detriment of his client. In another way, too, you may be of service,—namely, by using certain Homœopathic medicines in almost Allopathic doses. Aconite, for instance, in inflammatory complaints, answers excellently in the form of Mother Tincture, though it needs caution.—Yours, &c.,

"W. H. HENDERSON."

PROFESSOR HENDERSON TO DR. GUINNESS.—LETTER 2.

"68, NORTHUMBERLAND-STREET, EDINBURGH, 30TH JANUARY, 1846.

"DEAR SIR,—You are quite at liberty to make what use of my note you please. If re-elected, in any degree on account of what it contains, you can hardly allow Dr. Drysdale to publish the election as an instance of liberality to a Homœopath; for you will, of course, be expected to treat acute cases in the old way to some extent.

"I do not, at this moment, remember the cases of cupping and blistering in my book to which you allude. But I cannot hesitate to avow my firm resolution to let nothing prevent me from employing the means I think best in any and every case that occurs to me. In inflammation, I am satisfied that blood-letting will be very rarely *necessary* to save life; but I am not certain that cases may not occur in which it may be a useful *auxiliary* to Homœopathic medicines, and it cannot interfere with their action. I must say, however, that I have not met with a single case of inflammation for nearly two years that needed the assistance of blood-letting. Aconite serves admirably the purposes of blood-letting.

"I am not so sure about the propriety of dispensing with leeching in certain obscure inflammatory cases, with little active fever, and no very exact directions or guidance from the *provings* of the medicines. Experience may supply us with medicines that shall serve even in these, but at present I should not know what to give in a sub-acute inflammation about the cæcum or basin of the pelvis, which I mention as examples that would perplex. In threatened apoplexy in robust persons, I should consider the man insane who would not bleed. * * *

"Neglect of the bowels is the greatest error of bigoted Homœopaths,—for there are bigots among them. Indeed, Homœopathy has been well nigh ruined by the extremes to which many of its disciples have run. I never allow an acute case to go above two days without motion, by oil or enema, if the bowels do not act of themselves. *Purging*, however, is bad. In chronic cases again, it is of less consequence to have a motion so often, and I rarely order any aperient as long as the patient is not uncomfortable, even though four or five days elapse without relief to the bowels, and then enemata are preferable. * * *

"I am, yours very faithfully,

"W. H. HENDERSON."

[We are sure that the above documents will be read with deep interest by all Homœopathic practitioners in this country; for, while they announce a most important and gratifying fact, they open up some very serious questions, which must have perplexed, more or less, all who have

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adopted Homœopathy, after practising the old system of medicine. That Dr. Guinness should be re-appointed by the Committee of Management to fill the situation of Dispensary Physician, after he had avowed his adherence to Homœopathy, is a practical confirmation of Dr. Forbes's emphatic assertion, that we must now consider Homœopathy "as an established form of practical medicine." And we trust that before long, other public medical institutions will be open to Homœopathic physicians. For it is only from the evidence afforded by establishments of a public and general medical character, that we can expect the practitioners of the old system to be much influenced. The statements respecting all private Homœopathic dispensaries and hospitals will be regarded as of so *ex parte* a character, that they will never be fairly estimated by the profession at large.

On the other points which Dr. Guinness moots, we shall not venture to give any decided opinion, as we believe that individuals must be much guided by the peculiarities of their situation in the course of conduct they adopt. But it seems essential for every one who wishes to come to a right decision upon the subject, to bear in view the two distinct questions opened for his consideration. The first is, whether any auxiliary means besides Homœopathic medicines may be adopted by a Homœopathic practitioner, without his forfeiting, by so doing, his special character; and if so, what these auxiliary means are? It is pretty generally admitted by Homœopathic practitioners, that, in certain cases, stimulants, such as wine or spirits, are absolutely necessary to maintain life, and are, therefore, as indispensable as food. Whether purgatives will in time be dispensed with or not, it is difficult to say; but it is certain that their total disuse at present would greatly increase the difficulty of practice, without affording any important equivalent for the sacrifice. Blood-letting, although a theoretical resource in the minds of most recent converts to Homœopathy, is so seldom had recourse to, that, like the power of proclaiming martial law, the best plan to prevent its employment is to let it quietly get antiquated by not questioning its legality, but always regretting and trying to prevent its necessity. We are not aware of any other Allopathic measures having ever been proposed or employed by Homœopathic practitioners. The other question is, whether one who believes in Homœopathy is entitled to employ Allopathic remedies, because those he has to treat do not believe in the efficacy of Homœopathic treatment? There are two distinct grounds on which this may be done. The first is, that of a physician presiding over a gaol or a public establishment, where patients expect to get physic according to their previous notions. To compel such people against their will, even if it were possible so to do, to swallow globules, instead of pills and draughts, would be a very foolish as well as cruel procedure; and if the physician, under the circumstances, retains his office, he would be not only entitled, but bound to prescribe old-fashioned physic, rather than force his medicine upon them, or leave them destitute of any. Such a case as this must be extremely rare; but a more common and more perplexing one is that of a general practitioner, who finds himself convinced of the superiority of Homœopathy, but the majority of his patients of the other way of thinking. We believe,

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in such circumstances, he will find his future path much clearer if he openly avow his conviction, and stamp his words by his deeds, by refusing (except in cases which he may still think better adapted to Allopathic treatment) even to treat, except Homœopathically; in short, to make his own convictions and not his patient's requests, the absolute and sole rule for his guidance. That this course will be attended with loss and vexation, is obvious, but no important change of opinion can be made without a risk; and we are quite sure of this, that one who acts thus will enjoy more personal satisfaction from the decision of conduct, and more respect from those about him, than if he had practised Homœopathy with one hand, and Allopathy with the other, according as the wind blew. The amount of sacrifice to be encountered will depend upon innumerable circumstances which we cannot specify; but sophistry alone will ever convince any one that he is right to deny by his actions, for fear of loss, what he asserts by his words.]—Eds.

ENGLISH HOMŒOPATHIC ASSOCIATION.

In our last number, (p. 241,) when alluding to the proposed co-operation of the *Societé de Medecine Homœopathique* with the *English Homœopathic Association*, we observed, that the latter body had only *two* or *three* medical members. This expression, if we may judge from a note addressed to us by the secretary, has given umbrage to the Association. Our object in citing the unquestioned fact, that the majority of qualified Homœopathic medical practitioners in this country belong to the British Homœopathic Society, having been merely to show to our brethren abroad that the principle of combination of medical and non-medical persons for the purpose of advancing a medical system is not generally approved of by the Homœopathic practitioners of Great Britain,—we are sorry that any inaccuracy should inadvertently have occurred in our remarks respecting an association to which, although we differ from it as regards the exact mode of forwarding Homœopathy, we have no reason for wishing any thing but well. The common cause in which we are embarked cannot fail to enlist our sympathies in its behalf; and the zeal and ability displayed by some of its members in their proselytizing endeavours will have, we doubt not, a beneficial effect. We have no means of ascertaining the exact number of the medical members of the association; but shall be happy to make it known in this journal if the association think fit to furnish us with an authorized list.

ERUPTIONS OF MOUNT HECLA.

A letter from Copenhagen, of the 16th of April, says,—"The packet which arrived yesterday from Reikavik, in Iceland, has brought us letters from that town of the 8th of March, (four days later,) which give curious

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details respecting the malady under which the cattle were suffering, from having eaten grass, &c., covered with the ashes vomited by Mount Hecla. These ashes (say the letters) act more particularly on the bones of the animals which have swallowed them. Thus, on the bones of the feet there are formed, in less than twenty-four hours, *osseous excrescences, of an oblong form*, which gradually assume so formidable a development, that they prevent the beast from walking; the same phenomena is then *manifested in the lower jaw*, which is at the same time enlarged, and extends in all directions so considerably that it eventually splits in several places; whilst on the teeth of the upper jaw there is formed a species of osseous needles, very long and pointed, which take root in the lower jaw, and even traverse it—a phase of the malady which always determines a fatal issue. As high winds had prevailed for some time, the volcanic ashes were scattered throughout the island, and a great number of cattle, especially oxen, cows, and sheep, had perished. If the eruption of Hecla (say the letters from Reikavik) is prolonged for two months more, all the rural proprietors who have not enough hay to feed their herds—and the majority are in this situation—will be obliged either to slaughter their cattle, or to abandon them to certain death on the pastures poisoned by the volcanic ashes."—*Times of 30th April*, 1846.

INFINITESIMAL WIT.

The *Humorist*, a Vienna journal, informs us, "that there had been sent, as a donation to Hahnemann's Homœopathic Monument, a small mirror, in which a thousand florin bank note had been reflected shortly before."—*Alg. Hom. Zeit.*

MEDICAL INTELLIGENCE.

GERMAN HOMŒOPATHIC MEETING.

The usual meeting of Homœopathic Physicians in Germany, on the 10th of August, is to be held this year at Leipzig. President, Dr. Hartman.

HOMŒOPATHIC HOSPITAL IN MOSCOW.

On the 16th December, 1845, a Homœopathic Hospital was formally opened in Moscow, in the presence of the Governor-General Prince Sctscherbatoff, and other persons of rank and influence. It is supported by voluntary subscription. Dr. Schweikert is appointed honorary medical officer.—*Allgem. Hom. Zeitung*, Bd. XXX, p. 224.

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HOMŒOPATHY IN AMERICA.

We understand that Dr. Forbes' article on Homœopathy, and Professor Henderson's letter in reply to it, have excited quite a sensation among the medical public in the United States. The paper of Dr. Forbes has been republished in several forms, and a reprint, consisting of two thousand copies of Dr. Henderson's letter in the last number of this Journal, has been issued in New York.

HOMŒOPATHY IN VIENNA.

Our Vienna correspondent informs us that another Homœopathic periodical is about to be started in Vienna, entitled "Jahrbuch der Leistungen der Homœopathie," the first number of which will appear in November or December next, and will contain an account of the progress of Homœopathy in the different countries where it has gained a footing, along with translations of the best articles in foreign journals and reviews of new works on Homœopathy. Our article on "Organic Chemistry and Homœopathy," and Dr. Black's Proving of Digitalis, are being translated for this work.

HOMŒOPATHY IN SPAIN.

We have before us the first number of a new Homœopathic journal, published at Madrid, in April last, and entitled *La Homeopatia*. We learn from the Editor's preface, that it is intended to be a continuation of the *Gaceta Homeopatica*. The contents of the present number are:—A translation of the article by Professor D'Amador, of which we have given an abridgment in this journal; some cases treated homœopathically, by Dr. J. Hisern, reported by Dr. J. S. Coll, the gentleman spoken so favourably of in Dr. M. Roland's letter, published in vol. I of our journal; a translation of Dr. Hering's Proving of Fluoric Acid, and some miscellaneous intelligence, chiefly of a local nature, but not possessing any interest for the general reader. Although we rejoice to see in this new periodical signs of the interest our system is exciting in Spain, and feel assured that it may be instrumental in extending a knowledge of the Homœopathic doctrines, we cannot but regret to see that the present number is disfigured by an attack of a very personal character on some of the Homœopathic practitioners of Madrid. In a journal professedly devoted to the furtherance of a scientific object, such things should not occur; for if the charges made are unjust, the character, not only of the journal, but of the cause it advocates, will be seriously injured; and if the individuals be actually guilty of the charlatanism attributed to them, no possible good, but positive harm, must result from a controversy with such persons.

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HOMŒOPATHY IN FRANCE.

The *Société Hahnemannienne de Paris* have issued a circular, announcing a general Congrès of Homœopathists at Paris, on the 5th of September next, the object being to further thereby the interests of Homœopathy at large, and, by bringing Homœopathists together from all quarters, to promote friendship and good feeling among them. The *Société* request such as are favourable to the project to intimate their approval to the committee, and at the same time to send in a list of questions which they should like to have discussed at the Congrès. If their plan meet with general encouragement, the society intend to issue a programme of the subjects which will be discussed, agreeably to the wishes expressed by those who are friendly to the project, and intend honouring the meeting with their presence.

The circular is signed by Drs. Croserio, Giraud, Leon Simon, Perry, and Hureau.

BOOKS RECEIVED.

The Journal of Health and Disease. April, 1846.

A Manual of Homœopathic Cookery. London: G. Bowron, 213, Oxford-street.

Report of the Homœopathic Dispensary, Newcastle-upon-Tyne.

A Brief View of Homœopathy, by Neville Wood, M.D., F.R.C.P.E. J. Leath, St. Paul's.

Letter to the Medical Officers of the Birmingham Charitable Institutions, proposing a trial of Homœopathy in the General and Queen's Hospitals. By George Fearon, M.D.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE USE OF ARSENIC.

By Dr. Wurmb, of Vienna.*

(*Continued from page 266, and concluded.*)

Third Part.

ARSENICAL CURES AND THERAPEUTIC INDICATIONS CONTINUED.

Sec. 7.—*Diseases of the Respiratory Organs.*

arranged the effects of Arsenic on the respiratory
ree divisions, and in accordance with that arrange-
ll first consider those diseases in which irritation
n of the mucous membrane is the fundamental

—*Chronic Catarrh—Hooping Cough.*

lemics that prevailed several years ago
unities for the administration of
n preference to other medicines,
Mercury, *Nux vomica*, *Pulsa-*
where, along with moderate
resent *unusual weakness*,

omœopathie, Heft III, p. 104.
946.

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restlessness, anxiety, sleeplessness, bleeding of the nose, and nausea; also excoriation of the nostrils, aggravation of the symptoms at night, and amelioration of them by the ***outward application of heat.***

We have already considered the reason why Arsenic is not so suitable as many other medicines in the ordinary forms of laryngitis and acute bronchitis; and we can, therefore, by no means agree with Dr. Ægidi, (Hygea II, p. 217,) who praises up Arsenic as an anticatarrhal polychrest. But it may be often kept in view in cases of chronic catarrh, more especially when the patient complains of dryness in the larynx, and feeling of rawness and burning in the chest: when there is a teazing dry cough, returning also at stated periods, and very exhausting, accompanied with inclination to vomit, and difficulty of breathing. Clinical experience is still wanting to confirm these indications derived from the physiological action of Arsenic. Among the Allopathists Feriar, (Med. History and Reflec. III, 5;) and among the Homœopathists M. Müller, (Arch. f. Hom. H. III, 62,) and Hartmann, direct our attention to Arsenic in hooping cough; and, in truth, many symptoms seem to demand a trial of it.

B.—*Asthma.*

We only require to read a few cases of poisoning, or cast a glance on the Materia Medica pura, in order to be convinced that there are few diseases whose symptoms are more analogous to those of Arsenic than those comprehended under the titles,—Suffocative catarrh, asthma, *Angina Pectoris*, spasm of the chest, Millar's asthma, &c.; whence it follows that it must be an inestimable polychrest in those pathological states. And it is so, as has been proved, not only by the experience of Homœopathists, but also of the ancients, from Dioscorides to the Arabians. For it is an undeniable fact that they esteemed Arsenic as the capital remedy in the above diseases; and it is at the same time also a proof that all the vaunted specifics that have stood the test of experience are no other than Homœopathic. As regards the particular indications for Arsenic, we may note the following:

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When the paroxysms of suffocation come on, especially towards evening or at night, or are brought on by walking, going up hill,* deep inspiration, coughing or anger, and are accompanied by great feeling of weakness, fretfulness, and anxiety, rawness in the pit of the stomach and chest, and dry hacking cough; when, of course, the pathological changes lying at the root of these symptoms correspond with those in which Arsenic is indicated.

Dr. Gaspary relates, (Annalen III, 426,)—

"A clothmaker, aged thirty-two, very tall, and of slender make, sought the aid of Homœopathy for an illness of several years' standing, which had been treated Allopathically, without success, during that time. The symptoms were—weakness of memory and stupid feeling in the head; frequent headach, with weight and pressure in the head, better in the open air; aching in the forehead and right temple. The right eye is inflamed and reddened with painful aching and drawing in it. Dimness of sight; objects appear covered with a veil. At night he has toothach and pain in the cheek, on the right side, throbbing deep in the bone, and stretching into the right ear and temple. The pain is relieved for a short time by warm bran poultices; it is accompanied by the sensation as if the teeth of that side were too long. Collection of mucus in the mouth, and constant inclination to spit; occasional nausea, and abundant flow of water in the mouth. He has no appetite, but relishes his meals when he sits down to table. He has a *continual cough, with viscid mucus on the chest, which cannot be detached. The cough is accompanied with difficulty of breathing after lying down: he is obliged to sit up in bed, otherwise his breath stops.* The cough is accompanied by shooting pains in the head. In violent fits of coughing a quantity of water flows from the mouth. The sputa, when detached, are yellowish white and viscid. *Shortness of breath* he feels constantly, as if there was *too little air* in the chest, with pain and pressure in the pit of the stomach, as if too narrow. *On every movement his breath goes away, and he feels wearied and anxious,* as if he was going to die, and the chest feels contracted. Sleeplessness from the cough, and dyspnœa; *weakness and prostration* of the whole frame. He is very *anxious, and depressed in spirits,* and has no hope of ever regaining his health. I gave the patient one dose of Arsenic, on account of the correspondence of most of his symptoms with those of that medicine. The symptoms gradually diminished, and in four

* The chamois hunters in Styria and Upper Austria consider Arsenic as the best prophylactic against the asthmatic attacks to which travellers in Alpine regions are liable.

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weeks the patient was quite free from all his ailments, without the use of any other remedy."

The following case is reported by Dr. Attomyr (Briefe über Hom. IV.):—

"The patient was a wine dealer, who had suffered for eight years, with the following symptoms:—As soon as he lies down to sleep at night spasm of the chest comes on; difficulty of breathing; the expiration is whistling; constriction in the chest and throat, which causes him to sit up, and lean forward, which gives some little relief. The breathing gets gradually more and more difficult, and the expiration is strained and shrill, like a high falsetto note. He has then excessive anxiety, with sweat over the whole body. This paroxysm continues with unabated violence for three or four hours, and subsides after midnight, when he gets some troubled sleep, often disturbed by burning or smarting pains in the chest. These paroxysms are excited by the air of the cellar, which the patient, as a wine dealer, cannot well avoid being exposed to. They are of longer or shorter duration, according as he remains a longer or shorter time in the cellar. If he remains a very long time in it, the attacks return every evening for a week in succession, whereby the patient is much exhausted, and brought low. On the 12th of August, 1832, the patient received Arsenic in the 30th dilution, and after that there was no return of the paroxysms. The patient can now remain six or eight hours in the same cellar without any inconvenience."

Dr. Gross relates, (Arch. f. Hom. H. XV, 103,)—

"A young farmer told me that he had contracted the following complaint through exposure, while thinly clad during a forced march, when he served in the cavalry:—He is subject to a species of spasmodic asthma, characterized by constriction of the chest, and loss of breath, so that in walking, especially if against the wind, he has to stand still: these attacks come on in stormy or close damp weather, or on any sudden change of the weather; also on walking fast, or even from hearty laughing, or from wearing warm tight clothing. In the paroxysm he feels great pressure on the lungs, and a sensation of anxiety, with alternate heat and cold of the body: the symptoms gradually pass off with expectoration, of a very white viscid mucus, in the form of small bubbles. As soon as this sputum shows itself he begins to breathe more freely, but it is sometimes fully an hour before the breathing is quite natural. When the paroxysm is once begun, the oppression of the chest and stifling are greatly aggravated by his going into a warm room. After the paroxysm he feels, for some time, a sensation of general uneasiness and weariness. The disease has already lasted nearly five years, and has resisted all kinds of treatment hitherto. I dissolved some Arsenic, (30,) in six

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ounces of water, and ordered a tablespoonful of the mixture to be taken daily. The improvement that followed was so great and speedy, that the patient imprudently over-exerted himself in climbing a hill, which brought on another attack, though much slighter; I therefore gave three more doses of Arsenic, to be taken at intervals of eight days, and after that he had no return of his complaint."

"A farm-bailiff, near Moscow, had suffered for two years from spasmodic asthma, which came on every night with deadly anxiety, cold sweat, &c. By means of a single dose of Arsenic, (30,) he was quickly freed from this frightful disease, while the most careful Allopathic treatment, during nine months, had failed to give any relief."—(Schweikert, Allg. Hom. Z. I, 127.)

C.—*Pneumonia.*

We find among the pure symptoms of Arsenic, soreness, burning, and great heat in the chest, streaks of blood in the expectorated mucus, expectoration of clotted blood, &c. And we have also seen, that in cases of Arsenical poisoning, congested spots are occasionally met with in the lungs. But as these phenomena are by no means constant signs of the *acute* Arsenical disease, it is easy to understand that the Homœopathist will require urgent reasons on other grounds before he administers Arsenic in cases of Pneumonia. Accordingly it may be called for, sometimes in inflammations of the lungs, consequent on certain diseases of the heart and large vessels; as also in Pneumonia occurring in cachectic, dyscrasic individuals, with rapid sinking of the vital forces, suffocating anxiety, great burning and heat in the chest, pale cold extremities, and the respiration anxious, and gradually growing more rapid, &c. In cases in which the symptoms show a danger of gangrene of the lung, the Homœopathist will undoubtedly think of Arsenic, as well as of *China* and *Carb. veget.*

D.—*Hœmoptysis.*

Common cases of Hœmoptysis are usually of such a [illegible] appropriate remedy is found among *Aconite*, [illegible]*dum*, *Phosphorus*, *Arnica*, &c. As far as we [illegible]dt (Arch. f. Hom. Heft XVIII, 48,) is the [illegible] yet given Arsenic in this disease.

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"In a case of active Hœmoptysis occurring in a woman, with weak lungs, aged thirty-six, some months pregnant, who had been seized suddenly, after wet feet, with copious expectoration of bright red frothy blood, with burning and coldness in the chest, Arsenic had a wonderfully good effect. There were also present anxiety and palpitation, and dry burning heat of the body. Aconite had given no relief."

E.—*Phthisis Pulmonalis.*

To the Pathognomonic symptoms of a fully pronounced case of *Phthisis Pulmonalis*, belongs—cough, with copious expectoration of purulent mucus and colliquative diarrhœa. Arsenic, it is true, produces also cough, but more particularly *dry* cough, and constipation of the bowels; hence it follows, that, according to the principle of like to like, it does not suit in the latter stages of consumption, and that it can only be of use, as experience has proved it has been, in the earlier stages of the disease, and more particularly as a prophylactic.

F.—*Pleuritis.*

Arsenic is an excellent remedy in many forms of pleuritis, especially when the predominating character of the morbid product, the pleuritic effusion, is serous; (Hygea XII, 82,) it, of course, is to be understood that the other symptoms correspond to the particular therapeutic indications, as given above. Our confidence in this medicine in such cases is so great, that we quite despair of the curability of any case in which it entirely fails to bring about any favourable change. The cases in which Arsenic gives no relief are not very frequent, while on the other hand, those are numerous in which it either cures alone, or at least alters in such a way that the cure is rendered possible by other remedies. The favourable action is first manifested by an alleviation of the distressing asthmatic sufferings of the patient; next follows the absorption of any œdematous swellings that may be present, and at the same time the febrile disturbance is removed, and, lastly the exudation is absorbed. How it happens that the difficulty of breathing is removed, while the quantity of the effusion is undiminished, at least at first, is difficult to under-

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stand, and is, perhaps, partly only to be explained by the powerful action which Arsenic exerts on the heart and great vessels: for these organs have undoubtedly no small part in the asthmatic sufferings.

Sec. 8.—*Diseases of the Heart.*

Those Allopathic physicians, as, for example, Hill, who have recommended Arsenic in diseases of the heart, seem either not to have known its positive action, or to have forgotten the principles of their school, because otherwise they must either have warned others against its administration, or have been obliged to admit the Homœopathic principle, for it is certain that Arsenic acts in an especial and constant manner on the heart. But it is also an inestimable remedy in diseases of this organ, a remedy which has the power of relieving for a longer or shorter period even those sufferings (especially the asthmatic attacks) which depend on incurable organic diseases, such as hypertrophy, dilatation of the heart, imperfection of the valves, &c.

The following are the chief indications for the choice of Arsenic in heart diseases in preference to other remedies, likewise useful in those affections, such as *Aconite*, *Bryonia*, *Pulsatilla*, *Aurum*, *Ferrum*, *Spigelia*, *Lobelia*, &c. Arsenic merits the preference in cases of *Cardiopalmus*, (irregular pulsation of the heart,) *Endocarditis*, or the above mentioned structural diseases, when they have already lasted a considerable time, and have even produced dropsical swellings; when the asthmatic sufferings which seldom fail to accompany those diseases correspond to those of Arsenic, and the patient complains of pains in the region of the heart, which take away the breath, and cause great anxiety and inquietude; when there is violent palpitation of the heart, coming on chiefly at night, and aggravated by lying on the back, &c. &c.

Sec. 9.—*Diseases of the Spinal Marrow.*

The local phenomena, which in the action of Arsenic would indicate an implication of the spinal cord and nerves,

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allow us to conclude, especially when taken in connexion with the anatomico-pathalogical changes, that this medicine might be the Homœopathic remedy in *Myelitis* and spinal irritation. But we cannot derive from these fragmentary symptoms alone sufficient particular indications to enable us at once to choose it in preference to other remedies. Hence it follows, that it is only the general therapeutic indications, which on that account must be numerous and well marked, that can decide us in the choice of this remedy, as was the case in the following case related by Dr. Schubert, (Arch. f. Hom. H. II, 126.):—

"P——, a robust farmer, aged thirty-eight, of choleric temperament, who had been previously quite healthy, had suffered for four years and a half from a most troublesome disease, against which many physicians had employed many different modes of treatment in vain. At first the paroxysms returned only at considerable intervals; but latterly they had become more frequent; so that during the last three months the intervals had diminished to fourteen, then eight, and, finally, for the last month, to three or four days. His whole frame had thereby suffered greatly, and his mind was much depressed, having little hope of recovery. In this wretched condition, as he saw that he had received no relief from the treatment hitherto pursued, he resolved to consult an Homœopathic practitioner. He consulted me on the 12th January, 1821.

"*Present symptoms.*—Want of appetite, with squeamishness and nausea in the stomach; *periodic* aching in the stomach, which gradually increased as the height of the paroxysm approached, and during it was very violent; besides that, it often came on while the stomach was empty, and always some time after eating; it was thus absent during and shortly after eating. Light sleep and frequent waking; he never sleeps more than half an hour at a time. This state lasts usually two days. On the third day an aching came on, generally on the right *near the spine*, a few inches below the scapula, a *sickening* anxious sensation, accompanied with pressure in the stomach. On the fourth day the said sensation moved higher up, to between the angle of the scapula and the spine, and immediately changed into a *violent burning pain*, as if from *red hot coals*, increased by the slightest touch, and only slightly moderated by *gentle motion* of the upper part of the body, backwards and forwards, and by walking softly about the room; after midnight it spontaneously subsided somewhat. The sleep was, nevertheless, restless and often interrupted. Frequent starting in sleep and in falling asleep, and even convulsive twitchings in the sleep after dinner. The region from the left hypochonder across the stomach

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was numb, and almost without feeling. Immediately on rising he had frequent inclination to stool; and during the forenoon he had usually to go to stool five to seven times, and in the afternoon three or four; before stool, griping in the belly, and during, but more particularly after it, a violent *burning* and soreness in the anus. The evacuations were at first yellowish and watery, but afterwards they became mucous and very scanty. *Great weariness*, despondency, and ill humour. This state continued fully two days, that is, the fourth and fifth. On the sixth, the violence of all the symptoms began to diminish hourly, and on the seventh he felt only some weariness. As exciting cause he could ascribe it to nothing but a cold: he had four years and a half ago sat on a stone before the house for some time one evening, and the same night he felt pains in the loins, and next day he had one of the attacks above described, but in a much milder form.

"*Treatment.*—Which among the known medicines, from its pure symptoms, could have suited the above case better than Arsenic? It was the most suitable medicine, and, therefore, must be specific in this case. For it is peculiar to Arsenic, the circumstance of one pain or sensation passing into another of different character. Burning is also a capital symptom of Arsenic; gentle movement also often relieves the pains of Arsenic; in short, all the chief symptoms of this case are met by Arsenic. No change was made in the usual diet of the patient, except that he gave up coffee at once. The attack, during which he sent for me, was, as the reader may see, distressing, and required speedy aid. I gave him, therefore, the same evening, a dose of the 30th dilution of Arsenic.

Result.—By next morning he already felt better, and improved hourly. The night from the 13th to 14th January he slept well, and next day rose up quite well, with the exception of slight weariness, and he was thus as well on the sixth day of the paroxysm as formerly on the seventh. He had no return of the complaint for three months, and then it was much milder. He received another dose of Arsenic, and has remained quite well till now, (end of February, 1823.")

Sec. 10.—*Diseases of the Extremities.*

A glance at the Materia Medica shows us that Arsenic produces symptoms in the upper and lower extremities, analagous to the symptoms of gout and rheumatism. But if we regard those symptoms more narrowly, we find that the arsenical pains are very violent and insupportable, of a shooting, and especially burning character; that these pains come on more especially at night and early in the morning, and have, therefore, a periodic character; that they are re-

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lieved by motion, and are, therefore, accompanied by restlessness, and a constant desire to change the position of the limb: that they are relieved for the moment by warm applications; if with these we unite the other already well known indications for its administration, we shall obtain an idea of the kind of case of gout or rheumatism in which Arsenic will be the Homœopathic remedy, and in which it is preferable to other medicines, such as Rhus, China, &c.; but we shall also thus be forced to the conclusion, that Arsenic can only very seldom be suitable in the ordinary forms of rheumatism or gout, for the above conditions of its administration are certainly only met with in exceptional cases.* According to our own opinion, the rheumatic affections which might most likely demand the administration of Arsenic, are rheumatism of the hip, mercurial rheumatism, and that arising from abuse of Cinchona.

Sec. 11.

The morbid condition of muscular excitement, which, according to the above cited groups of symptoms Arsenic produces, indicates its therapeutic utility in spasms (especially tonic) and palsies. We shall now examine in what circumstances Arsenic merits the preference over other medicines.

We think we may take it for granted, that it is known that spasms and palsies arising from any affection of the brain, do not demand the exhibition of Arsenic, and also, the reason why it is so. There remain, therefore, only those which depend on some affection of the spinal cord. But as we know that Arsenic produces spasmodic and paralytic symptoms, more especially in the lower extremities, we think we can assert, that it is more particularly to be kept in view in the treatment of those cases of spasms and palsy which depend on a lesion of the *lower* half of the spinal cord; it being, of course, understood, that several of the general indications of Arsenic are to be met with in the symptoms of the

* In the Homœpathic literature, the only one who has had cases of Arthritis, suitable for Arsenic, is Dr. Gross. (Arch. f. Hom. H. IX, 144.) On the other hand, several Allopathists have recommended Arsenic in rheumatic and gouty affections; Jenkinson, Zungenbühler, and Kellie.

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case. Vogt, therefore, speaks exactly like an Homœopathist, when he says, (Op. Cit., 517,) "Although Arsenic has hitherto been administered successfully in epilepsies, chorea, and other convulsive diseases, only when they had more or less of a periodic character, yet it appears it ought also to be useful, independently of its anti-periodic virtues, especially in habitual epilepsies, on account of its remarkable action on the ganglions and the spinal marrow."

Dr. Schrön relates, (Hygea II, 412,)—

"In May, 1834, an apparently strong and healthy forester, aged thirty-six, came to seek my aid against very bad fits, to which he was liable. For two years he was frequently attacked with the following symptoms:—He felt a burning pain in the stomach, and, at the same time, there came on a pressure in the spinal column, which rose up like a warm wind along the back, behind the ears, and then into the brain. He then felt giddy, and fell down insensible, in which state he remained for ten or fifteen minutes, when he came to himself again, and was then free from pain, but much stupified. In the intervals the head was generally well, but the patient felt not unfrequently a pressive pain in the occiput. Also he frequently had *pain of a burning character in the spine.* In the morning sweet taste, and after meals burning in the stomach and abdomen, bowels irregular, generally loose, with burning at the anus, and scalding on making water. Frequent cramps in the legs. Several years ago he had had the itch, which was suppressed with ointments. Within the space of two months I gave him eight doses of Arsenic (6.) At first he passed large masses of mucus, by stool, and after four weeks all his complaints were gone. I saw him again to-day, 1st August, 1835, and he had had no return of

Sec. 12.—*Hydrops.*

...h the property of Arsenic to produce dropsical ...nerally known, and although it has been ex- ...dropsy by many Allopathists,* and many ...been effected by it, yet we are not aware ...Dr. Nasse, has admitted that the use of ...ust be Homœopathic; he says, "As

...orts:—"Colonus quidam, 27 ann., febre ...exatus, simul obstructionibus viscerum ...icis maculis per totum corpus dispersis, ...re lectum relinquere, nec alimentis ...prescripsit sodam arseniatum dosi

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Arsenic produces dropsy in the healthy state, so it may, perhaps, be of use against it in the sick."

It is obvious that the Homœopathist must hold Arsenic for a capital remedy in dropsy, consequent on organic diseases of the heart. It is true that a cure in such cases is beyond the reach of art, but this medicine very often affords great alleviation. The same is also true with respect to dropsy after pleuritic effusions, only here the prognosis is not so absolutely unfavourable. Whether Arsenic displays any utility in the dropsy, from Bright's disease, or not, we have not sufficient clinical experience to decide. In dropsy, from disease of the kidney, and from copious losses of blood, Arsenic may be considered secondary to other medicines, more especially Cinchona; but it is the chief remedy in dropsical affections consequent on the abuse of Cinchona,* and should be kept in view in *hydrops post scarlatinam.*†

Sec. 13.—*Eruptions on the Skin.*

As long as Arsenic has been known, it has been exhibited against chronic skin diseases, especially in the most malignant

‡ granorum per diei cursum, qua per aliquot dies deglutita urinae copiosae fluere, tumorque hydropicus insidere cœperunt, febre simul evanescente: tribus mensibus nondum completis aegrotus in perfectam valetudinem restitutus erat. Pari successu idem medicus clar. eodem remedio humoribus superimpletum, juxta febrem intermittentem *oedemate artuum inferiorum* et asthmate suffocativo laborantem pristinæ saluti redidit. *Talia praefecto exempla vel obstinatissimis arsenici osoribus nihil amplius repudii relinquere, eosque in favorem hujus pharmaci convertire debere credenes.*

* In such cases a double series of symptoms can often be distinguished, namely,—*a*, those which belong to the China, (China disease;) *b*, those which belong to the suppressed disease. It is scarcely necessary to remind the Homœopathist that he must choose remedies which *(ad a)* are similar in their action to China, (antidotes of China,) and which *(ad b)* correspond to the suppressed disease. But as the symptoms which complicate the China disease are usually the product of suppressed intermittent fever, the disease in which it is generally abused, and as (as is well known) Arsenic is a capital remedy in intermittent fevers, so it is obvious why Arsenic should be so often indicated in these cases.

† Among the medicines which compete with Arsenic here is helleborus niger. But there should be little difficulty in distinguishing the cases suitable for each. For example, Arsenic is more suitable where chest symptoms are present, while hellebore is to be preferred in cerebral cases, &c.

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forms. More particularly, it was held in high honour in this respect by the ancients, and made use of almost exclusively.* That this is nothing more than an appreciation of the Homœopathic principle, in a generalized manner, is rendered obvious to the most sceptical by a glance at the physiological action of the remedy. But the Homœopathists make even more frequent and extensive use of Arsenic, inasmuch as they give it, not only in chronic, but also in acute skin affections. In the latter, with the exception of the rare cases of *Purpura senilis, Anthrax, Pustula Maligna,* &c., Arsenic can, for obvious reasons, never be a capital remedy, that is, one which corresponds in similarity to the whole course of the disease, as, for example, Belladonna does in scarlatina, and Rhus in erysipelas; but it is, nevertheless, often a very useful intermediate remedy, and is also often indicated as belonging to those remedies which are serviceable in the symptoms produced by the repercussion of the eruption.

Thus every Homœopathist will think of Arsenic: in many cases of *erysipelas neonatorum;* † in scarlatina, when there are putrid smelling ulcers in the mouth and throat, and when asthmatic sufferings and dropsy make their appearance; in miliary fever, when, before the eruption, the patient has excessive restlessness, so that he must change his position every instant; in small-pox, when there is inflammation of the throat, or putrid confluence, or *sphacelus* in the pock,‡ or great erethism of the gastric mucous membrane, with vomiting, § or when the small-pox is complicated with typhous or putrid fever, or the pocks suddenly collapse and disappear, and the sinking of the vital forces is the chief indication; in zoster, when there is tormenting burning in the night, &c. ‖

According to Dr. Knorre, our remedy is indicated in the

* Dioscorides says, (Op. Cit.)—"*Prodest contra narium orisque ulcera, reliquaque exanthemata,*" and in Avicenna we find:—"*Confert scabiei et ulceribus sahafat (leprae ulcerosæ,) et putredini, ac cutem abstergit uritque.*"

† Pract. Mittheil, von Dr. Weber. Archiv. XVI, p. 66.

‡ Dr. Kretschmar and Dr. Schrön. Alleg. Hom. Zeitung.

§ Dr. Clayvay, Bibliotheque Hom. Vol. VIII.

‖ Trinks Allg. Hom. Zeit., No. 1, 12.

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scald head of children, when there are numerous scattered superficial pustules resting on an inflamed base, afterwards running together, which soon burst and discharge their contents, and form matted thick yellow crusts, from which oozes a yellowish serous or bloody fluid. It appears most commonly on the occiput, and is accompanied with violent itching, and also with swelling of the cervical glands.

Dr. Schrön says, (Alleg. Hom. Zeit., XIV, p. 245,)—

"After Sulphur, Arsenic seems but to suit the *dry* form of scald head. An itching burning pain chiefly calls for its exhibition." (In the moist forms Dr. S. thinks that *Calc. Sulph.* and *Lyc.* suit better—*Lycop.* suits the better the more moist the form.)

In *Crusta serpiginosa*, according to Hartmann, Arsenic is particularly indicated when the eruption spreads rapidly, from the oozing of an acrid secretion, when there is itching and burning, which is alleviated by heat, especially the warmth of the bed, and when the child emaciates much, although the sleep is not much disturbed.

It is certain that Arsenic is indicated in many kinds of *Urticaria chronica*, *Psoriasis inveterata*, (particularly *P. scrotalis,*) *Herpes furfuraceus and rodens*, *scabies vesicularis*, &c.; but it is also as certain that we have as yet no decided *particular indications* for the choice of it in these diseases, and, therefore, we must rest our choice on the *general* therapeutic indications, as may be seen in the following case:—

Dr. Schubert relates, (Archiv. II, 104,)—

"M——, a blacksmith, aged forty-three, of robust constitution, had suffered for three quarters of a year from a most troublesome skin disease, which had come on after a violent shivering fit. He had sought aid, in vain, from various physicians: his disease had rather grown worse under all the different modes of treatment. He came to me on the 14th April, 1823, when, on careful examination, I found the following symptoms:—The whole face, not excepting the forehead, the neck, the breast, and forearms, and hands were covered with sanious ulcers, which gave an insupportable burning pain, like red hot coals. They began as small red pimples, which soon filled with a clear fluid at the point, then burst, discharging a corrosive fluid, then formed crusts, from under which the matter continued to ooze. These ulcers became confluent. He was often seized with

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horripilation, especially in the parts affected with the eruption. He could scarcely get any sleep from the continued pain; dislike to smoking tobacco; salt taste in the mouth; little thirst; dirty yellow coated tongue; turbid yellow urine; lassitude and ill humour.

"*Treatment.*—There was no change to be made in the diet of this patient; and as he had taken no medicine for some time, he could begin the Homœopathic treatment at once. As no medicine suited so well the insupportable burning pain, the nightly restlessness, and the salt taste, as Arsenic, I gave him on the same day a dose of the 30th dilution.

"*Results.*—In four days the patient came to me again, and even then his whole state had improved amazingly. The formerly sanious ulcers were now dry; the burning pain was very much lessened, and no new pimples made their appearance. He seldom had shivering, and at night he slept quietly for several hours at a time. The other symptoms persisted, but in a milder degree. The improvement advanced steadily, and in the course of ten days the eruption was quite dry, and all the other symptoms gone."

A similar case is reported by Dr. Gross, (Arch. I, 105):—

"C. H.——, a woman about sixty, had suffered for several months from an eruption which had resisted all the efforts of the physician to cure it, and threatened to undermine her vital powers. On the 4th of October my advice was asked, and the following symptoms were observed on minute examination:—The whole body, except the face, was covered with small sanious ulcerations, which were excessively painful, and occasioned a sharp burning pain when the patient was exposed to cold. This burning caused her to scratch, which always aggravated it. She was most comfortable when warm. The ulcers were so sensitive that she could not bear the mildest ointment. They healed here and there, but new ones always formed again. The patient grew daily thinner. Digestion was disturbed, and every morsel of food caused pressure in the gullet, as if it stuck there. She was so weak that she could scarcely walk across the room; sleep restless. She had a febrile attack daily; first, shivering, with increased burning in the eruption; then heat followed by perspiration; her spirits were depressed and desponding.

"*Treatment.*—After leaving off the former medicines for eight days, and forbidding the use of coffee, in place of which she was allowed light beer, I administered on the 13th October Arsenic (30,) as the whole peculiarity of the eruption, the daily fever, and most of the other sufferings corresponded to the primary action of that powerful medicine.

"*Result.*—On the 28th of October it was reported to me, that since the administration of the medicine all the symptoms had gradually diminished, and I satisfied myself, by personal ex-

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amination, that the eruption was then quite gone, as well as the other symptoms. The patient has never since suffered from skin disease."

Sec. 14.—*Ulcers.*

Arsenic produces, as we have seen, burning, fœtid, easily bleeding ulcers, with high everted edges, which are not unfrequently covered with a superficial, dry, dark brown scab; they discharge little matter, and are surrounded with an inflamed base.*

The following cases show that such ulcers are also cured by this medicine.

Dr. Müller relates, (Hygea XI, 108,)

"The wife of a ropemaker, aged sixty-five, had been affected with an ulcer of the foot for *eighteen years*. A great many physicians and quacks had treated her in vain. I had treated her myself in 1830, according to the principles of the old school. The disease began in the left foot near the ankle, by the formation of small pustular elevations, which burst, and discharged a clear acrid fluid, and formed an ulcerated surface, which gradually encroached on the neighbouring healthy skin, till it reached the size of two hands-breadths. It grew gradually more foul and fœtid, and the pains which were at first more tearing and drawing, became at length sharp burning. The patient had been confined to bed for the last two years; the foot was odematous, and the swelling increased almost daily; and also the healthy foot swelled often. The patient was becoming visibly thinner, her appetite declined, and she had a cachectic appearance. I treated her for nine weeks with Arsenic (8,) a dose every other day; upon this she gained strength daily, and the ulcerated surface gradually diminished in extent, and dried up, and the burning pain subsided, so that in the fifth week she was able to be up half the day, and at the end of thirteen weeks was able to resume her usual occupations.

"I treated in the same way (continues Dr. M.,) a man aged twenty-three, affected with a psoric ulcer on the foot, arising from suppressed itch. He had been treated for two years with outward and inward remedies, but the disease had at last gained such a height that amputation was proposed. At first the ulcer had been covered with a scab, from under which oozed an acrid fluid, and the edges were thick and surrounded with scabious pustules; but latterly it

* In this respect, among all the known medicines, Carbo vegetabilis has the greatest analogy with Arsenic; but the ulcers from Carbo vegetabilis are distinguished by a torpid character, and complete want of organic reaction, while those of Arsenic have more of an inflammatory character.

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displayed a foul blackish surface, almost insensible, discharging a fœtid ichor, and was, in fact, sloughing. By the use of Arsenic used as above, the patient was quite cured in seven weeks."

Sec. 15.—*Intermittent Fevers.*

Innumerable experiments prove the great healing powers of Arsenic in intermittent fevers, against which, as is well known, it was always held, even by the physicians of the old school, for a remedy of the first class. It is instructive to observe, that we can again see nothing but Homœopathy in this use of Arsenic which possesses in so great a degree the quality of producing the symptoms of intermittent fever in healthy subjects; but from this it also follows, that it must be not only a very powerful remedy in such fevers, but also useful in many different forms of the disease, since it has repeatedly proved serviceable in spite of its indiscriminate employment. Thus, to give some examples, the famous Horn (see his Archives, B. X, p. 161) states that he cured with Arsenic about one hundred patients who had the intermittent fever, many of whom had taken the most highly-prized medicines without effect, and Heim (see his miscellaneous works, Leipzig, 1836, p. 286) relates that he gave, with the best effects, Arsenic to four hundred who had this fever. The Allopathic writings are full of similar statements, and we find, among those who praise Arsenic, physicians whose names are of weight, *e.g.*, Joseph Frank, Marcus, Brera, Harles, Nasse. The reasons by which they wished to justify the use of Arsenic in intermittent fevers were certainly of rather a singular description; because it was cheap, because it is easy to take, because genuine quinine is seldom to be had, or because many intermittent fevers will not yield to other remedies, and especially to cinchona bark administered according to the usual routine. For instance, Vogt says, "Arsenic cures intermittent fevers in the same way and in the same circumstances as China, and is, therefore, used against them with the same intentions. It is, however, incomparably stronger, and is, therefore, chosen, especially for the most obstinate quartan fevers, which have been often, for a long time, fruitlessly

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opposed by China, and also for the most malignant intermittent fevers in which the main object is the speedy and sure suppression of the paroxysms." Such a statement reminds us (as M. Müller observes) of those men who have one remedy for sore eyes, and another for very sore ones. Vogt, the pharmacological dictator, seems not to have been aware of a qualitative difference among intermittent fevers, though it is just this which must decide in the choice of remedies. The intermittent fevers which China cures, are fit for China alone, and those which Arsenic cures, for Arsenic alone; and just in this way, the intermittent fevers which give way before Ipecacuanha, Nux vomica, Pulsatilla, &c., cannot be cured by either China or Arsenic. The Arsenic certainly often helped, where China was useless; but not, indeed, as Vogt says, because it is much stronger than China, but because it was either the suitable Homœopathic remedy that should have been given at the very first; or because a quinine disease was present, (caused by the treatment,) which the Arsenic, as an antidote, cured. There are in the same way intermittent fevers which resist Arsenic, but yield to China. We Homœopaths cannot regard the matter in such a convenient way as the physicians of the old regime, who treated the intermittent fevers at once with China, and if this would not act, with Arsenic; because we know that almost all remedies proved according to their positive operations, display an intermittent type in their artificial fevers, and hence can also cure intermittent fevers; not to mention that we can very well distinguish between the cure and the suppression of the paroxysms, and also between the positive cure and merely the permitted recovery.

As regards the criteria for the choice of Arsenic in intermittent fevers, its physiological actions give us clearly to understand,

1. That it may be indicated in quotidian as well as in tertian and quartan fevers.

2. That it is, in general, to be used particularly in such intermittent fevers as are *not completely developed*: that is, when one or other, or several of the essential component

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parts of fever, either the cold or the heat, the thirst or the perspiration, are wanting. (This circumstance is of great importance, as it shows us that Arsenic deserves our attention, if not solely, at least more especially in fevers of old standing, or in such as have been unskilfully treated.)

3. That it answers to those fevers in which the cold fit, be it strong or weak, continuous or alternating with heat, partial or general, appears in the *afternoon* or in *the evening.* (We have observed above, that the presence of external cold and internal heat together, and conversely of external heat and internal cold, is also characteristic of Arsenic.)

4. That *heat in the night,* without thirst or perspiration, and the *feeling of burning in all the veins,* (as if too hot a blood ran through the veins,) are to be regarded as good reasons for the use of Arsenic.

5. That it is adapted for those fevers in which the perspiration first appears at the *end of the paroxysm,* (when the patient falls asleep,) and when the thirst is felt *between the cold and the heat, or during the sweating stage,* but not during the cold or the heat;* and

6. That it will prove particularly efficacious in those intermittent fevers in which the following symptoms appear: anxious restlessness, ill humour, oppression and gnawing uneasiness in the epigastrium, along with sickness, aching in the legs *during the cold stage;* redness of the whole body, oppression and sickness *during the heat;* noise in the ears, and trembling during the sweating stage.

These are the chief particular indications which the duration of the paroxysm presents for the choice of Arsenic. It scarce needs to be particularly mentioned, that the Homœopath must not be content with these indications alone, and will not administer the Arsenic until the peculiar symptoms by which the stage of apyrexia is distinguished are found to be similar to those produced by its primary operation.

"J. G. W., a man near forty, with a strong frame of body,

* There is, indeed, frequently a great longing for drinks during the hot stage, on account of the great dryness of the mouth, but not proper thirst, and, therefore, the patient drinks often, but on the whole little.

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has had since the 10th of May, 1832, an intermittent fever, which recurs every other day, and consists of intense rigor of several hours' duration, with at intervals a burning heat, great weakness and prostration, heaviness in the legs, depression of spirits, violent headach, with bursting and shooting pains in the left temple, sickness, nauseous taste, and repugnance to all food during the paroxysm. He has also constipation, and the lips are swollen and covered with scabs. On taking three doses of Arsenic, given on the evening of the 16th of May, and on the morning and evening of the 17th, the paroxysms ceased."—(Seidel All. Hom. Z. I, p. 46.)

Dr. Hauptmann says, (Annals IV, 427,)—

"In intermittent fevers, in which there is not the least thirst, either in the cold or the heat, and violent pressive headach in the region of the forehead succeed to the paroxysm, Arsenic has hitherto always proved efficacious."

Dr. Gaspary relates, (Annals III, 46,) the following interesting cure of an intermittent fever:—

"Mr. E., aged forty, who was previously a strong healthy man, but has been now three quarters of a year infirm and ill, sought help of me on the 28th of July, 1829. The man is a hunter by profession, and has been, therefore, from his earliest youth, always busied in the open air; he has weathered many a rough storm, has had many sufferings in war and peace, but has, however, always kept his health, and does not remember ever to have had an illness of any importance. Nine months ago he caught a fever, which has been for some years universally prevalent here, and showed itself first as a tertian, then quotidian fever, then left him for a few days, on the application of several so-called domestic remedies, but again returned as a quartan fever; and when he had had it several times, again changed its type, and afflicted him daily. In this way has he been tormented by the fever for nine months. He has tried domestic remedies, according to all the various advice of old women, hunters, shepherds, &c. He also applied to two Allopathic physicians, who gave *Chinin. sulph.*, *China reg. Ammon. mur dep.* with *addenda and corrigenda*, all without effect. So he has now turned to Homœopathy for his cure, and, in truth, it has not disappointed him.

"*Symptoms of the disease*:—Giddiness, with great weakness, and stunning headach before the paroxysm; his head is heavy and confused in the paroxysm; he lies like one senseless; on rising up has immediately violent pains and giddiness; dulness in the eyes from weakness; noise in the ears in the paroxysm, but not otherwise; mouth parched and full of mucus, without thirst; little appetite, taste natural; and in the intervals, and after meals eructation, aching in the stomach and nausea; regular daily stool.

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"*Fever.*—Every fourth day in the forenoon, frequent yawning and stretching of the limbs, with an exceedingly uncomfortable feeling, which gradually passes on to a violent shivering fit, with headach, oppression in the breast, cold in the belly, without thirst; he is obliged to lie down in bed; in two hours the cold gives place to an intense heat; this threatens to scorch him; he is red all over; his mouth is clammy, full of mucus, but still without thirst. The heat lasts till the evening, when he falls asleep, but awakes about midnight, with oppression and copious perspiration, which lasts till near noon; then follows faintness in all his limbs, feeling of discomfort; he is fearful, irritable, angry at every trifle, very dissatisfied. From the law of similarity of symptoms I clearly understood why China could not cure this fever; I gave the patient Arsenic, after which two more paroxysms appeared at the usual hour, but much more endurable and moderate, and then the fever ceased altogether, and the patient soon regained his strength. In August, 1830, the same man had a perfectly similar attack, and had the fever again three times; this time he hastened at once to me, asked for the same powder, obtained it, and the fever at once left him."

Sec. 16.

To the statement of the celebrated Fred. Hoffman, (Op. I, p. 199,) that, "The nature of all poisons is so ordered, that they not only disturb the mind, but almost every one of them produces a peculiar species of insanity,"* only this practical application should be added, viz., that for this reason poisons [illegible] also cure certain kinds of mental diseases. For instance, [illegible] physiological experiments show that Arsenic produces [illegible] kind of melancholy, so does the clinical experience [illegible]lopaths and Homœopaths inform us that it can [illegible]lments. It would be difficult to conceive what [illegible]er may have had for the use of Arsenic for [illegible]much is certain, that they used it against [illegible]nn, for example, (Baldinger's neues [illegible]18,) states, "That in Pansa, a town [illegible]ning of the eighteenth century, [illegible]eons, who possessed a secret [illegible]ys handed down this remedy [illegible]was finely pulverized white

[illegible] *ut non modo mentem* ***emoveant,*** [illegible]*icant.*

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Arsenic. A surgeon of this family, who resided there, assures us, that his father had completely cured, by Arsenic, at least ten patients afflicted with melancholy. So much is certain, continues Ackermann, that the surgeon has used this remedy against melancholy generally with good effect; that he has obtained by this some reputation."

Harles (Loc. Cit., S. 337,) believes that Arsenic is suited especially for those kinds of melancholy which arise from suffering in the abdominal viscera, from a languid circulation of the fluids of the Vena Portæ and mesentery, and especially from disorder of the functions of the spleen.

In the Homœopathic writings one will find several very striking cures which were effected by Arsenic; such, for instance, is the following given by Dr. Weber, (Arch. f. Hom., H. VIII, p. 56):—

"On the 9th September, Mr. P——, aged 32, and of a robust constitution, asked my medical aid for a mental malady recurring at stated periods. He gave me the following symptoms:—Except during the attacks he is quite well; but when the mental affection overtakes him, he can never sleep at night: he has then no rest in bed, but must constantly toss himself to and fro, which causes a violent sweat over the whole body. At last his bed is no longer endurable; he must rise and walk about, because he feels an indescribable but dreadful inward anxiety and oppression, which did not permit him to rest. In such a state, on every recurrence of the attack, he passed from six to eight nights. He feels this anxiety even by day, and cannot better compare it than with that which a murderer must have. This anxiety drives him from one place to another, and it is impossible for him to remain quiet in one spot for a quarter of an hour. Often he cannot restrain his tears, and he is forced to weep aloud. During this period it is very disagreeable for him to meet with acquaintances, and he avoids this, because he believes himself to have previously injured them, though he is not in the least conscious of any instance of having done so. He would, therefore, wish to entreat all to forgive him. At times he feels a desire to fall at the feet even of his wife, whom, as far as he knows, he had never injured or aggrieved, and to beg her only not to be angry with him. He feels also great heat in the face and head, and hence believes that it proceeds from the blood.

"On nearer examination of the case, I found his face hot and red; the pulse was regular at about eighty beats per minute, and rather to be called weak than strong. The man had already suffered from this complaint for several years, but the attacks had, at

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in hydropem incidunt. When I visited him I found the following symptoms:—

He was seated on his bed, his back and head supported by pillows, as it was impossible for him to lie either horizontally or on his side. His face was pale and sickly, he had a peculiar motion of the head synchronous with the pulsations of his heart, which were very violent, so as to make his physician believe that he had an organic disease of that organ. His respiration was laborious and accelerated. A most troublesome cough had been present some days previously, which threatened suffocation, but which had been greatly diminished by a few doses of sulphur, the first medicine which had been administered by Dr. Centamori; his tongue was dry, and as if burned, the epidermis being apparently detached in shreds; he had thirst, but much less than on the previous days; little appetite; his abdomen was distended and filled with liquid which fluctuated; the thighs and legs were œdematous and pitted on pressure; the liver and spleen were very sensitive to the touch, and in the latter a most violent pain had developed itself after the first dose of sulphur; the skin of both the superior and inferior extremities were covered with spots similar to those observed in scorbutus, of a yellowish-brown colour, irregular, elevated, and of various sizes; urine scanty, thick, and of a brick-dust colour; great weakness, pulse small, quick, and tremulous. I determined on giving a few more doses of *Sulphur*, and allowing its action to continue for some days, but not seeing any marked effect from its use, I gave a dose of *Mercurius*, which did not effect any change. I then chose *Arsenicum*, and administered it in the dose of six globules of the 30th dilution in one ounce of water. The effect of this medicine was extraordinary. A most favourable crisis ensued, with great vomiting of water mingled with bile, abundant watery and bloody alvine evacuations, but accompanied with very severe cutting pains in the abdomen, deliquium animi, and cold prespiration on the forehead. In this state of things I judged it prudent to administer a teaspoonful of water in which six globules of *Nux vomica* (30) were dissolved, in order to mitigate his sufferings, which did

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indeed cease a short time afterwards. I further prescribed gum-water for drink. I allowed some days to elapse before repeating the *Arsenicum*, the patient began to recover his appetite, and was able to take some soup and a little boiled meat and bread; his strength increased, so that he was able to turn himself in bed, and lie a little on his side, which gave him ease; his pulse became stronger, his respiration freer, and the palpitations of his heart less violent; the evacuations continued to be watery, mixed with feculent matter, but no longer bloody; the thirst moderated, the urine less turbid, and proportioned to the quantity of liquid drank; there was still evidently fluid in the abdomen, but only about a third of the quantity present before the employment of the *arsenicum;* the inferior extremities, though less swollen, still retained some of the infiltration; the spots on the skin appeared and disappeared here and there. I considered it necessary to repeat the same medicine, but wishing to avoid the troublesome and dangerous exacerbation of the disease, I resolved to put in practice the recommendation of Hahnemann in habits of too great nervous excitability, as in the case of my patient, and administer the medicine by olfaction; I caused him to smell, every two days, a bottle containing globules impregnated with the 30th dilution of *arsenicum;* the urine became more abundant than the liquid drunk, and more healthy in appearance; the alvine evacuations became natural, the appetite increased, the respiration more free, the palpitations went off, the strength augmented from day to day, all traces of fluid disappeared from the abdomen and skin, on the fortieth day of Homœopathic treatment he was out of bed, and on the fiftieth he was able to walk out of doors. It happened that the first person he met was his former Allopathic physician, who could scarcely believe his eyes on seeing him alive and well. On learning from Lais that he owed his recovery to Homœopathic means, the worthy doctor remarked that it was impossible such minute doses could have had the effect, and affirmed, that I must have secretly administered some powerful drastic medicine, forgetting that he himself had employed every kind of drastic medicine in every

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imaginable dose without any good effect; so much the contrary, indeed, that he had advised the patient to receive extreme unction, preparatory to the operation of paracentesis being performed, whereby he hoped to protract life a short time, as I was informed by Lais and his friends. After a few doses of sulphur, he required nothing more; and, although he resumed his profession of cook, contrary to my orders, he continued to enjoy most excellent health, and when I last heard of him, in July, 1845, he was engaged in the kitchen of the viceroy of Milan.

I could relate many other cases in which I have treated this terrible disease with success, by Homœopathic means, thereby proving the truth of the Hahnemannic doctrines, for such diseases are generally of a secondary nature, and rarely yield to the remedies employed by Allopathic physicians. Indeed, according to their own statements, they can scarcely save two or three out of twenty, so that I may esteem myself fortunate in having cured the half of those I have had under my care, all of them having been given up as desperate by the Allopathists. Our adversaries, not being able to deny the success of Homœopathy in these cases, pretend that it is only useful in chronic diseases, as dropsies generally are. To show how erroneous this opinion is, I shall here give a case of acute dropsy accompanied by rheumatic inflammation, treated by me not less happily than the case just detailed.

Case II.—*Acute Rheumatism and Anasarca.*

Signora Angelina Palombi, residing in Rome, in the Via del Seminario, adjoining the Pantheon, had in her infancy been attacked by itch, which was probably the cause of her many sufferings in after years, such as cold tumours, severe coughs, and great weakness, especially in the joints of the inferior extremities, so that she was unable to walk any distance; violent colics, from which Homœopathic medicines alone afforded her relief; but her most singular complaint was a flow of blackish blood every night from her mouth, to which she had been many years subject. She keeps a girls' school; her digestion is regular; the catamania used to be scanty, and

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had ceased in the forty-eighth year of her age. Her temperament is lymphatic, and she is very large and of considerable *embonpoint.* For some months past she has had great swelling of the legs and feet, probably in consequence of her sedentary life, and peculiar constitution. In the month of July, 1844, been exposed to a draught of cold air whilst in a state of having profuse perspiration, she was attacked during the night by violent cough, accompanied by great pain in the back and loins, which symptoms increased so much during the following day, that she was forced to seek medical aid. Being called in, I found the following symptoms:—The countenance more coloured than usual, the eyes bright and sparkling; she lay in bed, her back supported by pillows, it being impossible for her to lie flat, on account of the oppression she experienced in her chest, and the difficulty of breathing. She was much plagued, especially during the previous night, with a dry and troublesome cough, exciting excessive pain in every joint, and in the back and loins, which was also aggravated by the slightest motion. The pulse very hard and febrile, with heat of skin; tongue dry, covered with a whitish fur; much thirst; urine scanty; bowels constipated. The swelling had left her limbs, but the parietes of the chest, the neck, and the back were œdematous, and retained the mark produced by the pressure of the finger. For several nights the patient had been highly delirious, with dyspnœa, violent attacks of cough, which rendered the pains in the above situations intolerable. *Bryonia alba* (6-18th) dissolved in an ounce of water, and a spoonful given every hour, produced in this case also a most favourable and extraordinary crisis. On the second morning after commencing the medicine she was attacked during sleep with most copious perspiration over all the upper part of the body where the swelling was situated, which completely saturated fourteen shifts in a single morning. The drops of perspiration were observed to exude from her skin like water from the earth, underneath which there is a subterranean current. The linen, which she was constantly changing, did not suffice to keep her dry, the pillows and mattrass were for several days afterwards

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unfit for use. As I always observed a marked exacerbation after every dose of the medicine, I resolved to administer it in the 30th dilution, once only during the day, and in this dose it was highly beneficial, without causing any medicinal exacerbation. *Aconite* and *Belladonna* contributed to diminish the fever as well as the cough, and, along with *Arsenic, Ammonia, Carbo vegetabilis, Digitalis, China, Sulphur*, and *Phosphorus*, completed the cure of this disease, which lasted about forty days, and was accompanied by bloody and purulent expectoration, and an eruption of blackish pustules, of a painful and itching character, on the forehead, neck, and hairy scalp, forming blackish scabs on their decline. A suitable regimen and the moderate use of wholesome food soon restored the patient to her ordinary health. At one time she was considered in such great danger that her confessor administered extreme unction, her death being momentarily expected. I saw her last May, before leaving Rome, and found her in excellent health, indeed better than that she had enjoyed for many years previous.

Case III.—*Mania.*

Signora Maria Gaffi, of Norcia, aged thirty, residing at Rome, in the Piazza di Trastevere, having been frequently affected with headach, and after having suffered a severe mental shock by her parents sternly refusing to allow her to be married to the man of her affections, was in 1842 attacked by inflammation of the brain, which was treated by her physician on the Antiphlogistic system; to which succeeded a violent pain in the stomach, this was ascribed by her medical man to weakness, and treated with decoctions of Cinchona, after the employment of which complete mental alienation was manifested, which, after resisting all Allopathic treatment for three months, her parents resolved should be treated Homœopathically. I found the following symptoms:—She was confined to bed, and for nine days her eyes had remained wide open and fixed; during this time she had not taken a moment's sleep, night or day; and it was observed that before this time she had slept very little. She knew none

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of the bystanders, not even her own relatives, and took me for her confessor. Every evening she had attacks of fever, which were increasing in violence, during which she had with her hands scraped off a portion of the wall near her bed. She said her bed was full of serpents, and requested they should be taken away. At times she wished to get up, affirming that she was called by some one in the street; at other times she threatened to throw herself out at the window or into the well; she menaced the bystanders, and wished to die. No appetite, so that she could scarcely be persuaded to take a small piece of bread every twenty-four hours, and afterwards, only every forty-eight hours. When I asked her to take a little soup, she replied, "I cannot, I cannot,"—and continued to repeat the same words in a mournful voice, constantly moving her body and head. Having again asked her if she had any pain in her head, she answered in the affirmative. Her pulse had a convulsive character. For some months previous to this attack, she had suffered from such heat in the vertex, that fomentations of chamomile flowers applied to the spot were speedily dried up. Her catamenia had been scanty and irregular. Taking all these circumstances into consideration, and the symptoms then present, I resolved on the administration of *Belladonna*. But recollecting that the exciting cause of the disease was mental emotion, (disappointed love,) I judged it expedient to precede this medicine by *Ignatia*, of which I gave six globules of the 30th dilution in the morning, dissolved in a little water; this she took readily. On the evening of the same day I gave *Belladonna*, (6-30,) also in solution. An hour had not elapsed after taking this remedy, before the patient, contrary to all the expectations of the bystanders, fell asleep, and continued to sleep for four hours. On awaking she was much more tranquil, and had no attack of fever, as in the preceding night. The following day, although the state of mental alienation still continued, I succeeded in persuading her to take a little soup and some bread. The same medicines were repeated, viz., *Ignatia* (30,) in the morning, and *Belladonna* (30,) in the evening. The second night the patient slept almost all night, and on

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the third day she recognised her parents, and understood that I was her physician. I inquired of herself the cause of the disease, which she also attributed to the mental suffering above referred to. In her account, however, her memory was evidently much impaired, and her thoughts frequently strayed. She remembered that I had on the preceding day ordered her hair to be cut off, which kept her head too hot, but which she had not allowed to be done, because she imagined she had to appear before a judicial tribunal, and said it was not respectable to do so without hair. After the use of these medicines alternately for eight days, her intellectual faculties acquired strength, she recovered her sleep and appetite, and the hallucinations of her senses were removed. As the symptoms changed, she got successively *Pulsatilla, Nux vomica, Aurum* and *Sep.*, which completed the cure in the short space of fifteen days. When summer arrived she returned home in perfect health.

Case IV.—*Apoplexy.*

Giuseppe N——, cook to Vicegerent Canali, residing at Rome, in the Palazzo Stampo, about forty years of age, of sanguine temperament, and subject to inflammatory diseases, having in the summer of 1844, received a repulse in the presence of his master, from his betrothed, which he took much to heart, was, on his return to the kitchen, attacked with vertigo, but he still continued to do his work, though his vision became much obscured, and he went staggering about the room, scarcely knowing what he was about; at length he fell senseless to the ground, where he was discovered by his fellow-servants, who carried him to bed. A medical man was sought in great haste, and an Allopathic physician was found in a neighbouring pharmacy, who, after examining the patient attentively, pronounced the disease to be Apoplexy, and advised an immediate copious bleeding from the arm, to be repeated, if necessary; the application of sinapisms to the soles of the feet; and the administration of an ounce and a half of castor oil. On being told that the cause of the disease was a severe mental shock, he still asserted that the treatment he had

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recommended should be adopted without loss of time, and advised a surgeon to be called in, to perform the venesection. In the meantime, the nephew of the vicegerent came to my house to fetch me, and I accompanied him to the patient, whom I found in the following condition:—He was lying in bed in an insensible state, his countenance swollen, and of a reddish-yellow colour; the eyes closed and very prominent; on raising the lids I found the conjunctiva injected, the eyes fixed, the pupils dilated. On calling on him by his name he gave no signs of hearing; from time to time he had violent convulsive movements in his arms, particularly in the right. The trismus which he had at first had disappeared, but his senseless state prevented me seeing his tongue. Respiration very slow; pulse slow and hard; temperature unequal, but great heat on his forehead. I ordered his head to be raised, and countermanded the venesection, as also all the other Allopathic appliances. I then gave *Belladonna* (20-9) dissolved in an ounce of water, a spoonful to be taken every half hour. On visiting the patient two hours afterwards, I found the convulsive moments less frequent and less violent, his face less flushed. On calling him by name, he slightly raised his eyebrows. On asking him if he felt any pain, he muttered some inarticulate sounds, as if his tongue was swollen, and put his hand to his forehead. I continued the use of the *Belladonna* in the same manner all night, in the course of which the patient fell into a general perspiration. The following day, all the symptoms were moderated. On being spoken to, he replied in in a distinct voice, opening his eyes, and looking about him with an unsettled and frightened air. He asked to be carried into his own room, (where, in fact, he then lay,) believing himself to be elsewhere. On being asked if his sight was obscured, he replied that it was. The motions of his eyes were of a spasmodic character; they were rolled upwards, and this motion was always accompanied by a profound sigh. He complained much of a severe pain in the head, especially in the forehead, where he said he felt a great weight. His face was still much flushed, but less so than on the previous day. His tongue was covered with a whitish-yellow coating, but was free in its

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motions; the cavity of the mouth was slimy; he had a bitter taste in his mouth, anorexia and great thirst; bowels confined; urine red and clear; pulse freer and less hard. I ordered *Ignatia* (20-12) to be taken in the same manner as the first medicine; for drink, barley-water. On this the second day of the disease, he got a little weak soup. In the evening the *Belladonna* was repeated. He perspired again, and more copiously, during the night. On the following morning, the urine was less dark coloured, the vision better, and he recognised his room and the bystanders. The eyes were less injected, but the rolling upwards of the eyes occasionally recurred, always accompanied with sighing. The pulse was febrile, although the temperature of the skin was moderate. I repeated the *Ignat.* dissolved in water, to be given at longer intervals. He took for food a little bread boiled in soup, with much relish. In the evening he went on improving, as also on the following day, the fourth of the disease, in which the urine presented a red sediment. The head was nearly free from pain, but convulsive movements were still perceptible in the eyes; pulse nearly natural. I gave *Hyosciamus* (10-12.) He had no evacuation of the bowels. He thrice partook of some soup in the course of the day. On the fifth day he got up; on the seventh, I know not from what cause, the bitter taste in the mouth returned, and the tongue became yellow, with a feeling of weight in the stomach; stools loose and yellow, with whitish frothy matter, accompanied by slight pain in the abdomen; pulse frequent. *Chamomilla* (20-12) in one ounce of water, sufficed to remove this gastric affection, so that, three days afterwards, the patient was able to resume his ordinary occupations, and has since then always enjoyed good health. The same patient had suffered severely the previous year from influenza, in the form of pleuro-pneumonia, which I treated successfully with *Aconite*, *Bryonia*, *Nux vomica*, and *Sulphur*.

Case V.—*Constipation, &c.*

The Marquis F. B., about fifty years of age, resident at Rome, of healthy constitution, dry habit of body, sanguineo-melancholic temperament, after having undergone severe in-

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tellectual exertion and great mental anxiety for about eighteen months; got at last into such a state that his alvine evacuations became extremely rare, and very scanty, consisting chiefly of whitish mucus. The purgatives he had taken had had no effect. Some time previously he was, whilst at Forli, affected with a most violent cough, and having consulted Dr. Salaghi, Homœopathic physician in that town, he got from him a small powder, which he took on arriving at Ancona. This produced such copious alvine evacuations that he was quite weakened by them, and he was obliged to call in another physician to counteract the effects of the medicine administered by Dr. Salaghi. Some slightly acidulated drink sufficed to restore him so far as to enable him to proceed on his journey to Rome, and, as his cough had not yet ceased on his arrival there, he called me in to complete the treatment At my visit I found the following symptoms:—His colour was sub-icteric, with two circumscribed red patches on his cheeks, most intense on the right side. He was tormented by a dry cough from time to time, with more violent fits at night, towards twelve o'clock, which left great irritation in the trachea. His tongue was covered with a yellowish coat at the base, the abdomen hard; the evacuations were as they had formerly been—that is, a little frothy mucus, which produced a scalding sensation in the anus. Urine redder than usual. Without knowing what medicine had been given by Dr. Salaghi, I prescribed, in consequence of the above symptoms, *Aconitum*, (6-30,) to be taken in water. In the course of a few hours the inclination to go to stool was felt, and there ensued such abundant evacuations that he and all his family were astonished that such an enormous quantity of fœces could be contained in the bowels of one individual. These evacuations continued to recur all day long, and always consisted of yellowish-black clayey fœces, with a cadaverous smell. *Belladonna*, *Chamomilla*, and *Nux vomica* completed the treatment.

Case VI.—*Œsophagitis.*

Signora Rosa de Antonis, residing in Rome, in the Via Alessandrina, near the Forum, two months after her first

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confinement, was affected with a disease termed, by her medical attendants, gastric inflammation, whereby she was reduced almost to the brink of the grave, when her mother, in spite of the opposition of the husband and relations, who were all adverse to Homœopathy, insisted on calling me in, to see whether Homœopathy could not rescue her daughter from her perilous state. The following was the condition in which I found her:—She was eighteen years old, obese, and of a lymphatic constitution, subject to pustular eruptions in the forehead. Having partaken rather too freely of salt meat two months after her first confinement, an irritation of an inflammatory character developed itself from the buccal cavity down to the stomach, accompanied with gastric derangement, which, in spite of copious emissions of blood, to which she was subjected, repeated purgatives, refrigerant drinks, diluents, and blisters, continued to increase in intensity. The cavity of the mouth was very red, as also the borders of the tongue, the fauces of a reddish brown colour, and covered with aphthae and viscid mucus. She had burning pain in the throat, extending into the æsophagus, where she suffered horrible pain at a point corresponding to the middle of the sternum, not affected by respiration, but violently aggravated on swallowing the smallest quantity of fluid or solid food, which had prevented her taking any nutriment for several days, which, together with the repeated emissions of blood, had extremely reduced her strength; her pulse was rapid, thread-like, and tremulous; her face of an ashy paleness; her eyes glassy; temperature unequal; burning thirst, without the power of satisfying it; continued delirium, which caused her to toss constantly about the bed as much as her weakness would permit. She was continually exclaiming, in a hoarse voice, "Oh, what pain! what pain!"—Taking into consideration the past and present condition of the patient, I concluded that there was an abscess formed either in the æsophagus or in its neighbourhood, whereby life was in extreme danger, and might be sacrificed before the abscess burst. But, on account of the mother's prepossession in favour of Homœopathy, and the urgency of her request that I should try at

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least to palliate the sufferings of her unhappy daughter, and considering that she had already been given up for lost by the Allopathic physicians, I decided on giving her *Belladonna* in globules of the 30th dilution, four every hour, as she refused to swallow the smallest quantity of liquid on account of the pain it gave her. This had the effect of mitigating the pain and irritation in the throat and chest, so that she was enabled to continue the medicine dissolved in a teaspoonful of water. *Aconite* was also of service, and *Arsenic* and *Mercurius* proved so beneficial that, on the fourth day of Homœopathic treatment, she was able, without much difficulty, to swallow not only liquids, but even bread and semolina boiled in soup. Whilst this amendment was going on, her pulse became more regular and stronger, with a febrile augmentation, and what is singular, there was formed an abscess in the right axilla, which became in a few days of a large size. On the application of bread cataplasms it softened, burst, and discharged a quantity of ash-coloured and fetid pus, which continued to flow for some days; during which I administered to the patient *Sulphur*, (18 and 9,) and she gradually went on recovering strength and health. After the opening of the abcess there still remained some irritation in the throat, and there appeared some pustules on the forehead, on which account I made the convalescent take alternately *Sulphur* and *Mercurius solubilis*, with several days interval between each medicine, and, in the course of a month from the commencement of the treatment, she was in perfect health.

A careful consideration of the above, and other similar cases, convinces me of the erroneous character of the common definition of *specifics*, which are said to be medicines that act in some peculiar unknown manner in certain diseases, annihilating them more or less rapidly, without producing any evident crisis. But, although mercury often cures syphilis, and sulphur itch, without any manifest crisis, from my Homœopathic experience of ten years, and from what I have read in the clinical records of others, I have always observed that diseases terminate with peculiar secretions or excretions of morbid products, either by the process of cutaneous transpiration, or from the nose, by epistaxis or

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mucous discharge, or by salivation, or by expectoration, or by vomiting, or by alvine evacuations, or by hœmorridal flux, or by urinary excretion, &c. Since the discovery of the Homœopathic law, which has been verified by so many observations of so many physicians, and looking to the effects of its practical application, it appears to me that specifics should be defined as medicines, which act in a mode analogous to that of morbific agents, put a stop to the alterations caused by the latter in the organism and vital functions, and thus render the natural forces capable of bringing about those crises or eliminations of morbid substances which existed in the system, either as cause or effect of the disease itself. Thus we may see the administration of one and the same medicine followed by excretions or crises of totally different characters. Indeed I have generally seen diseases of an inflammatory character terminate in copious perspiration, or in epistaxis, after the administration of aconite. In case No. V, its administration was followed by copious alvine evacuations. This clearly shows that it is not the medicine which produces the excretions that constitute the favourable crisis; but the natural forces rendered capable of effecting this by the action of the medicine. This is probably the reason why the same medicine is in the old school frequently ranked among the expectorants, the purgatives, and the sudorifics, and the frequent contradictory statements of Allopathic writers on the action of medicines are, most likely, owing to their judging of the quality of remedies from the effects observed in the crises of diseases in which they are administered, which in one case may be diametrically opposed to what happens in another.

Case VII.—*Angina Faucium.*

In the following case the patient had been treated twenty-three times for the same affection by the Allopathic system.

Signora Carolina Briganti, aged forty, healthy looking, of a sanguine-lymphatic temperament, residing at No. 13, Via di Tritone. From early life she had suffered from sore throat, to which her mother had been also subject. In after

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life, being still more frequently attacked by the same disease, her tonsils were extirpated, but without any effect. Although greatly opposed to Homœopathy, yet the good effects it had had on some of her friends induced her to give it a trial. The first time I was called in the disease was just commencing, and *Belladonna* removed it entirely in two days, to her great surprise. She had some rough large irregular yellow spots on her neck and shoulders, and other signs of a psoric habitus, for which I wished her to undergo an antipsoric treatment, which would probably have prevented any relapse of the sore throat, but to this she would not consent, as she did not like to deprive herself of her favourite beverage, coffee. In the autumn of 1843, having gone out of doors too lightly clad, and having taken a long walk and brought herself into a state of perspiration, she got chilled by the cold evening air, and the same night she felt her throat painful. However, in the morning she went about her usual domestic affairs, with which she was more than usually engaged during that day. After dinner she felt very cold, and towards evening she was feverish, and the pain in the throat continued. The second night she slept well, and the following morning rose as usual, believing the fever gone, and not feeling any increase of the sore throat. Having fatigued herself more than usual, the fever sensibly increased that evening, so that she was obliged to go to bed earlier than usual; the sore throat having greatly increased during the night, she became aware that the usual attack was coming on, and I was sent for before sunrise. The symptoms which presented themselves at my first visit, (the third day of the disease,) and during the course of the disease, were these:—Her face, which generally was very pale on account of the frequent emissions of blood to which she had been subjected, now presented patches of red on each cheek, and on the following days the parts surrounding the mouth were of a greenish hue; the lips were parched; pain in both sides of the throat, as of blunt shootings, which afterwards extended also into the ears, particularly the right. The fauces and pharynx were swollen dark red as far as I could see, for she was not

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able to open her mouth wide on account of the swelling, which was visible also on the outside of the throat, and very painful to the touch. All the cavity of the mouth and the fauces were covered with a layer of viscid mucus, with fetor of the breath; the tongue red at its edges; the middle covered with a whitish viscid fur. Pulse hard and quick; much febrile heat, particularly in the forehead and affected parts. All these symptoms increased during the second and third days of treatment. On the second day she could not speak on account of the swelling of the throat and base of the tongue, nor could she open her mouth nor swallow any thing but a few drops of liquid with the greatest difficulty, grasping with her hands the coverlet or the hands of one of the bystanders, in order to make the effort necessary to swallow; much fetid saliva flowed from her mouth. She had excessive scratching pain in the throat, extending to the ears, the neck, and inferior maxilla; she had much delirium, tossed about continually, and often put her hands to her throat, as if to tear away something that seemed to suffocate her, and the breathing was sometimes so much obstructed as to require a great effort to effect it. During these attacks a cold sweat broke out on her forehead; her temperature was unequal; the pulse rapid; great thirst which she could not satisfy, but only attempt to alleviate by holding some barley-water in her mouth, and rejecting it again; urine very red, but transparent; bowels constipated. Such was the dreadful disease for which she had been twenty-three times treated Allopathically, always with bleeding, blisters to the arms, thighs, and neck, inunctions, purgatives, &c., &c., and from which she had never been relieved until the seventh, eleventh, or even fourteenth day, the dangerous character of the attacks increasing each time, and her life having frequently been despaired of. At my first visit I remarked, that as the disease had already been going on for three days, it was most probable that it would go on to suppuration this time also, as it had done in the twenty-three previous attacks. Accordingly, on the fourth day of treatment, the abscess which had formed in the throat burst, and discharged a large quantity of very

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fetid thick pus, mixed with blood. On the fifth day the patient was out of bed, and declared that she did not feel as if she had been ill, so short was the period of her attack compared with the former ones, when her convalescence never lasted less than a month. The medicines I employed were *Aconite* (18,) *Belladonna* (9,) *Mercurius solubilis* (9-24,) *Dulcamara* (12,) *Baryta carb.* (9,) *Hepar Sulphuris* (6,) *Lachesis* (24.) One hour after the administration of the last remedy, (which I chose, because, along with the symptoms above detailed, there was an irritation in the nostrils from which a thin fluid flowed,) the abscess burst as I have related. During the following days, she took *Sulphur* and *Sepia* in consequence of itchiness having returned in the cutaneous spots. It is worthy of notice, that when these spots were driven in by sulphur ointment, this lady remained sterile after her third confinement, but when the spots returned, nine years afterwards, she again conceived, and was delivered of a boy.

Affections of the throat are very frequent in Rome, and are frequently of a very serious character, on account of the variableness of the temperature and the sudden changes to which we are exposed. Homœopathic treatment is extremely successful in this disease, but in the hands of the Allopaths it not unfrequently terminates fatally. Among children angina membranosa or croup is by no means uncommon, and this disease I have always succeeded in curing with *Aconite*, followed by *Spongia*, (20 and 30,) and *Hepar*, (6 and 3,) along with such other medicines as the symptoms might demand.

CASE OF ULCERATION OF THE STOMACH, TERMINATING FATALLY BY PERFORATION.

By E. C. Holland, Esq., Surgeon, Honiton.

Miss Pyle, aged twenty-eight, living at Dolish Farm, in the parish of Luppitt, had been for nine years suffering from vomiting of food, almost daily, but for rather more than four

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years she had never retained a meal on her stomach above a quarter of an hour, when she would be seized with the most agonizing pain, and vomiting of every morsel swallowed would then take place. During the first three or four years of her illness she had consulted physicians of the first eminence in the west of England; but finding that every thing she took was unavailing in affording her relief, she discontinued medicine entirely, and bore her calamity with the greatest fortitude, having ever present the conviction that it must, sooner or later, terminate fatally.

On the 17th January, 1846, I was requested to visit her sister, (who had been for many months the subject of chlorotic anaemia,) and having made the necessary inquiries respecting her case, Mrs. P. directed my attention to the condition of her eldest daughter, the subject of this statement, on whose account, she told me, she suffered the greatest anxiety, as she daily lost flesh and strength, and it was perfectly evident she could not long survive. It was with very great difficulty, however, that we could prevail on her to take any further medicines, as she felt persuaded it would be useless to attempt to relieve her sickness, every thing having hitherto proved abortive; besides which, as I had attended her some years before (Allopathically) for the same complaint, but with no success, her confidence was the more confirmed that I should be of no service to her now. Fortunately I had only a few days previously succeeded in curing a case of vomiting, which had withstood every other except the Homœopathic treatment. This had been mentioned to her, by her father, who had witnessed the result, and it appeared to lessen her determination not to try further remedies. The following statement of her symptoms she furnished to me herself:—"She was never free from pain in the stomach and back; her appetite was very good; but when her food passed into the stomach her agony was excessive, and so it continued until every morsel she had eaten was rejected. She suffered greatly from thirst, her bowels were exceedingly confined, and she found it difficult to move them by strong purgatives: the evacuations were like the dung of sheep. Her nights

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were very restless, and she found it requisite very frequently to have her clothes taken in, so rapidly did she lose flesh. She had intense heat all over her, but particularly in the stomach, where it appeared like coals of fire; her spirits were very bad, and nothing had the effect of amusing her. I found her pulse 120, her tongue dry and furred, the eyes sunk into the head, the face presenting almost the appearance of parchment stretched over the bones, great pain on pressure over the region of the stomach, and every symptom that would lead me to pronounce a decidedly unfavourable prognosis. Accordingly I represented to her father and mother that I could hold out to them very feeble hopes of her recovery, as I entertained a belief that she was suffering from a scirrhous condition of the stomach. I recommended all purgatives to be laid aside, and an enema of warm water to be had recourse to every morning. Her diet to consist of vegetable puddings, (sago, arrow-root, or tapioca;) to avoid all fermented liquors, tea, and coffee; but to take cocoa, junket, &c., and, if very thirsty, cold water. I had made up my mind that *Arsenic* would be the remedy applicable in this case, but deferred its use for a day or two, to try a few doses of *Nux*, which I then prescribed. No good effect followed its exhibition, however, and as her disease appeared to gain ground, and her parents, from what I had represented to them, were greatly alarmed, I sent her a dose of *Arsenic*, (30,) in half an ounce of water, to be taken on the evening of the 22nd January, stating, at the same time, that I would visit her the next morning.

On arriving at Dolish, at noon the next day, I found that a favourable change had taken place in my patient's condition. Soon after she had taken the medicine on the previous evening, she went to bed, and very soon fell asleep; she continued to sleep soundly all night, and in the morning she said that she had passed a more comfortable night than for many months previously, and that she felt quite a changed being, but could hardly believe that the medicine had worked such a magical effect. From that time, the vomiting and pain ceased; the temperature of the body was normal; the pulse reduced to eighty; the appetite became good; the thirst

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ceased; bowels acted daily with the enema, and the character of the evacuations changed to that of health. She grew plump; her spirits were excellent, and her gratitude to me for having (as she said) *saved her life*, was unbounded. I thought it advisable, however, to continue the Arsenic for a little time. On the 30th of January, and again on the 4th of February, 1846, I heard from her father that there had been no return of the vomiting, and that she continued in the enjoyment of good health. Occasionally after this, when attending other persons in the parish, I called to visit my patient, and was, on every occasion, astonished at the progressive improvement in her health. On the 4th of May last, she was married to a gentleman, to whom she had been engaged for many years,—but the families, on both sides, had despaired of the union ever taking place, as all had been in expectation, for a long time, of a fatal termination to her disease.

On Thursday, May 7th, three days after the wedding, I met her husband at Honiton, and, on inquiring after his wife's health, was told that she was quite well, and was preparing for a walk when he left home. Scarcely had five minutes elapsed after this interview, when I was summoned hastily to visit her, as she was taken suddenly ill. On my arrival at her house, her sisters informed me that she had been preparing to take a walk with them, and had partaken of some luncheon, previous to doing so, consisting of bread and cheese and pickled cabbage, of which she ate very heartily, and soon after was attacked with excessive vomiting, most excruciating pain of the stomach, and was deadly pale and quite cold, and that she was in bed. I hastened up to her room, and found her perfectly cold, pulseless, rivers of cold perspiration passing over her; and to all my questions she exclaimed, "I shall die, I shall die! I never can endure this pain." She had incessant vomiting, and death was stamped on her features. I dissolved some *Arsenicum* in water, and gave her a dose every five minutes. In about half an hour the vomiting ceased, she grew tolerably warm, and the pulse beat full at the rate of nearly two hundred in the minute. I discontinued the medicine, and remained by her bed-side

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for about an hour and a half longer; when she dozed, she had a comfortable moisture on the skin; and when I asked her how she was, she answered, "Thank God and you, I am comfortable, you have saved my life a second time." Her pulse was eighty-two, I now left her, (half-past three P.M.,) with instructions to her sisters, that, should the vomiting return, she was to take some more of the medicine as I directed, until I arrived. At six in the evening her husband called on me to say that his wife was much better, but she hoped I would ride out in the evening, as I had promised to do so.

Thinking it would be more satisfactory to her if I saw her rather late at night, I determined to visit her at about nine o'clock, but at half-past eight was again sent for in great haste, to see her, as all her former symptoms had recurred. I went, and found her again labouring under the precise train of symptoms above detailed, excepting the vomiting, which had never returned. *Arsenicum*, *Verat.*, *Cuprum* I tried in succession with no benefit, and, on the arrival of her father, stated to him my conviction that the stomach was ruptured, and that she would die. It was agreed that my friend, Mr. Woodward, surgeon, should be sent for, and every thing that could be devised by us was adopted, but without avail, she died at about five o'clock on Friday morning, nineteen hours after she was attacked.

It having been represented that the pickles, (of which she had eated so heartily just previous to her illness,) had been prepared in a copper vessel, and her symptoms being for the most part such as copper would occasion, Mr. Aberdein, the coroner, determined on holding an inquest, and issued his warrant for a *post mortem* examination of the body. The friends were very much satisfied at this course, as it would be the means of clearing up all doubts in the minds of the public, although *they* felt fully satisfied that she had died from rupture of the stomach, besides which the other sisters had partaken of the same pickles, (but not to such an amount,) and had felt no inconvenience from them.

On examining the body, all the abdominal viscera were found perfectly healthy, (no trace of inflammatory action in

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any portion of them,) excepting a space about the size of half-a-crown, close by the cardiac orifice of the stomach, which was considerably thickened, having in its centre a perforation of the size of a fourpenny-piece, to the edge of which some shreds of peritoneum were attached. The mucous membrane throughout was quite healthy, nor was there any other appearance which would justify any other conclusion than that the perforation was the cause of death.

There are many points of considerable interest connected with this case,—the length of time the disease had been in existence, its suddenly subsiding after the first dose of Arsenic, its as sudden return after eating indigestible food, and, lastly, the reaction which took place from the administration of *Arsenicum*, when the perforation was still in existence, on the morning that I was sent for. I really think myself justified in believing that, had this young lady adhered to the diet I prescribed for her in January last, she might have been at this day in the enjoyment of tolerable health. At all events, it is a matter of immense comfort to those afflicted by a similar disease, to know that Homœopathy does possess means of relief for them, when all the resources of Allopathy are drained to the bottom; and it is a matter of surprise, too, that of all the cases which are on record of spontaneous perforation of the stomach, there is not one to be found where a reactive attempt has ever been before made on the part of nature, but the symptoms have pursued one uniform course till death has closed the scene.

[This interesting case seems to have been one of those cases of ulceration of the stomach, termed by Cruveilhier chronic ulcer,—by Rokitansky, perforating ulcer of the stomach. According to these two eminent authorities, the disease almost invariably attacks the pyloric extremity of the stomach, though Mr. Crisp (in the *Lancet* for 5th August, 1843) alleges that in females it is most frequently found in the left or cardiac extremity: in males, on the other hand, in the pyloric portion. This disease is essentially different from scirrhous or cancerous disease, though, according to Rokitansky, it may occur along with, but still clearly distinguishable from,

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the malignant disease. The cause of death was most probably this:—the ulcerative process had destroyed all the coats of the stomach except the peritoneal, and although the judicious treatment had caused a cessation of the morbid process, the lost parts had not yet been supplied, and the peritoneum was unable to resist the pressure caused by the unusual repletion of the stomach;—the shreds of peritoneum attached to the edges of the orifice bear out this view. We think Mr. Holland is in error in supposing that this is the only case of spontaneous perforation of the stomach on record where reaction of the organism ensued. True it is that many cases sink at once, but a very frequent cause of death is the occurrence of peritonitis. Several cases are mentioned where the patients survived much longer than in this case, after perforation ensued. In a case recorded in the *Lancet* for December, 1836, the patient survived twenty-four hours, and in another in the *Lancet* of January 4, 1839, the patient lived thirty hours.]—Eds.

PRACTICAL OBSERVATIONS ON NERVOUS AND MENTAL DISORDERS.

By Dr. Mayerhofer, of Kremsmünster, in Austria.

(From the Hygea, vol. XX, p. 230.)

There are entire groups and families of diseases, in the treatment of which a physician unacquainted with the morbid and curative operation of specific remedies must utterly renounce a direct mode of cure, and that he may not stand by the sick-bed as an idle spectator, is compelled to adopt an indirect method of treatment. To this class belong the neuroses and affections of the mind, those peculiar diseases of the nervous life and psychical stages of human maladies whose symptoms exhibit so much that is wonderful and mysterious, that the credulity of a dark age imputed their existence to demoniacal agency. They bring us to the borders of a spiri-

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tual world, whose dark regions no beholder's eye has yet penetrated, and whose hieroglyphics no thoughtful mind has hitherto deciphered; and even those purely human sufferings which, as one would believe, must awaken, to the highest degree, a spirit of inquiry in the physician, are, wonderful to relate, handled in the most step-motherly manner, and their therapeutics exhibit a struggle of the crudest materialism against the most obvious dynamical derangement.

By the reform of the knowledge of the Materia Medica upon physiological grounds, and by the examination of the pathogenetic operation of remedies upon the healthy body, a ray of light was first thrown upon this Stygian darkness; for the proving of remedies established this very important fact, that the medicine, in its operation upon the human organism, not only altered its vital functions in a peculiar manner, but exercised a characteristic action upon the spiritual life, the mind, and disposition. This truth can be made use of as an available point in therapeutics, and upon this field of pharmacodynamic psychology Hahnemann appeared not simply as a reformer, but as the creator of a new world hitherto shut out from pharmaceutic investigation.

In May, 1841, I was asked by a peasant to treat his daughter, who had been for some days "beside herself." On visiting her I observed the following symptoms:—The patient was upwards of thirty years of age, of a very feeble form of body, affected with curvature of the spine, and, according to her parents, of a very desponding and timid disposition. In consequence of a fright, caused by a horse having broken loose and made a great noise in a stall which joined her bed-chamber, she fell into the following condition of mind:—she was at first anxious and oppressed, and replied to queries as to the cause of her sadness, that she was unworthy of eternal blessedness, being no longer able to perform the duties required of her. One remarkable symptom was her desire for light and society. In the evening she would light several candles in her chamber, and earnestly entreat not to be left alone. She passed sleepless nights in weeping and praying. Her forehead felt hot, the eyes were injected, and the pupils

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dilated; the pulse weak and quick. When spoken to she replied, otherwise she sat crouching in silence, and shuddered at every sound. She took some food and drink, but only when requested.

This morbid condition of the mind most nearly resembles that produced by Stramonium, of which I gave the patient one drop of the third dilution upon milk-sugar, morning and evening. At my next visit, on the following day, I found the patient much calmer, and her sister, who nursed and slept with her, informed me, that the first night after having taken the powder she had slept for a couple of hours, and had been much more rational during the day. I continued the Stramonium, but only once each evening. After having taken twelve powders the religious monomania ceased, and her former feelings returned. It is to be remarked that this person had been from her youth somewhat weak in mind.

In October of the same year, I undertook the treatment of a female peasant, affected with puerperal mania, who had been treated during nine days by two Allopathic physicians. Bleeding, syncope, and Tartar emetic ointment rubbed into the shaven scalp had been employed; the paroxysms of mania did not, however, yield to these severe therapeutic measures, but became more furious after the bleeding than before; and I beheld at my visit the fearful picture of a puerperal mania in its fullest development.

The patient, a strong blooming woman, had given birth to her first child. The pregnancy and delivery had passed over regularly, and the disease appeared suddenly on the fifth day. On the fourteenth day after her confinement I remarked the following condition:—The patient talked incessantly all manner of confused and absurd nonsense; she was very much excited, choleric, and quarrelsome; the eyes were slightly injected, and their expression confused; the pupils were dilated; the speech hurried, and her movements rapid; she passed sleepless nights; the lochia were very scanty, and there was no secretion of milk. During the paroxysms of mania she attempted to destroy every thing she could lay hold of, accompanied with shrieks and scolding, blows and spitting,

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laughter and weeping. Persons whom she liked might visit her, but the presence of those whom she could not bear excited her to such a degree that she became furious if they did not immediately depart. She was most incensed against her husband, and doomed him to the deepest pit of hell, because he noticed other women, &c. Dislike to, and jealousy of, their husband, is a constant symptom in the mania and melancholia of puerperal women. I do not recollect any patient affected with this disease who was not jealous, an indication that this disease originates principally in the generative sphere of the woman.

As the patient absolutely refused to take medicine, which had previously been given to her by force, I mixed ten drops of Belladonna (3,) with four ounces of water, and gave of this dilution four tablespoonfuls in the water, which the patient drank, desiring that the same quantity might be repeated when the first had been swallowed. In this way the patient took the medicine without being aware of it. On the following day I learned that the patient had passed a quieter night, and had twice slept for an hour, and I found all the symptoms improved. After three days' continuance of the Belladonna, her condition was so much improved that she slept several hours during the night, and had lucid intervals by day when she asked for her child, and inquired for the medicine, of which she still continued to take one tablespoonful every three hours.

As the patient's consciousness returned, she complained of great pain of the head, which, in consequence of the Tartar emetic ointment, was covered with suppurating pustules, and the integument of the scalp pierced with ulcers. The surrounding matted hair increased the inflammation and suppuration; vermin appeared in the ulcers, despite of the utmost cleanliness, and the pain continued till the whole undermined and spongy integument became loose and could be removed. The circular ulcer which was thus exposed, was three inches in diameter, covered with countless vermin, and the head presented an appearance which horrified every one.

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The first night after the integument had been removed, and the ulcers cleansed from pus and vermin, the patient slept soundly till day-light and awoke perfectly collected, but towards evening exhibited traces of the still existing mental disorder. The functional disturbance of the mind increased during her waking hours, and diminished during sleep; but upon the whole the improvement progressed steadily under the persevering use of the Belladonna, at first three times, and then only twice daily, so that in three weeks the medicine was discontinued. On the eighth week after delivery the catamenia appeared, preceded by a severe colic, and from that moment every trace of the disease disappeared. A year afterwards this woman had a second child, and remained perfectly well during the confinement, notwithstanding her fears to the contrary. But the young woman is bald, and cannot carry any burden upon her head,—a lasting remembrance of the *rational* anointing!

In September, 1843, a boy ten years of age was brought to me from Steyr, afflicted several weeks with involuntary twitchings and movements of all the muscles and limbs to such a degree, that he could neither stand, walk, nor speak; he was unable to help himself to food and drink, and he could not sleep, for these clonic cramps, constant during the day, were only interrupted at short intervals during the night, when the boy dozed, to become again the sport of the disease when he awoke. Consciousness and all the mental functions were undisturbed, the boy understood and knew all that was going on, but could only express his thoughts by signs. I was unable to examine the spine as the boy who had suffered from the journey wriggled about like a fish, and every attempt to keep him still induced the greatest oppression at the chest. The symptoms were referred to fright which he had received on two occasions. He went on one occasion to fish with the journeyman of his father, a nailer; they had hooked a large trout and as they were landing it the man fell into the stream and was in danger of being drowned, at which the boy was much alarmed. On another occasion soon after, he went into a wood near the

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town to gather cranberries, and came upon an encampment of gipsies whose appearance caused him the greatest alarm, as he feared they would seize and carry him off. A few days after this the twitchings commenced, first in his face, then in the hands and feet; and as they increased daily his parents, who at first regarded the distortions of the countenance as a bad habit, sent for a doctor. He prescribed Tartar emetic internally in increasing doses, and externally in the form of an ointment to be rubbed upon the spine; also, Valerian, and oxyde of zinc, but without benefit.

There could be no doubt regarding the diagnosis of the disease: it was an irritation of the spinal nerves of voluntary motion, induced by fright, and would be termed in works on pathology Chorea, or St. Vitus's dance.* In the choice of a remedy I kept in view not only the pathognomonic symptoms of the disease, but the pathogenetic condition also; and I gave a drop of *Ignatia* (2,) morning and evening. At the expiration of a week I learned that the boy on the first night, after having taken the dose, had slept tranquilly for two, on the second for four, and on the others from six to seven hours; and that during the day the twitchings were obviously less intense. As the improvement did not advance during the second week, I gave twelve doses of *Cuprum precip.* (6,) one to be taken morning and evening. In eight days the boy came to my chamber so much improved that he could walk, ascend the steps, and stammer a little; the right side was entirely free, but the left still exhibited a little twitching. Six additional doses of Cuprum, one daily, did not produce much further improvement; the speech and movements of the tongue still continued difficult; I therefore exhibited *Belladonna,* (3,) one drop morning and evening, and in a week the power of speech returned, and the movements of the left side ceased. Finally,

* Dr. Moos, of Vienna, gives the following definition:—"Chorea is a neurosis of the central source of motion, whose first element is to be sought in the origin of the primitive motory nervous filaments, inaccessible to the eye or knife." Who can understand this shall receive sixpence and a "bun!"

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I gave the boy one dose of *Nux*, (3,) on account of irritability and constipation, after which he was completely and permanently cured.

Mrs. B., aged forty-four, of sanguineo-melancholic temperament, robust frame, and healthy appearance, the mother of several children, had menstruated at the age of fifteen, and during childhood had been affected with scarlet fever and hooping cough without any bad consequence. As a grown girl, she had suffered once from acute articular rheumatism of which she got entirely free in a few weeks. As a married woman, she was healthy; her pregnancies and deliveries presented nothing unusual and she had given birth to her last child nine years ago. In October, 1843, I received a letter from this person with the request that I would send her some Homœopathic remedy for the gout, with which she had been again attacked, as indicated by a sense of tearing and stiffness in the hands and feet and swelling of the joints. I selected Bryonia, (2,) and directed one drop to be taken three times daily. In a fortnight I learned that the gouty symptoms were considerably mitigated, but she complained of a melancholic condition of mind during two months, and of vertigo with diplopia. I sent Pulsatilla, (2,) to be taken as the Bryony. In two days I learned from the husband of the patient, that on using this remedy the pains in the hands and feet increased so that on the fifth day she would no longer take the drops, but, nevertheless, her condition continued to get worse and she had been obliged to send for a physician of the town, who pronounced her disease to be gouty inflammation of the joints with fever, and bled her and prescribed medicine. In these circumstances I abstained from any direct participation in the treatment of a patient affected with an acute disease and so far distant from me, and only sought to ascertain the result as the condition of this woman very much concerned me. Further tidings informed me that the patient had not regained her health, although the physician in attendance had assured her that she would be cured. That she still continued in a very suffering condition, and was afflicted with melancholy and weariness of life. All the physicians in the town were

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consulted, frequent blood-lettings were ordered, and much physic prescribed, but in vain; the patient's hands and feet became swollen, the despondency increased to despair, and the amenorrhœa continued.

In February, 1844, I was again requested to send an Homœopathic remedy. I communicated with the usual medical attendant of the patient, who represented her present condition to be the result of previous acute arthritic inflammation, with pericarditis, and expressed his fear of organic disease of the heart as the cause of the fruitless treatment. The remedy which I sent, selected in accordance with this written statement, proved unavailing, and as attacks supervened, attended with coldness of the extremities and loss of consciousness and sensation, recourse was again had to the old school. In April I learned that the patient had given up all hope of being cured in Leoben, and expressed an earnest desire to come to me and place herself under my immediate inspection and treatment.

On the 13th May, 1844, the patient came to me at Kremsmünster, accompanied by her eldest daughter. Her appearance certainly shocked me, it was as follows:—An emaciated body, her countenance so altered as not to be recognized, with a timid and confused expression of the eye, and the mind overwhelmed with the deepest melancholy. The ankles and wrists were œdomatously swollen, the joints of the fingers enlarged and painful, and the movements of the body stiff and difficult. Her appetite and thirst, the motions of the bowels, and the secretion of urine, were natural, but the catamenia had only appeared twice in seven months, (the duration of her illness,) and then they were irregular and insufficient. During the journey, which occupied three days, it was necessary to drag the patient to the vehicle and retain her in it by force, as she repented of having come and wished to return, although previous to setting out she was very impatient. During the periods of excitement which alternated with calmer intervals she was angry, made faces, shot out her tongue, and scolded and illtreated her daughter. If she saw herself in a mirror, she was vexed at her appearance and

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called herself mad. When persons passed in the street she retreated from the windows alarmed; and if any one came to visit her, she escaped from the chamber; she would not leave the house on any account, nor enter a church. Her nights, after twelve o'clock, were sleepless, and each morning she was inconsolable at the thoughts of having another day to spend. She wandered about in her dwelling restless and unsettled, and indisposed for any occupation, nor could she be trusted a moment out of sight as in a fit of despair she had begged my wife, for God's sake, to allow her to precipitate herself from the window. For a long time she had been unable either to laugh or weep. The auscultation of the lungs indicated vesicular respiration, and the sounds of the heart were normal when the patient was quiet, both being distinctly audible, and without any murmur; but during the periods of excitement the strength of the heart's pulsation was much increased and between the two sounds I observed an indistinct murmur, the respiration also was much oppressed, and the countenance injected, with an expression of anxiety and uneasiness.

After I had considered the case for a few days, I gave the patient one drop of Veratrum (3,) morning and evening, being led to adopt this remedy from the peculiar state of her mind. During the use of this medicine for a fortnight, remission of the mental symptoms took place, and she enjoyed several hours of tranquil repose. I continued the Veratrum for several days longer, but without further improvement, while marked symptoms of cerebral congestion appeared, and the mind became again disturbed. I now gave Belladonna (3,) twice daily for a fortnight, and the improvement was obvious; the sleep became gradually quiet and refreshing, and when awake she was more collected; the hope of recovery was re-awakened; the countenance assumed a more natural expression; the dislike to society ceased; her sensations of pleasure and pain were renewed, and to her great joy she could once more laugh and weep; but the swelling and pain of the hands and feet had not diminished much. I continued the Belladonna, and in June the catamenia re-

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appeared, after a severe exacerbation, which induced fears of a relapse; they continued to flow abundantly during several days, and evacuated a black fœtid blood. From this period the patient's mind and disposition were clear and tranquil, but she had no determination of purpose and could not set herself to do any thing, and her greatest complaint being a stiffness in her joints and limbs and a sensation as if she was all drawn together. When she stooped she could with difficulty raise herself up again, and she thought that if only freed from this troublesome tension of the limbs she would be quite well. I now gave one drop of Cocculus (2,) morning and evening, under the use of which the tension diminished and the body became more flexible. The patient began to employ her hands in work and took short walks, accompanied by others, which, however, fatigued her much as her feet and ankles were still swollen. She slept well; her appetite was good, and her appearance improved daily. Being of opinion that the Belladonna was essential to the regulation of the catamenia, I gave it again a week before the expected period, which accordingly took place in July at the proper time and without any uneasiness. After this I persuaded the patient to pay a visit by herself, and at last she ventured alone into the church from which she returned full of joy and thankfulness. As both Belladonna and Cocculus had been of service I gave those two remedies together, but alternately, viz.: a drop of Belladonna (3,) in the morning, and another of Cocculus (2,) at night. In August the catamenia appeared for the third time, the swelling of the hands and feet had now disappeared, the patient had regained her healthful appearance and was sound both in body and mind. In September she returned to Leoben, by Linz and Vienna; and as the physicians of the old school by whom she had been treated were unwilling to believe in the possibility of a radical cure, from their suspicion of organic disease of the heart, she was examined with the stethescope by Dr. Reiss in Linz, and by Dr. Wurmb in Vienna, without either of them being able to detect any such structural change.

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That the cure is permanent, I have heard by continued favourable reports from Leoben, and to me it is the most triumphant reward which Homœopathy could bestow, for the patient is—my sister.

ON TOTAL PLACENTAL PRESENTATION,

By Dr. Wielobycki, of Edinburgh.

(Continued from page 61.)

CLINICAL HISTORY OF TWO ADDITIONAL CASES OF UTERINE HEMORRHAGE FROM PLACENTAL PRESENTATION; WITH OBSERVATIONS ON THE DIFFERENT MODES OF MANAGEMENT.

Case XI.—Mrs. Jamieson, aged twenty-three, native of the East Indies, tall in stature, and spare habit of body, dark olive-coloured skin; brown, short, wooly hair—the wife of a sergeant, whose regiment removed to Ireland. On account of weakness from repeated attacks of uterine hemorrhage, she was obliged to remain in Edinburgh, and fortunately lodged in the house of a cautious midwife, who consulted me regarding the nature of her case. It was in the end of December, last year, when Mrs. J., taking her hearty dinner, nearly fainted from the sudden loss of blood. I found her on the top of her bed, the lips blanched, quivering—look anxious, hands trembling, the head was low, (she had taken two glasses of brandy and water before my arrival,) the skin of the extremities was warm, pulse accelerated, sharp. On examining, the cervix was nearly half an inch long, yet the os uteri undilated and plugged with coagula. Over the whole hypogastrium the placental souffle was audible, and more distinctly so over the right ramus pubis; the fœtal pulsation a little to the left of the umbilicus. She was then in the seventh month of her second pregnancy. Rest in a recumbent posture, with cold applications to the pubis, and no stimulants, were strictly enforced; the discharge became serous, and subsided towards the night. She was out next day, and continued

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free from any discharge for twenty-three days. Had again two slight attacks of hemorrhage in one week; apparently did not suffer from them till in ten days afterwards, when the pains came on regularly (on the 6th of February, 1846) at about four P.M., and the hemorrhage present became characteristic of this complication. Visited at twelve, the cervix was flat, soft; the os uteri flabby and powerless, dilated to an inch, and soft placentary mass presented. Motion had been felt the whole day. The midwife was anxious to witness the result of perforation, which was accomplished at half-past one, by a female catheter introduced into one of the presenting deep-gaping sulci during one of the uterine contractions, which consequently became increased. The moaning and restlessness of the patient soon exchanged into that quiet and hopeful state of mind so characteristic of regular and natural labour, and in three quarters of an hour a full-grown female infant came into the world crying aloud. Strange! we would expect a feeble, puny offspring from the weakening effects on the mother; the contrary state, however, of the infant's body proves that the fœtal circulation through the umbilical system does not proceed directly from the mother, but, like in a parasite, it originates and continues in the fœtus itself, as long as the attachment of the placenta to the uterus continues. Not to destroy, therefore, the connexion between the uterus and the placenta is just to save the infant.

The placenta in this case was irregular in its edges, one of its prolongations which presented was covered with loose coagula to the extent of three inches, and thinner than the rest; the membranes of its fœtal portion were torn to the circumference, and detached from the vascular mass, probably by the pressure and passage of the child's body through the perforation. The mother recovered well, and in three weeks went to Ireland.

Case XII.—Mrs. C., aged twenty-eight, tall and slender, complexion sallow, blue eyes, anxious mind, and extremely weakened by five or six miscarriages and still-born children. Has been under many eminent physicians and accoucheurs of this country, and travelled on the Continent for a year, to regain her strength. On return home was advised to wear pessaries and take Gregory's mixture every day, besides occasional application of leeches to the hypogastrium and per vaginam to the uterus, as well as blistering her lumbar and sacral region, in which she persevered, confined to bed for three months, without the slightest benefit. Went of her

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own accord to the country, whereto she sent for me in September last year. Complained then of excessive weakness and perspiration, besides the bearing-down, weakness in the loins, white stringy leucorrhœa, with frequent scanty and painful micturition, anorexia, noise in the head, sleeplessness, pulsation of the right carotid in the neck, and all the symptoms of anemia and exhaustion. Catamenia expected in a day or two. Passing over the course of treatment pursued, her general health improved rapidly, and catamenia did not appear till two slight discharges took place in November, within a week. Pregnancy was evident, and threatened with abortion. Quickened at the end of December. On the 14th of February, 1846, I was summoned at three A. M., on account of hemorrhage. The pulse was soft, full, and she trembled as from fear, perhaps, of losing her long wished-for child. Large mass of coagula on the sheets. The cervix was hard and long, and the os uteri filled with coagulum. Over the whole left inguinal region the placental bruit was strongly audible, and the fœtal pulsation immediately below the umbilicus. Another attack of hemorrhage took place on the 13th of March, early in the morning before rising; it was pretty severe, but subsided in the afternoon, and in two days she was able to be out; her health has otherwise been pretty good. Felt weak after the next two attacks, on the 3rd and the 9th of April, which came on without any assignable cause, and without any pain; they were followed by serous discharges, which disappeared in three days. Rest, recumbent posture, cold applications to the vulva, with specific remedies, made her rally, and she had no discharge for the next twenty-nine days; but, being unavoidable, the hemorrhage came on again with an alarming severity and a few slight pains, which all subsided again in twenty-four hours, till the true regular pains, with almost constant escape of liquid and coagulated blood, ushered in, and with such a rapidity, that, in less than three hours from the first appearance of coagula, the labour, after perforating the placenta with the common female catheter, was terminated at half-past four A. M., the 27th of May, with the loud cry of a stout female infant, eight pounds and a half weight. I need not repeat all the feelings and particular symptoms and sensations witnessed that momentous night, as they were those simply of anemia and exhaustion, demanding prompt and decided interference. To save the child with certainty, without injuring the mother, no other alternative remained but perforation, which, as in

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all other cases, was followed by happy results. The source of immense joy! The lady recovered faster and better than in any previous confinement.

The placenta was small in circumference, but thicker than usual; the paler portion of it, three inches in diameter, with a ring of coagula has been close to its edge. The coagula were probably left by the uterine vessels, as they were resting loosely on the placental decidua, thus proving that it is the mother's blood chiefly that is lost during the uterine hemorrhage; otherwise, as they have not much to lose, all the children would be lost. Moreover, those large gushes of blood, which produce fainting and often death, can never proceed from the placenta alone, as propounded by a recent authority, and asserted of late in British medical periodicals. We would before all demand explanation whether there has been more or so much blood lost in the case of a lady adduced for example,* after the placenta has been extracted, as to be convinced that "the discharge issues principally or *entirely* from the vascular openings which exist on that exposed placental surface?" † No placenta can contain so much blood as to produce fainting when emptied, or make the woman die undelivered; even the whole blood squeezed from the umbilical system, and the child itself, would never amount to such a quantity as to equal that which produces, in a healthy person, fainting when drawn from the arm, and far less death from the loss of it.

In the above cases, all the children which lived in utero were saved, and only mothers were exposed to danger from the loss of the vital fluid. From whatever source the blood may issue, directly or indirectly, it is always lost altogether at the expense of the mother alone, and if possible, she ought always to be delivered with safety also to the infant.

Physiological Phenomena.

In examining the course of normal parturition, we shall find that, by the peculiar arrangement of the muscular layers of the uterus, its contraction first affects the os and cervix, and gradually proceeds onwards to the fundus; and that as the labour advances, and the uterus—speaking of a healthy organ—continues to contract in its longitudinal and trans-

* See London Medical Gazette, No. 932, vol. xxxvi, p. 1011.

† Op. Cit. p. 1010.

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verse direction, the caliber of its vessels must be getting smaller and smaller, owing to the repeated contractions of its muscular fibres, which encircle them, and ultimately close them up tightly, thus causing complete separation and expulsion of the viscus.

Now, in cases of placental presentation, where the hemorrhage increases during the uterine contraction, in consequence of the rupture of the connecting vessels, and diminishes during the intervals in consequence of the ruptured vessels being plugged with coagula, and never subsides entirely, as coughing, or the slightest movement, will keep it up—thus placing the parturient female in a most disastrous condition, threatening with unavoidable dissolution: it is indispensable to diminish the capacity of the uterus, and thus render it able, as in cases of abundance of liquor amnii, to contract upon itself, and to arrest the hemorrhage by compression of the bleeding vessels, and by a pressure being instituted on them at the os and cervix uteri *from within outwards*, the bulk itself of the fœtus becoming a certain and most powerful plug.

Because Nature, by the concurrence of peculiar circumstances, will sometimes expel the whole ovum spontaneously, or the patient will struggle so long till the membranes rupture spontaneously, and the liquor amnii finds its outlet through the interposed presenting tissue, and thus she is assisted to terminate the labour as in ordinary cases, or in cases of partial placental presentation; it is, therefore, incumbent upon us to fulfil her latter indication in proper time and proper manner, particularly when the action of the uterus to expel its contents has commenced in consequence of the fœtus having become sufficiently mature to sustain respiratory life. And we are encouraged to it by the following considerations: The liquor amnii, being inelastic and incompressible, is kept at rest as long as all the non-parallel forces act uniformly upon its boundary; but as soon as their balance is destroyed by an additional force exerted on its boundary from without, the liquid is driven out at the spot which was acted upon. Now, the uterine contraction is nothing else but forces acting

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from without on the boundary of the contained fluid, and because they are not uniform and increase with intervals, the membranous bag, being like a close vessel, the walls of which are moveable so as to exert pressure on the fluid, will, therefore, change its shape, but not destroy the centres of gravity of its contents, that is, of the fœtus, and of the liquid in which it floats; their centres of gravity always remain in the same vertical line as long as their mutual pressure, which keeps them in equilibrium, is entire and undisturbed, but as soon as that equilibrium is lost by the diminution of the forces of the liquid in consequence of its being allowed to escape by whatever channels, those centres of gravity are thus immediately displaced, the forces of the immersed solid become then stronger than those of the liquid, and the solid will be urged with its most preponderating portion, which is the head in the fœtus, towards the orifice through which the fluid escapes in the proportion as its escape is gradual, its lighter portion remaining more distant from the point of perforation, and the heaviest close to it. Such is the advantage from the gradual escape of the liquor amnii in cases of placenta prævia, viz., vertical presentation is more likely to result from such a management: exactly the same phenomenon occurs in cases of common miscarriages, where the fœtus, by a force of levity, tends with its heaviest part to the fundus, but turns itself downwards when the volume of the liquid and its comparative gravity is gradually diminished. The uterus then contracts stronger on the fœtus, which will press with its body, like the surgeon with his fingers, the bleeding portion. Moreover, it is not immaterial to notice the equilibrium, which depends upon the sum of the forces which set the fœtus into motion. A single force produces pressure upon a fixed body; but to turn that body, two forces at least must act in a plane perpendicular to the axis of the motion; thus acting, they balance each other, and the pressure of the body on the fixed resisting point is the same as it would be if the component forces were transferred to that point, retaining their direction and magnitude. In uterine contraction the sum of the forces acting at the super-

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ficies of the fœtal body, will turn the body round a fixed axis, viz., in the direction of their balance, and the preponderating part of the fœtus pressing on the bleeding vessels will act on them as a plug, and that of a most powerful character, after the liquor amnii is allowed to escape gradually. Such a plug only, being natural, is beneficial, because the pressure of the fœtus on the vessels is equal to the weight of the pressing body, which, along with the increased uterine forces during uterine contraction, becomes sufficient to increase the pressure and to compress the bleeding vessels, and in this manner the *flooding is arrested completely during the pains*, a phenomenon quite contrary to what takes place before pressure from within outwards, and compression of the vessels is established.

ADVANTAGES OF PERFORATION.

It restrains the hemorrhage, whether it be profuse or oozing, and the os uteri dilated more or less; in general it arrests the flooding, even in the middle period of pregnancy, where the os uteri is small, and the cervix undeveloped, and in the last months of utero-gestation, when the os and cervix are soft and flabby, and well developed, it checks it entirely, no further separation of the placenta takes place during the operation, and it is practicable under all conditions of the external and internal parts of the mother.

DISADVANTAGES OF TURNING.

The flooding is not stopped until after the extraction of the fœtus, because internal, and often violent hemorrhage continues during this operation, from the larger uterine surface of the placental attachments being thereby laid open. It is inadmissible in cases of rigidity of external parts, as in primiparae, and in cases of undeveloped cervix and undilated os uteri; in these cases, if the flooding is allowed to continue for the purpose of relaxing the constitution and the external parts, there is risk of bad consequences from the further loss of blood. It is inadmissible, when the os uteri has not attained the size of half-a-crown, though the hemorrhage be alarming, and even threatening with immediate dissolution.

It is likewise inadmissible in delicate constitutions, and those cachectic females whose strength

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the labour naturally, because the cervix and the os uteri will become more developed by gradual sinking and pressure of the presenting part upon them by the action of the uterus.

It gives no suffering to the mother, it inflicts no injury on her parts whatever, as no force is used to extract the child, unless the case turns out to be a tedious lingering labour from malformation of the pelvis, or strong ossification of a large cranium of the fœtus. Cross births are less frequent here owing to the causes described in the former section of this paper.

It does not require waiting—it can be resorted to with safety at any time, and accomplished promptly where there is alarm.

The syncope, gasping, restlessness, and general coldness, has been debilitated by previous weakening causes; and thus much time is lost that is highly important to the patient, the plugs from without inwards, ergot of rye, &c., &c., being injurious.

Language is inadequate to express the aggravated and accumulated horrors which belong to the brief, dreary stage, as it is the most agonizing and the most painful of all obstetric operations, on account of the force required for its accomplishment; it gives a shock and acts as an additional blow to the nervous system, which is followed often by sinking and death, which can scarcely be considered as an effect merely of the loss of the absolute quantity of blood effused. The attendant strong feeling of sickness and syncope, the paleness and coldness of the surface of the body, the state of the pulse, &c., would seem rather to indicate that this operation, in addition to the effects of loss of blood, produces a fatal depression of the heart's action similar to that which results from blows on the epigastrium, and severe blows on the abdomen, and which we see supervening more slowly in cases of extensive peritonitis running on to a fatal termination.

Waiting till the os uteri, or the external parts become more relaxed, is unpardonable, particularly when the constitution was depressed by previous frequent losses of blood, and not able to sustain any other shock.

It is inadmissible at the time of deep, long-continued faint-

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are relieved and banished by it, and the patient recruits without stimuli, the labour goes on uninterruptedly without the employment of transfusion of blood or any drugs, for which there is seldom any time or means.

In consequence of it, the further operations of nature make the os uteri dilatable, and favour the case with a safe and speedy delivery, even if the patient be left alone.

It diminishes the risk of the infant's death, as only a very few placental vessels, if any, are ruptured during it, particularly if this operation be done as laid down in the last section of this paper.

It encourages a young practitioner on account of the success attendant on it; as labour goes on afterwards just the same as in induction of premature labour, and does not require any other interference except artificial dilatation of the os uteri, if it be rigid and the lowermost segment of the uterus is sunk low into the pelvis as in primiparæ.

Here nothing horrible occurs. The head coming down, as is

ing; the uterus being then flabby, inactive, the hemorrhage increases during their operation, and it is followed by almost certain death. Under such condition the exhibition of stimulants or sedatives paralyze the uterine energy. (See Ramsbotham's Obst. Med. and Surg., p. 387.)

Insinuation of the whole hand into the uterus, when the os is undilated to the size of an inch, or in a rigid and unyielding condition endanger the structure of the organ—and crucial incisions made in the os uteri, distended by larger blood-vessels than usual, on account of the placental attachment, is out of question—the woman then dies undelivered in spite of the never-to-be-forgotten obstetric maxim: "Never leave the woman undelivered."

The whole placenta may be torn off during this operation, and thus the child's life sacrificed or the danger augmented.

The young practitioner, who has seen this operation done by others, and heard all the plaintive cries of the mother, and witnessed all the exertions and anxiety of the operator, and at last the failure of his treatment, cannot but tremble in the want of confidence in the means.

It is sometimes productive of a barbarous sight. If the ute-

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more usually the case, saves all the anxiety to the accoucheur both regarding the safety of the mother and her infant.

rus be in a state of atony and the head of the fœtus, after extracting the trunk, however skilfully managed, hinging with its chin against the pubis of the mother, requires some time before it can be extracted; the child is then often stillborn, or born lame, with dislocated neck, shoulder-joints, or broken limbs; and if the cranium be preternaturally large and strongly ossified, it must be crushed to pieces, an operation often preceded by decapitation.

Premature fœtus, from its small size, will readily pass through, and more so when the placenta is putrid.

It is inadmissible in premature cases, and is infallibly followed by metritis or gangrene of the uterus, particularly if the placenta has been diseased.

In adhesion of the placenta, its separation would require only one single introduction of the hand to separate and extract it.

It is more dangerous when the placenta is adhering, and the hemorrhage continues—a second introduction of the hand being then indispensable.

If it is done by the catheter, and during the uterine action, the placenta is not at all pushed upwards towards the fundus, as it would be from the whole hand; the catheter resting steadily with its blunt extremity in the sulcus on the chorion and amnion, acts only in the way of resistance, at the time when the membranes are expanding, and perforates them; no force is used at the time of dilatation of the os uteri if required, as it is done, also, in the way of resistance; the anterior lip not being pushed up, but prevented only from sinking lower at the time of uterine contraction.

Rupture and laceration of the cervix, if small and rigid, is a necessary sequela of this operation; and, "though the uterus contracts into a hard ball, and every thing seemed to have passed over favourably, a continued dribbling of blood remains after labour, which resists every attempt to check it.....; the patient gradually becomes exhausted, and at last dies. On examination afer death, Professor Naegeli has invariably found the os uteri more or less torn."—(See page 259, Rigby's System of Midwifery, 1844.)

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It precludes the possibility of uterine veins imbibing any air from without, as the uterus always continues to contract.

In atony of the uterus, this operation is often followed by immediate death, as if air or other aërial substance were introduced into the circulation, producing general erythema.*

The above arguments will be a sufficient warning to young practitioners, and to all who think for themselves, as experience teaches to consider the operation of turning, in cases of total placental presentation, as almost uniformly disastrous. Perforation of the placenta is, in fact, the only means we have at our command to ward off the immediate danger, as well as to remove the bad consequences from the loss of blood, in those puerperal women of debilitated constitution whose system has been broken down by a long-continued disease, or who suffered from weakening discharges, which have resulted in phlegmasia dolens, indurations in the inside of the thigh, calf, and ham, (in general mistaken for enlarged glands,) or in enlargement of superficial veins of the lower extremeties of the lower abdomen, which of itself often makes the patient sink under the violence of the febrile paroxyms from mere debility, or gangrene, or suppuration of some distant organ from metastases of the milk to it, or other causes; as in the case of Elizabeth Sutherland, who was delivered, on the 13th of September, 1843, of a putrid fœtus, by turning, on account of arm presentation, and died hectic in about three months afterwards, in Dr. Graham's wards, in the Edinburgh Infirmary, where I was then acting under him as a clerk; and, on dissection, adhesions of the femoral veins to the surrounding textures and abscesses were found in the diaphragm, abdominal parietes, and intercostal muscles.

Perforation will also give less chance to puerperal fever, to hydrosis, vascular congestion, prolapsus, or other remote or immediate conseqences, to which the uterus in particular,

* In atony of the uterus and relaxed habits of body the operation of turning is often followed by an efflorescence more or less diffused, similar to *Erythema fugax*—a precursor of the approach of death—as if from air, or other aërial substances having been introduced into the circulation.

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and the female constitution at large, is sometimes liable, in consequence of turning.

The condition of a puerperal female, immediately after the operation of turning, or of separation and extraction of adhering placenta, is similar to that which succeeds a shock of any kind. Their immediate effect is one of nervous exhaustion; often insensibility for a day or two supervenes, and is followed by a state described by Dupuytren under the denomination of *delirium traumaticum*, which is attended with transient and fitful gleams of approaching reason, with dry hot skin, the pulse being hard and contracted, with an occasional feeble stroke almost amounting to intermission, contracted pupils, injected conjunctivæ, drowsiness, confusion in the head, and vomiting; the patient seems to suffer as if from a blow upon or concussion of the brain, proceeding from some irritation or inflammation; then some local pains, with fever, &c.,—a state which cannot ensue directly as a consequence of perforation of the placenta. Moreover, the cause of irritation is frequently dormant and inoperative, until it be excited into action by some shock to the system at large; and it is neither right nor safe to add another shock when there is a diminution or collapse of vital powers and the pulse feeble, as we cannot be sure that, by using, however skilfully and cautiously, the manual force with which the operation of turning is performed, the patient will survive; for in proportion to the violence of the shock the powers of life are diminished; and we cannot then say, *à priori*, how much blood an exhausted female can afford to lose or to stand additional sufferings.

I have read the details of Professor Simpson's Researches in the *London and Edinburgh Monthly Journal of Medical Science* for March, 1845, with very great satisfaction, as they appear to be remarkable for accuracy and minute description, and to have been executed with pains and perseverance. The subject of this kind of researches is, however, difficult, on account of the deficiency of the resources from which they can be drawn; but Dr. Simpson explains his results in a manner calculated to inspire confidence and conviction. These

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researches are more particularly interesting to me from having directed my attention to the treatment of the two formidable complications in labour, viz., puerperal convulsions and placental presentation. Many points regarding the placental presentations involve questions of so much obscurity, that the Professor's memoir on this subject induced me to entertain a strong desire to put the results of both series in juxta-position. Any confirmation, illustration, or contradiction of my observation cannot be but acceptable from any authority, and particularly that of Dr. Simpson, since we are all fellow-labourers in the same field, without distinction of country or nation, and ought to feel a common interest in the cause.

The limits of this journal do not allow me to state the reasons for which the sufficiency of the statistical calculations —the groundwork of Dr. Simpson's deductions—and the safety, propriety, and practicability of the recent proposal has been questioned by Lee,* Ramsbotham, Ashwell,† Radford,‡ Burwell,§ Russell,|| and other British and transatlantic writers; they can be as well consulted in their respective places.

But there are a few points regarding the stated average mortality of children, sources of hemorrhage, mechanism of the spontaneous expulsion of the placenta, probable motives for the proposal, and others which require elucidation; and I may be permitted to say, that the reader is much disappointed to find in a summary, otherwise excellent,¶ the details of the fate of the children so much slurred over. I counted them, and excluding all blank and putrid, there are seventy-six marked *dead*, (though the fourth division of the table should not be taken into account, as "the *exact* period between the separation of the placenta and the birth of the child was not known,") and only thirty-two marked *alive*, including all, even that one of the first division, (Case 12,) in which the time between the birth of the placenta and that of the child

* *London Medical Gazette*, September 19 and October 10, 1845.

† *London Medical Gazette*, November 7.

‡ *London Medical Gazette*, November 21.

§ *American Journal of Medical Science.* Philadelphia, January and April, 1846.

|| *Edinburgh Medical and Surgical Journal*, July 1, 1846. P. 47.

¶ *Northern Journal of Medicine*, May—June, 1846.

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was five hours (!) whereas, of those twenty-five cases in which the placenta was expelled *immediately* before the child, or *both* were expelled *together*, only eleven children are marked *alive;* thus showing that the average mortality is more than one in three. Now, of all the cases reported in which the new proposal was adopted by the attendants,* not one child has hitherto been saved, and Dr. Simpson himself had "opportunity of putting to the test of experience the practice which the remarks (of his memoir) all lead to suggest," the result of which was also fatal to the child: in spite of all that, however, he recommended the plan so invariably destructive to children, I believe, probably in preference to turning, so vastly destructive to mothers, as shown in his paper, and being, perhaps, under impression of the perforation being unexceptionably inefficient, though among the remarks of the list (page 184) he adduces Gendrin's case,† where the hemorrhage *ceased* on the waters being allowed to escape by a female catheter passed through the placenta."

I took a deep interest in the principles detailed in the memoir, and determined in one of the last four cases to submit them to the test of observations; but the stethoscopic diagnosis of the life of the fœtus, of its position in utero, and of the extent of the placental attachment, made me shrink at the very thought, and forced me to employ an expedient so repeatedly proved in my practice, the mildest and the safest.

Dr. Simpson is evidently anxious to stop hemorrhage by *natural* means, and to establish the grounds of our dependance upon the phenomenon, that it ceases, at least is diminished, after rather than before the complete separation of the placenta; having been struck further by the proceedings of several attendants on record, who, seemingly believing that whatever presents first, must of necessity come away first, were successful in pulling down the placenta, which was previously partly washed off from its attachment by the spontaneous rapid evacuation of the liquor amnii; struck also by the results being not unfavourable to the mothers, (though in five out of seventy the hemorrhage has been profuse and alarm-

* Loc. Cit., p. 375—376. † Médicine Practique, Tom II, p. 349.

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ing,) he proposes the complete separation by *artificial* means. Those attendants, and mostly midwives, had apparently no patience to trust their patients to the powers of nature, as we do in cases of *partial* placental presentations; nay, one of them got so indignant at the viscus having partly protruded externally, as to use scissars to cut it off.—(Page 180, remark to Case 19.)—Strange! the author did not inquire into the quantity of blood lost by it; it would really contribute to the corroboration of his opinions regarding the origin of the hemorrhage in question. Ingleby quotes a case in which a portion of the placenta, which obstructed the os uteri, was cut away by the practitioner, and yet no discharge of blood came from the cut surface;* and I would like to know how the placenta could afford such a quantity of blood in the Case 10† of mine, where both the fœtus and the placenta were putrid, as to make my patient faint repeatedly?

Often the placenta, when present, is expelled, in fact, spontaneously; but that phenomenon cannot take place without the previous rupture of the membranes by the energetic forces of the uterus. They may also break accidentally, if preternaturally thin and atrophied, as by a sudden twist of the body, a blow or fall, and the labour will then be favourable; but if the membranes are preternaturally hypertrophied and tough, the life of the mother may then be lost from the exhausting losses of blood. Preternatural attenuation and ramollissement of the membranes, or their induration and extraordinary toughness, will vastly modify the issue of placental presentations if left to nature: their former condition requires no interference, except the case turns out to be a cross-birth, the latter is the source of the greatest struggle to the mother, and if not assisted in proper time must produce anœmia, or terminate fatally; they must be, therefore, ruptured artificially.

It must be also remembered, that the uterus loses its contractile power in proportion to the rapidity with which the liquor amnii escapes; and in cases in question, the placenta is forced down by a force of central gravity likewise, parti-

* *Lancet*, Vol. I, p. 943. 1839. † Page 57 of this Journal, 1846.

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cularly if the membranes rupture of themselves, and the liquor amnii be evacuated *rapidly;* the latter will carry off the placenta as rapidly, thus producing a complete suspension of labour-pains for some time, often palsy of the uterus ensues from this sudden collapse of its muscular contractibility after so severe an effort.

Spontaneous expulsion of the placenta being impossible without the previous spontaneous rupture of the membranes, it follows that all the cases of the list detailed in the memoir in which the placenta has separated and been expelled before the child, must doubtless have been cases of spontaneous rupture of the membranes in consequence of their excessive fragility, and terminated by expulsion of living children. Again, the size of the ruptured bleeding vessels in placental presentations may be such that the blood continues to flow until the mother's life is nearly or completely extinguished; consequently, all the mothers that ever died from this complication, undelivered, and all the children that were alive before the membranes got ruptured spontaneously, would have continued to live had the labour been assisted by rupturing them artificially, and not allowed to go on as to exhaust the mother, or lose both the mother and the infant.

The introduction of the hand into the vagina, and forcing it through the os uteri into the undilated, undeveloped, and, perhaps, undilatable cervix, for the purpose of separating and extracting the placenta alone, and leaving the child behind to its own resources, is, if ever accomplishable, not only to make the child, if not expelled speedily, a victim to our forgetfulness of the purposes of the placenta; but that operation is altogether impossible without inflicting a serious injury on the mother from tearing off of the placenta, as well as from the working of the hand in utero, particularly in cases where the placenta is irregular in its circumference, as in that of Mrs. Macdonald, (Case 9,) one extremity of which overlapped the os, and the other, from its unusual length, must have extended high up, somewhere to the fundus. From this mode of practice, many of the bad consequences alluded to among the disadvantages of turning

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must certainly result. As the operation of turning became established, and is now recommended by all the writers of repute, probably from the groundless fear of the case becoming a cross-birth, in consequence of the natural tendency in the fœtus to lie in the uterus with its front facing the placenta, so this new proposal seems to be a very just attempt of modifying the operation of turning, or perhaps of diverting, the minds of young practitioners from constantly resorting to it, the mortality of mothers being so great; but no accoucheur is justified to bring back his hand, having passed it once into the uterus, and given pain to the mother, without emptying it of its contents. The new proposal, regardless of the danger to the mother, cannot become a substitute for turning, the latter affording far more chance of life to the infant. Would Dr. Simpson re-introduce the hand in cases of cross-births after the placenta is in the above manner extracted? If so, the institution of his first step would then prove undue and inefficient—the mother would then be more endangered, as the repetition of the same operation often overwhelms the vital energies, and invariably plunges the patient into a hopeless state of exhaustion. It is truly a melancholy task for the student in medical literature to acquaint himself with much of the past history of his profession, discovering, as he almost ever does, the total want of harmony in the results obtained up to a late period by observers in so many departments; it is nearly always, as in the present case, one group of authorities say one thing, another say just the opposite, the truth being seldom altogether with either party. Our own conclusions, deduced alike from reading and experience, certainly are, that danger and many special ills, and even death itself, follow this presentation being left to nature; that in the habit of body attended by undue sensibility of the lining tissues of the vagina and uterus, *turning* may induce slow hectic fever, marasmus, diseases of encephalon, and others of a class generally recognised as coming from this source; that *separation* and *extraction of the placenta before the child is born* is unexceptionably followed by the destruction of its life, if not hazardous to the mother, and

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that *perforation of the placenta*, as described in the next, is the mildest and the safest of the three modes of treatment hitherto employed by the profession, and is worthy of trial.

MANAGEMENT—MODE OF OPERATING AND AFTER TREATMENT OF CASES OF TOTAL PLACENTAL PRESENTATION.

Nothing can more clearly demonstrate the hopeless and desponding condition of the public mind on the subject of this complication in labour, than the unsettled and ever-varying plans of treatment which were adopted in different countries and different ages; and, indeed, the more we examine the researches of the best informed writers on the subject, the more repulsive and discouraging do we find our therapeutic prospects in the treatment of these cases.

From the adduced arguments, however, we are, I think, warranted in adopting the *perforation*, which of itself implies and fulfils the following *desiderata*:—Induction of uterine contractibility, diminution of its cavity, occlusion of bleeding vessels, and constant plug from within outwards.

ANATOMICAL GROUNDS FOR ADOPTING THE PERFORATION.

If we consider that this most vascular part of the ovum, and most intimately connected with the uterus by uterine blood-vessels intersected by placental decidua, is divided on its maternal portion into irregular more or less distinct lobes, each of which, consisting of innumerable minute ramifications of the umbilical vascular system, receives its own vessels, so that the vessels of one lobe, as proved by the examinations of Wrisberg of Göttingen, have no direct communication with those of the adjacent ones; if we consider likewise, that in consequence of the greater convexity of the maternal surface of the placenta corresponding with the greater concavity of the uterine portion to which that viscus is attached, the sulci or interlobular spaces are really gaping and more widely open in this special locality than they are when it is attached towards the fundus uteri,—we can have no reason for apprehending much injury to the contiguous vessels from passing the index or catheter into the most capacious interlobular

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space which presents, and carry it on to the chorion and amnion, which rupture readily at the time of their expansion during the uterine action; and by thus allowing the uterus to contract, as well as by a gradual evacuation of the liquor amnii, we subsequently produce all the train of the above physiological phenomena.

The operations of nature being unaided or interrupted by rash or desperate interference, must otherwise be sometimes productive of fatal results either to mothers or infants singly, or to both together.

Placenta must be perforated as soon as the danger approaches; danger begins when sighings and syncope have supervened, and the flooding continues; it is our duty then to arrest it, the state of fainting being an index of such a quantity of blood being lost, that any further loss of it is unbearable, which, giving rise to adynamic condition, must prove dangerous and even fatal.

RULES OF MANAGEMENT.

1. *Attend to the Posture.*—Keep the patient recumbent, raising the feet, if necessary, and depressing the head; in this manner such pressure will be restored to the encephalon as will in many cases support life, until remedies being administered, the patient may be placed out of immediate danger. Carefully prevent all muscular efforts. I have seen a continued syncope induced by resuming erect posture, which led to delirium.

2. *Attend to Heat in the Lower Extremities.*—The capillary circulation being suspended, the patient complains of cold feet, and her hands are ice-cold. Apply local heat immediately, otherwise syncope will follow before any additional quantity of vital fluid is lost, which in feeble women supervenes much earlier than in robust; don't keep the trunk covered tightly or hot, heat having the power to expand the fluids and to increase their volume, and thus materially influencing the progress and duration of labour.

3. Don't wait a single moment *whenever syncope has occurred once in recumbent posture,* as the danger is imme-

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diate.—Further hemorrhage and another attack of fainting in the recumbent posture would make her sink *undelivered.* It would be then a noxious error in practice, nay, a murderous act, if we were to delay our assistance in such circumstances any longer, as not only the cerebral vessels, spoliated of their usual contents, cannot in a short time contribute to the production of an equivalent extravascular serum in the cranium, but the heart's action collapses, being deprived of its natural stimulus.

Mode of Operating.—It seldom happens that the accoucheur, who was sent for to a case of flooding in the state of syncope before delivery, finds time enough and means to conduct his case with all the exactness and accuracy as is exigent in all cases of instrumental labour; but if the case has been one of his own, in his own private practice, and if he has been called in to attend his patient from the very first attack of hemorrhage, say some five to seven weeks before the last attack took place, so alarming as to compel him not to wait any time, he will surely have sufficient time and opportunity to ascertain by the stethoscope the three conditions necessary for the employment of proper means. The accoucheur ought to be sure of the *life* and *position* of the fœtus in the uterus, as well as of *the extent of the placental attachment* to the cervix uteri in particular. If the placental souffle be more audible in the left or right infraumbilical region and the fœtal pulsation, as is often the case, in the corresponding opposite portions of the supraumbilical region, the position of the foetus then during the further course of labour will be greatly modified by the mode of operating, which depends chiefly upon the mode of evacuating the liquor amnii; it can be, however, accomplished—supposing the patient is on her *left* side—in the following manner :—

Having ascertained previously the exact state of the above conditions, introduce the index-finger of the right hand, with the convex portion of the common female catheter placed on its palmer surface, into the vagina; with the point of this finger protecting the blunt extremity of the catheter, search for the placental lobe, by the side of which carry the

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finger along with the catheter into the interlobular space,—preferring that one which is situated towards the symphysis pubis, as the anterior lip of the uterus, being lower than the posterior requires, in the subsequent part of labour, to be supported by the same finger, and it is necessarily introduced more towards one or another foramen ovale according to the extent to which the placenta is attached, viz., if the souffle is audible more extensively to the right inguinal region the interlobular space to the left ought to be selected for perforation, and *vice versâ*, because the placental mass is thinner at the edge than towards its middle. Having once reached the proper sulcus, wait till the uterus contracts, taking at the same time hold of the catheter by your left hand, and making its open extremity rest upon the thumb of the left hand firmly—thus resisting with it at the time the membranes are expanding, you will feel a crack imparted to both hands if the membranes be perforated, the liquor amnii will then begin to drop from the catheter; if not, wait till another contraction follows, and then, with a double resisting force pushing the catheter upwards, you will feel them rupturing and the discharge of waters in this manner established. Extract then the catheter with your left hand, leaving the index of your hand in the sulcus for the purpose of dilating the perforated membranes to allow the liquor amnii to escape gradually, and of lifting occasionally upwards the presenting cranium should it press on the placenta and obstruct the escape of liquor amnii through the perforation, as well as of tilting with it aside whatever presents unnatural, such as arm or funis—rectifying at the same time, if necessary, the position of the fœtus through the abdominal parietes with your left hand. The proper parts of the fœtus are thus brought close to the placenta, the whole mass of which will uniformly every where pressed upon more and more by each succeeding uterine contraction, during which the artificial orifice in the membranes from perforation must be dilated, and the cervix and os uteri at the same time supported as in cases commonly called "dry labour." As soon as the head or nates of the fœtus will fill it up entirely, withdraw your finger and leave the remainder

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of labour to nature, the presenting part will gradually sink down into the pelvic cavity, and the whole terminate as in ordinary cases where there is no complication. Turning, and other practicable means must be resorted to, if, on our arrival, we have been so unfortunate as to find cross-birth, the fœtus perhaps full-grown, and no liquor amnii in the ovum ; but in all other cases of *total* placental presentation, perforation used gently and cautiously as not to lacerate the vascular lobes of the placenta, will be quite efficient in saving the child if it were alive in utero. The placenta in general follows the fœtus as in ordinary cases; if not, time must be given for its expulsion, securing in the meantime from being distended with any fluid, by the left hand externally, kneading it, as it were, from time to time, till it is thrown off into the vagina, as it may be a battledore one; but where there is a state of adhesive inflammation in the contiguous surfaces of the placenta and uterus, the flooding is unavoidable, and ultimately proves one of the principal sources of danger and fatality to the parturient female, and constitutes altogether a case, of which Dr. Ramsbotham* justly remarks,—"There is scarcely one in the whole circle of practical midwifery more pregnant with immediate and impending mischief:" death then would follow from hemorrhage, exhaustion, or re-action, or fever, if the placenta were not separated and extracted artificially.

Post-Partum Treatment.—The treatment after delivery was varied according to the degree of re-action and strength, the age and state of constitution, as well as the presence of some morbid affection, which immediately followed the loss of blood, or of some other causes, which appeared formerly totally inadequate to the production of such effects. The truth is, that re-action induces its new and peculiar train of symptoms, that it is excessive in young persons of a robust constitution, and defective in feeble, delicate persons, and in those rather advanced in years, that if there was already a dormant disordered state of any organ, it was roused into effect by the hemorrhage, and that there is in general a susceptibility to local congestions after excessive losses of blood,

* Practical Observations, pp. 98, 141.

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which, I presume, depends upon the want of that due balance which, in a state of health, subsists between the nervous and vascular system—a subject of paramount importance to the physician-accoucheur in treating females after difficult or exhausting parturition. I could adduce many instances of rigors followed by heat of skin and most intolerable pain in the head and increased sensibility to light and noise, flushed countenance, pulse soft, weak, giddiness and confusion, accompanied with palpitation of the heart, an uneasy feeling about the præcordia, and all the symptoms of irritation with that affection of the head which resembles Arachnitis; often symptoms indicating the most urgent danger of apoplexy, whereas the general appearance of the patient and the preceding history of the case indicated the reverse of plethora—a fact of great interest in reference to pathology of the nervous and vascular system, after repeated miscarriages or excessive losses of blood in general.

Besides, the conditions of the constitution of the patient, and the effects of remedies being the same, each disease possesses its own peculiar power or susceptibility in regard to the effects of the remedies administered, both immediate and remote. To trace those powers or susceptibilities of the system, and to apply the facts thus ascertained to the question of particular remedies in the treatment of a puerperal female, must be the principal object of our investigation, when the principle of the modern school of therapeutics is adopted. And it is not by inspiration that a practitioner must be guided in selecting proper remedies, and administering them in proper time and proper quantity. The diagnosis of the nature and the stage of the disease, viz., its accession, full development or disorganization of the parts affected, the degree of severity of the disease, the deterioration or failure of the powers of the general system, and a due estimation of susceptibilities of the patient—all must be taken into consideration; and only by our knowledge of the powers of nature, and by watching the effects of our remedies in every particular case, that our next step proves successful. In affections of the head for instance, and in all *inflammatory*

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affections there is great power; but in cases of *irritation*, and still more of exhaustion there is great susceptibility.

It would be encroaching upon the limits of this journal if I wished to enter minutely into the representation of the numerous states of the constitution into which a puerperal female is often thrown by accident, or in consequence of peculiarity of labour. I must only say, that in selecting remedies, we must consult Hahnemann's Materia Medica Pura. These various means administered, in correspondence with symptoms of the disease, we must conscientiously adhere to according to the recognised practical truth, which demands that the physician in employment of any specific mode of cure should observe a rigorous punctuality, even in things apparently the most trifling; and I must in conclusion add, that where a common practitioner is at a loss, or sometimes obliged to suspend his practice for some time from fear of spreading some virulent kind of puerperal fever, there an experienced accoucheur, who acts according to the principle "*Similia similibus curantur*," will stand firmly, and boldly oppose with his specifics all morbid changes, from whatever cause they might have resulted; and under all circumstances, and in all instances, in employing in the *post-partum* treatment, more or fewer of the various therapeutic and such other remedial measures, medicinal, dietetic, and regimenal, as the peculiarities of individual cases are in the practice of our profession constantly found to require, we ought ever to be stimulated by the consideration, that on the activity of our exertions are dependent, not only the present well-being, but the future safety and the health of the mother and her fondly-cherished infant.

To the young practitioner especially, the practice proposed, and the promptitude, perseverance, energy, steadiness and decision with which I recommend the perforation to be adopted, will, I believe, if fully apprehended, prove of great assistance; and if it preserve one from the bitter reflection which some have experienced, of having done too much or too little, I shall not esteem that my observations have been in vain.

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ON CHYLO-SEROUS URINE.

A COMMUNICATION

Read before the Annual Assembly of the British Homœopathic Society, on the 27th of August, 1846.

By Dr. PARTRIDGE.

HAVING recently treated a case of this rare disease, I am induced to bring it under the notice of the society.

The disease seldom occurs in a cold climate, perhaps only in persons who had latterly resided within the Tropics.

Chylo-Serous Urine is characterized by an appearance more or less white, and by undergoing a spontaneous coagulation; sometimes appearing like pure milk, or milk somewhat diluted, at other times the fluid is opalescent and turbid, giving, accordingly, to the coagulum the resemblance of Blancmange, or jelly; occasionally more solid portions, irregular in form, and having a red fringe, are to be found in the mass of the coagulum or fluid; and frequently there is a red turbid deposit. The urine is more opalescent after fasting, and more white after meals. There is much albuminous matter in both varieties; chiefly hydrated or incipient, in the chylous variety. The more solid portions consist of fibrin; and the red colouring matter of the coagulum and deposit is that of the blood. The specific gravity of the serum is from 1.010 to 1.020; in this case it was found to be 1.012. Urea, and the usual saline ingredients of healthy urine are present. In general the health is not so much impaired as might be expected. Slight febrile and gastric symptoms, with lumbar pains, attend the milder, loss of flesh and strength, with inordinate appetite, the more severe cases. In the latter cases the coagula, which form in the bladder, give rise to most painful efforts at micturition. Cachexy and dropsy may be an ultimate result. In the case of a young woman who died of enteritis while labour-

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ing under this complaint, the kidneys were found healthy on inspection by Dr. Prout.* The disease may be suspended during the presence of Synocha and severe Mercurial action.

Residence in a warm climate predisposes to the disease. Chills, intemperance, and abuse of mercury or other debilitating medicines, are exciting causes. An imperfection in the primary assimilating process, and an impaired function of the kidneys, apparently of a passive hemorrhage character, probably constitute the proximate cause.

The disease is said to prevail more among the residents of Barbadoes than of the other West India colonies; if this be true, may not the cause be traced to the presence of lime in the water of an island, the formation of the greater part of which is calcareous? The influence of this mineral on the digestive organs and kidneys is well known to Homœopaths. The prevalence in that island of chronic inflammation of the mucous membrane of the alimentary canal and its formidable sequelae, as also of hydrocele, both probably from the same cause, is notorious.

The case to which I have referred is that of a lady, Mrs. H., who left the island of Barbadoes in June, 1845, hoping, by change of climate, to regain her health, which had been greatly impaired by an inveterate asthma of five years' duration. She had been several times copiously blooded for bronchitis; her age is forty-six, and the catamenia have been habitually copious. She is emaciated, of dark sallow complexion, cheerful, mild, and of great nervous susceptibility; the last characteristic is especially shown by the great irritability and most lively sympathy of the organs supplied by the pneumo-gastric nerves, so that the slightest disturbance of one will invariably cause manifest disorder of the others. In the year 1832 she was for the first time affected by the disease which is the subject of this paper. The administration of Spirits of Turpentine was followed by very speedy change of the urine, but with simultaneous dyspnæa, febrile symptoms, and œdema of the legs, which made me apprehen-

* See the excellent work of Dr. Prout, on Stomach and Renal Diseases, fourth edition, for an interesting account of this affection, with valuable remarks.

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sive of acute hydrothorax as the result of so sudden a check of an evacuation, perhaps of an inflammatory character. This state of the chest was soon relieved by Digitalis. Although I was not at that period acquainted with the therapeutic law, I unconsciously administered remedies which were Homœopathic to the different states, although in unnecessarily large doses.

Had this illness any influence on the future affections of the chest which first appeared in 1838, when, after having become very stout, she was, for an attack of bronchitis and congestion of the lungs, most copiously blooded in accordance with the practice of the day? About twelve months after, being in the fifth month of pregnancy, there was a recurrence of the same state of the chest, and a repetition of the same treatment. The first seizure of a decided asthmatic character occurred in December, 1840, one month after her last accouchment, and in April, 1845, for an inflammatory affection of the chest, there was a copious abstraction of blood from the arm. From the commencement of 1833, to June 1845, this lady was not under my professional care.

The re-appearance of Chylo-Serous Urine took place in January this year. On the 21st she was exposed for several hours to cold and fatigue, while standing in St. James's-park, to witness a royal procession.

January 23rd.—Yesterday evening, after much pain in the lumbar and hypogastric regions, and many distressing efforts, fibrinous coagula were passed from the urethra. This morning the urine in the vessel was a gelatinous mass, tinged with blood; the legs ache; yesterday, and during the night, there was much cough.

Uva Ursi, gl. 1-6, in four spoonfuls of water, one to-day, and in the morning.

24th.—Urine white as milk; no coagulum or pain.

Uva Ursi night and morning.

25th.—Urine white and more limpid. Very sleepless last night, (medicinal action?) Last dose of Uva Ursi taken this morning.

After this the urine remained healthy for a fortnight,

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when there was a slight recurrence of the chylous character, which at once yielded to Uva Ursi.

On the 26th February, while the skin and kidneys were under the influence of Belladonna, which had been administered for asthma and bronchitis, the patient was again much exposed to cold and fatigue; the result was a recurrence of the chylo-serous urine in a more aggravated form. The disease continued for two months, being occasionally suspended or modified by the Uva Ursi, which was given in the form of the Mother-tincture or globules of the 6th attenuation. The action of this medicine was repeatedly interrupted by those which were required for the relief of bronchitis and asthma, that occurred with much severity during that period. At the end of April the urine being opalescent, became clear under the use of Stannum, which was indicated by the state of the bronchial tubes.

May 2nd.—Urine was opalescent this morning, but transparent since. There is sensation of tension at the epigastre, and swelling of the ankles.

3rd.—The urine opalescent, more so on boiling; not copious; epigastre and feet as yesterday; pulse feeble.

Digitalis, one drop of the Mother-tincture in eight spoonfuls of water. One to be taken night and morning.

8th.—Urine copious and clear; general amelioration. From that day to the present time there has been no recurrence of the chylo-serous urine, but occasional attacks of asthma and bronchitis.

The following circumstances suggested the trial of Uva Ursi in this case. My first acquaintance with this disease was in the year 1821, in the case of a lady in the island of Barbadoes. She had been married sixteen years, and had been subject to repeated abortions. Her general health was impaired, and the irritable state of the uterus seemed to be connected with the most distressing and painful dysuria, attendant on the presence and expulsion of the fibrinous coagula. I administered pills of Hyosciamus and Camphor, and the leaves of the Uva Ursi in powder, with speedy relief and ultimate cure. She carried the next child to the full period, and another afterwards.

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On my return to England, in 1833, I procured from Apothecaries' Hall some fresh powder of the leaves of the Uva Ursi, and sent it to Barbadoes to Mrs. H.'s husband, who is of the medical profession. He soon had an opportunity of administering the medicine with the happiest results, in the case of a lady on whom several physicians had unsuccessfully tried a variety of medicines.

The use of the Uva Ursi does not appear to great advantage on the last occasion of its administration in the case of Mrs. H. I think, however, that the action of the medicine was very much counteracted by the injurious influence of the pectoral and consequent gastric affections of that period, and yet more so by the medicines which were given for those maladies. I am persuaded from the therapeutic virtues of the Uva Ursi, as shown in the cases quoted, and from its tonic and diuretic properties, that it would be found, on trial, to have an action Homœopathic with the malady which is the subject of this notice. The same result would, no doubt, attend the proving of many once popular remedies, which, in consequence of the abuse of large doses, have fallen into disrepute.

Hahnemann, in quoting examples of Homœopathic cures performed unintentionally by physicians, states that "Scovolo, among many others, cured a case where the urinary discharge was puriform, by Arbutus Uva Ursi; which never could have been performed if this plant had not the property of exciting heat in the urinary passage, with a mucous discharge after passing water, as seen by Sauvages."

In the Allg. Hom. Zeit. is an observation by Dr. Fielitz, where Uva Ursi, 3, gt. i., was followed by the expulsion of a small calculus, and great relief to the patient.

In the Dictionnaire de Matière Médicale of Mérat and De Lens, we find the following particulars respecting the therapeutic use of the Arbutus Uva Ursi.

Towards the end of the seventeenth century the Montpelier physicians began to employ this plant in affections of the urinary passages. They attributed to it the power of soothing renal colic, of curing vesical catarrh, of causing a

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flow of urine, and expelling gravel; of dissipating prostatic enlargements, and even of dissolving stone in the bladder. Dehaën, in particular, recommends it for the last property, at least, for subduing the pain caused by stone. An infusion of the leaves is used in diarrhœa, dysentery, &c. The Edinburgh physicians have employed it in ulcerations of the kidneys.—*Edinburgh Medical and Surgical Journal. IV, p. 282.*

Dr. Alexander affirms that it is scarcely diuretic; and Wenlof, Acrel, and Fothergill deny its lithontriptic powers.

Dr. R. Bourne *(Cases of pulmonary consumption, treated with Uva Ursi,)* asserts he has cured sixteen phthisical patients with the powder of the leaves, in doses of 8, 12, 15, and 18 grains thrice a day, in milk.

Drs. Hamilton, Davie, and O. H. Mynster, speak highly of its virtues in this disease.

REVIEWS.

Hahnemannus seu de Homœopathia.—Naples, 1840.

Eight books of Latin hexameters in celebration of Hahnemann and his great discovery! Guancialus—to give his Latinized name, for we know not his familiar name, his lineage, or his history,—the writer of this book of verses, must be an enthusiast; and if, while he was engaged in his labour of love, he deceived himself into believing he was writing poetry, the pleasing deception served him as an exceeding great reward: for we fear neither immortals nor journals will consecrate him poet—from this achievement.

In most languages versifiers have written heroics on technical subjects: such themes *will not*, for the most part, be married to immortal verse. The want of success in such attempts is shown by the speedy oblivion of most of the egregious authors, by the fact that the names even of so few are preserved, and that only some half-dozen such books survive their writers.

In the Georgics of Virgil we have the concentration of what was done by the Greek writers in verse on the subjects of agriculture and husbandry, applied by him to the soil and agricultural practice

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of Italy: but of Virgil it has been said, that in his majestic measure he scattered about even dung with an air and a grace.

Manilius, a true poet, chose to write a poem on astronomy, which Bentley deigned to edit, in which there are beautiful passages, but which no one reads. His "fixed stars" are immovably fixed mid the dust of unvisited shelves; and himself, truly a fixed star, is set away so far in the distance that few admirers of his contemporary Virgil, know even his name.

Lucretius, though he be celebrated for his poem, "De Rerum Natura," is more known by extracts than from perusal. Yet how prodigally was he endowed with the "*vis vivida*" of the poet! If he could not win readers, or does not, by the splendour of his genius, or his exquisite episodes and illustrations, who shall succeed in the attempt to build a name by poetizing on technical subjects?

With regard to subjects strictly medical, Fracastorius contrived to write a poem in elegant verse, with some beautiful passages, on Syphilis! Who reads that? Garth lives by memory; and we only know that he wrote his "Dispensary," though the book itself is no doubt to be found in the British Museum. Armstrong's poem on Health is still bound up in the collections of poets: this, however, is seldom read, though it is divided into four books,—the first treating of air, the second of diet, the third of exercise, and the fourth of the passions: with the exception of the second book, this subject admitted of great variety, and of many episodes; Armstrong was also not without poetical genius; and yet he is obscure.

While, then, we honour our dear Guancialus for his earnestness of purpose, for his faithful attachment to Hahnemann and Hahnemann's discovery, and for his powers of application, we cannot hope for him that he has achieved the poet's immortality by this production of his muse. Yet, forasmuch as he has taken on himself this labour, it is right, so far as we can, to preserve the memory of his exploit by recording it in our pages, and giving a very brief analysis of his eight books of hexameters on this precious but most unpoetical subject of our "better way" of therapeutics.

In the first book Sophia (Wisdom) is introduced, revolving in her mind the happy progress of other arts and sciences, but much annoyed and disgusted that medicine still continued an uncertain art, of which the practitioners did more in behalf of the disease than of the patient. After taking counsel with herself, she summons Hermes, and gives him a commission to Germany, to find out Dr.

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Samuel Hahnemann, and play him a practical trick, which was to burn his hand, and then with the torch taken from the citadel of the heavens to heal the burn by approaching the flame to it. Fame spreads abroad the rumour of something wonderful to be done for the overthrow of the successors of Hippocrates: the medical men are much dismayed at the prospect of this "heavy blow and great discouragement." Hermes deftly executes his commission; Hahnemann is astonied at the vision, at the wound, and healing of it, and blurts out, and meditates on, *simile*. While yet in his perplexity, Sophia pays him a visit, and benignantly gives him some instruction on the subject of his new light, and encourages him by the examples of Harvey, Jenner, Newton, Franklin, and Flavius Gioja.

In the second book Hahnemann comes to Sophia's temple, (not St. Sophia's at Constantinople,) takes a review of different systems and theories of the old and numerous tribes of philosophers and physicians, and investigates the inventions or discoveries of renowned men, among other things the Brunonian system and animal magnetism; at last Hygeia reveals herself in her own proper shape to him, when he reverently adores her.

The said Hygeia in the third book unfolds more and more of the "*Similia Similibus*" principle to her loved and most loving disciple; discourses to him especially about psora, and suggests the method of curing chronic diseases; bids him make experiments on medicinal substances, and collect their special effects and virtues; and forenames some of his most distinguished fellow-labourers to encourage him, whereupon Samuel, greatly delighted, sets about the task assigned to him.

In the fourth book we have the promulgation of the new doctrine; the rage of ignorance, the furious outcry of bigotry; the hatred, malice, and uncharitableness, from which the opponents of Hahnemann *were not* delivered; the Leipsic rejection of the sage, and his reception by Prince Ferdinand of Anhalt-Cöthen.

In the fifth book compliments are interchanged between the prince and the doctor: Hahnemann and his disciples proceed energetically to the proving of medicines; Aconite and its symptoms; Arnica, Camphor, and Cantharides: the prince gets ill; Hahnemann gets him well, and receives a good fee.

In the sixth book, Ignatia, Pulsatilla, and Veratrum, are married to mortal verse: Hahnemann has another royal patient, who suffers nearly to the death from medicinal aggravation, but happily

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is cured—very quickly. Hygeia again pays a visit to Hahnemann to give him another lesson. In chronic diseases very small doses must be given.

The seventh book is devoted to Russia, and the benign Czar; the birth and parentage of Cholera; the progress of Homœopathy in France and Italy; and the eighth book tells how Homœopathy was introduced into England and North America; the progress of the Cholera, and the success of Homœopathy in the treatment of that disease. Sophia spreads abroad the doctrine, and by her advice Hahnemann, who has been marvellously happy in curing his thousands, goes to Paris, where he triumphs.

This is the outline of the eight books of hexameters, written by Guancialus to commemorate Hahnemann. The book is a curiosity in itself; the attempt was odd, the execution is more odd still. The author is undoubtedly well-read and learned, but he is no poet, and if he had been a poet, he took an intractable theme, and chose the language of all others most unfit for a metrical exposition of a technical subject. Throughout these pages we have found no poetical passage; the Latin is not always pure, nor the quantities always exact. There is an attempt at machinery, which reminds one of the barn where three or four rustics represent the contending armies of Shakspeare's plays. In short, we have nothing to commend in this performance but the good intention, and the patient labour that might have been so much more profitably applied to a wiser purpose with a happier issue.

It is but fair to the author to give a few passages: this is what he says of Arnica:—

> "Arnica tum cœpit vitales edere motus,
> Incipit et subito sub pectore maxima cordis
> Actio, perque genas lachrymæ labuntur obortœ,
> Ructibus et crebris vocis via septa coibat.
> It tumor in nasum lacerans, alvumque tenesmus
> Stringit et occultum permanat frigus ad ossa;
> Sed morbi interpres manabat lingua saliva.
> Inde ubi per pectus meat Arnica concita motu
> Vitali, vis illa cito distracta per artus
> Incaluit prorsum, et pulmonem tussis anhela
> Tune affians refugam prohibet singultibus auram:
> Concutit et dentes, impletque sonoribus aures,
> Et caput inficiens vertigine ubique fatigat.
> Tum vero ut molles fibras nervosque requirit,
> Turbat agens animos inter deliria multa."—Lib. v.

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As children are supposed to remember historical incidents better from learning them in a versified form, if our Guancialus would versify the Materia Medica we might see a learned Theban presiding over a class of bearded men, and inviting the profession to come and hear his pupils recite, with suitable accent and gestures, the pathogenesy of his favourite remedies in sonorous hexameters.

Thus he describes the introduction of Homœopathy into the New World :—

> " Nec minus ulterius longe Sophia acta triumphos
> Quærit in Orbe Novo nondum lustrata peragrans
> Sidera ; vique animos complens et lumine sacro
> Ingenia informans Medicos accendit ad artem.
> Atque Americanas tranans sublapsa per urbes
> Advenit ipsa tuas tandem, Philadelphia, sedes.
> Et secum accedens studiis cultissimus Hering
> Incipit hic series ab origine pandere rerum,
> Et nudare suas artes, et dogmata passim.
> Sed quoque Serpentum mordentia pocula sumpsit
> Multa senex, viresque notans, actusque minutim
> Edocet in morbis doses iterare frequentes,
> Et multos socios huic arti accedere suadet."—Lib. viii.

We can imagine our friend, Dr. Hering, amid the stripes and stars Guancialus had in his eye, quaffing soberly, after his pipe, goblet after goblet of liquified serpents, and trying to persuade others to follow his good example ! We guess, however, that the *majority* decreed that sherry cobbler was a more enticing tipple.

We render freely our author's account of the introduction of Homœopathy into England :—

> " By Wisdom led, and by Hygeia's heat,
> The good Italian came to London town ;
> Where, with great joy and suasive eloquence,
> He tempts the doctors to his healing ways.
> There Curie shows his skill ; and earnest Quin,
> By the same laws of healing, wins renown.
> They teach in concert, symptoms how to mark,
> And how expel, until the Vital Power
> In equal scales poises the established health.
> They teach the organic forces how to move,
> And how to vary, with exactest rules,
> Dynamic powers ; and how the law of *like*,
> And Nature, both require minutest dose ;
> And how strict diet is most needful thing
> For the true action of a medicine.

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Thus they expound their system, and, elate
With high renown, revolve Germanic lore.
Enticed by novelty, with ears attent,
Young men around them crowd, receive *the law*,
And by experience learn the law is true,—
Converts in sure stability confirmed."—Lib. viii.

The good Italian, Belluomini, has now betaken himself to his own Hesperian clime, but must have stared (if this book has fallen in his way) at finding what a sensation he had created among the students of Guy's and Bartholomew's, of King's College and University College. May he yet number many days, and on every one of his days

" May good digestion wait on appetite,
And health on both ! "

We close our quotations from these hexameters with a version of one of the most animated passages, in which the sage of fourscore is transformed into a youth of twenty :—

" Her priest to pure Sophia's temple hies
And prays, whereon she springs forth from the skies;
The temple trembles, on the left loud thunder
Peals, and the gods are struck with joy and wonder.
By him observed, unseen by eyes profane,
The goddess spake, and this her loving strain :—
' Happy are ye, men of prophetic mind,
Who at my fountains light of knowledge find,
All joined in happy concert: happiest thou,
My Samuel ! thine every wish and vow
Accomplished ; faith is kept: thy task is done;
Honour comes after toil; the goal is won.
In the far East, and where with shoulders raised
High Atlas up-props Earth, thy name is praised,
Thy system known ; the hosts of doctors shaken,
Astonished, now are with the new light taken.
Thee, prime of men, a hundred tribes have crowned,
And with thy praise a hundred shores resound.
Now famous Paris asks thy presence ; go,
And from thy lips let streams of wisdom flow;
Expound the healing law ; go without fear,
Where'er thou art I ever will be near.
Go, help the people and their pains assuage,
And there thou shall attain to Nestor's age.'
She said, and disappeared; as with a spell,
The weight of years from honoured Hahnemann fell,
And by *magnetic virtue* young again,
He was in youth's first flush, a blooming swain."

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This is a suitable place to quote from Dr. Norton's Translation of "Von Brunnow's Glance at Hahnemann and Homœopathy," the historical account of Hahnemann's removal to Paris :—

"The mention of Paris reminds me of the last memorable epoch in Hahnemann's life. Among the many foreign patients who visited the founder of Homœopathy at Köthen, an amiable French lady, of great talents, appeared there in 1835. Her name was Melanie d'Hervilly, and she was still under forty years of age. She had been treated in vain by many celebrated physicians, but Hahnemann was fortunate enough to cure her. This interesting lady, in gratitude for her recovery, became so attached to the octogenarian disciple of Esculapius, who had been a widower for some years, as to give him her beautiful and life-fresh hand. She soon persuaded him to remove to Paris."

From this extract we conclude, that Guancialus designed in the passage we have translated, an elegant and subtle compliment to the fair Melanie, by whose magnetic influence, and by the touch of whose life-fresh hand Hahnemann was kept, to the last, young in heart, if not in years, and for this reason we will allow him, if he pleases, to think himself a poet after all.

In conclusion, and in all loyalty, we venture to extemporize, in honour of this Good Genius of Hahnemann, a

SONNET TO MELANIE.

Sophie, or Melanie! we hymn thy praise;
For by the touches of thy life-fresh hand,
And the diviner skill, at thy command,
Of mental graces, the Nestorian days
Of our great Founder, without mist or haze,
Clos'd gloriously, amid a faithful band
Of true disciples, come from many a land
To look upon the sage with reverent gaze.

Our Hahnemann found his happiness with thee:
From the dear converse of thy genial mind
His spirit was sooth'd into sweet harmony:
Thy gentle tenderness and thoughts refin'd
His evening than his noon made happier be:
Such help-meet had the Pæan of mankind.

On German Homœopathic Manuals.

The want of good guides for Homœopathic treatment in the English language has compelled many of the disciples of Hahnemann to acquire the German language, for the purpose of availing themselves of the labours of our German brethren, and making use of those treasures which their industry and zeal have accumulated. When we consider that, with the exception of a very indifferent

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translation of "Jahr's Manual," there is actually no Homœopathic Materia Medica and no Repertorium or systematical arrangement of the pathogenetic symptoms of our remedies in English, we shall cease to wonder at the zeal with which almost all the new adherents of Homœopathy pursue the study of the German language, without which the valuable works of the great Master and of his disciples would be to them, as yet, a dead letter; for, although such as are familiar with the French language may avail themselves of the French translations of the works of Hahnemann and of some of his disciples, yet it is not to be denied that in many of these works the meaning of the authors has been often misapprehended, and since their publication new and enlarged editions of the original works have appeared in Germany.

We propose, in the following pages, to give a brief analysis of the principal German manuals which have hitherto appeared,—whereby we believe we shall render an essential service to the beginner who has at present no means of knowing the plan or merits of the various works which he sees advertised, and, if left unaided and unadvised, is apt to find his patience tried and his money misspent, if, judging merely from the title, he order the book which he may discover, when too late, is useless or antiquated. We shall, accordingly, endeavour to give a succinct account and just estimate of the value of the chief of those numerous manuals which have issued from the German press. For the sake of convenience, we shall arrange them into four classes :—

I. Materia Medicas, or such as contain the pathogenesy of medicines, the symptoms of each medicine being arranged according to a definite order, *per se*, but without reference to those of any other medicine. Of these, some give the symptoms as reported by the provers; in others, the symptoms are more or less condensed.

II. Systematic Expositions, as they are termed, in which all the symptoms afforded by medicines that had been proved up to the time of the publication of these works, or of particular classes of remedies, are given in detail and arranged in some extremely artificial form, for the purpose of aiding the practitioner in his researches for the appropriate remedy.

III. Repertories, which give an abstract of the larger Materia Medicas, the symptoms not being given in detail, but their chief characteristics, locality, and conditions arranged so as to facilitate reference.

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IV. Tables of the symptoms of some medicines, having reference to certain affections, or to peculiar circumstances connected with these symptoms.

I.—1. HAHNEMANN'S *Reine Arzneimittellehre and Chronische Krankheiten.* (HAHNEMANN'S Pure Materia Medica and Chronic Diseases.)—The fruits of the indefatigable toil, the deep research, the heroic sufferings, and undaunted resolution of Hahnemann and his first disciples, the eleven volumes of the Pure Materia Medica and Chronic Diseases—faithful records of the symptoms produced on their own persons, or found by them in the works of authors who had recorded the effects they had observed from poisoning, by various medicines, these invaluable relics of our illustrious Master, written, "not for his age, but for all times" should grace the library of every zealous disciple. Not only must we admire the accuracy and minuteness with which the symptoms of the various medicines are recorded, wherein they immeasurably eclipse the later provings of younger Homœopathists; but we must ever set a high value on the practical remarks interspersed through these volumes. We need, however, say no more with respect to those precious documents which must be possessed by all who would acquire a knowledge of our medicines abstractedly, at the fountain head, and are not content with knowing them relatively to particular morbid conditions, a knowledge that may be acquired from repertories, but will only enable them to practice Homœopathy, as it were, from hand to mouth.

2. HARTLAUB *und* TRINKS. *Reine Arzneimittellehre.* (Pure Materia Medica.)—This work contains provings of many medicines much used, and is indispensable for a practitioner who wishes to be able to refer to the original source of all the information to be obtained of the medicines he uses.

3. STAPF. *Beiträge zur reinen Arzneimittellehre.* (Contributions to the Pure Materia Medica.)—This is a collection of the provings of the various medicines which have appeared in the first fifteen volumes of the Archiv. To those who have not the original work, this is highly useful. It contains the provings of many very important medicines, which have been very indifferently abridged in the manuals.

4. *Heraclides.*—The first part contains the admirable proving of Nux Moschata, by Dr. HELBIG.

5. *Journal für Homöopathische Arzneimittellehre.* (Journal for Homœopathic Materia Medica. Only two parts published.)—These

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contain the provings of Berberis, by Hesse, and Sulphate of Quinine, by Noack, both very well done, and the latter especially, exhibiting a degree of research that exhausts the subject.

Most of the Homœopathic journals in the German, French, and English languages contain occasionally the provings of new medicines, but as these are periodical works still in the course of publication, and in the hands of most of our readers, they do not fall to be noticed here.

In these works the symptoms are given unabridged, and, in many cases, in the very words of the provers, and generally followed by their initials: in the two that follow there is some condensation of the symptoms attempted, and repetition is thereby avoided.

4. Noack *und* Trinks. *Handbuch der Homöopathischen Arzneimittellehre.* Leipzic, Schumann, 1843-6, two vols. 8vo. (Manual of Homœopathic Materia Medica.)—This is an extremely important and useful work. It contains the provings of all medicines which have appeared up to the date of its publication, slightly abridged it is true, but only so as to avoid repetition, without omitting any characteristic symptom. The symptoms are for the sake of ready reference, arranged under certain anatomical and physiological heads, as follows:—General Sensations, Skin, Glands, Sleep, Fever, Psychical affections; (1, Exaltation; 2, Depression; 3, Mixture of Exaltation and Depression.)* Head, (1, Internal; 2, External.) Eyes, Ears, Nose, Face, (including expression,) Teeth and Gums, Mouth and Tongue, Fauces and Æsophagus, Appetite, Stomach, Abdomen, Stools, Anus, and Rectum, Urinary system, Genitals, (1, Male; 2, Female;) Nasal mucous membrane, Larynx. Chest, (1, External; 2, Lungs and Pleura; 3, Heart;) Back, Superior Extremities, Inferior Extremities.

Preceding each medicine are the synonyms of the substance, its particular chemical composition, and references to the various works where an account of it is given. After each medicine is a short account of the morbid appearances observed on the bodies of

* These, again, are subdivided by the authors into Exaltation, Depression, &c.: A, of the Disposition (Gemüth); B, of the Mind (Geist); C, of the Will; but to us it appears that the authors themselves are not very clear about what symptoms properly come under these sub-classes. Thus we observe in Belladonna, under the head of "Exaltation of the Disposition," irritability of the senses, fits of laughter, screaming, and shouting, which are repeated under "Exaltation of the Mind," and many similar proofs of the inexpediency of this classification occur throughout the work.

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men and inferior animals poisoned by it; then follow the clinical observations respecting it in both the old and new schools; thereafter, its antidotes, the remedies allied to it in point of pathogenetic action, the duration of its action, and the dose in which it should be administered.

With respect to the two last points, we cannot approve of the manner in which they are treated; thus, larger doses of the medicine are invariably stated to have a longer action than smaller ones, whereas we know that, in many instances, the reverse is the case, and the dose prescribed is often much too large, or the dilution or trituration much too low; thus we are told that the duration of the action of carbo animalis in small doses is from twelve to twenty-four hours, and the dose recommended is from one to two grains of the first or second trituration once or twice a day, and a similar scale of doses is enjoined for almost all other medicines. To those familiar with the long duration of the action, and the excellent effects of the high dilutions, these doses must appear enormous, and the duration of action attributed to the medicines extremely short and contrary to all experience. But we notice some gross inconsistencies in these very statements; thus, the action of large doses of carbo animalis is stated to be several weeks, that of small doses from twelve to twenty-four hours, and yet the dose recommended is, as we have stated, from one to two grains of the first or second trituration, which is certainly the largest dose that can possibly be given by a Homœopathist, the crude substance, be it observed, having no action; yet, although the authors tell us the action of large doses continues for several weeks, they say this dose should be given once or twice a day, showing an entire neglect of the rule so strongly expressed by Hahnemann, to wait until the action of the first dose is exhausted before administering a second.

These, however, are but minor defects in the work, which, as far as it has appeared, meets with our warmest approbation, and we would recommend it to be procured by all Homœopathic practitioners conversant with the German language. The work is not yet completed, *Staphysagria* terminating the last number which has appeared. We miss Hering's valuable proving of *Lachesis*, but as it is frequently referred to in the course of the work, we suppose it will be given subsequently, probably under the letter T, *Trigonocephalus Lachesis* being the technical name of the viper from which the substance is procured.

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5. *Ausführlicher Symptomen-Kodex der Homöopathischen Arzneimittellehre, von Dr.* G. H. G. JAHR. Two Parts. Düsseldorf, 1845. (Complete Exposition of the Symptoms of the Homœopathic Materia Medica, by Dr. JAHR.)—This is something more than a new edition of Jahr's Manual. The symptoms are given in more detail, the work is enriched by the addition of many more remedies, many new symptoms derived from clinical use are recorded, and the whole work is a proof of the untiring labour of its zealous author. Although the symptoms obtained *ab usu in morbis* are distinguished by particular signs, yet we cannot altogether approve of their being introduced into the text at all, as any advantage they may be presumed to possess will not compensate for the obstacles they oppose to the study of the pure pathogenetic effects of the remedies. It had been far better to have given them in the form of notes to the text, or as in the preceding work, kept them distinct from the medicine, under the head of "Clinical Observations." A repertory is to follow this work, similar in plan to that with which we are already familiar, but, of course, much more extensive. An English translation is being published by Mr. Bailliere, of Regent-street.

II.—1. *Systematische Darstellung der antipsorischen Arzneimittel, von Dr.* GEORG ADOLPH WEBER. Brunswick, 1830. (Systematic Exposition of the Antipsoric Remedies, by Dr. WEBER.)—This work is necessarily imperfect, it gives us a systematic arrangement of the symptoms of the medicines contained in Hahnemann's Chronic Diseases alone, but only of those which had appeared up to 1830; subsequently, however, a supplementary volume was published, containing the antipsoric medicines which had been given to the world during the following year, but still it is highly inconvenient, having different medicines in separate volumes for a work of reference, and the distinction between antipsoric and apsoric medicines is not so well marked as to admit of their being thus separated. Moreover, the work we allude to is incomplete, as it was published before the termination of Hahnemann's chronic diseases; it was, indeed, entirely superseded by a work published in the following year by the same author, entitled

2. *Systematische Darstellung der reinen Arzneiwirkungen, von Dr.* G. A. WEBER. Brunswick, 1831. (Systematic Exposition of the Pure Effects of Remedies, by Dr. WEBER.)—In this large work of 1193 pages, we have the symptoms as they stand in the

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actual provings arranged in a very simple and practical manner. For the purpose of exhibiting the minuteness with which the different varieties of a particular symptom are classified, we may take the first on the list—*Vertigo: a*, vertigo in general, and accompanied by other affections; *b*, vertigo as if the head turned round, as if the objects were whirling; *c*, vertigo with dimness of vision and obscurity before the eyes; *d*, vertigo with sinking of the head to one side, forwards or backwards; *e*, vertigo causing falling; *f*, vertigo causing falling forwards; *g*, vertigo causing falling sideways; *h*, vertigo causing falling backwards; *i*, vertigo causing falling in all directions; *k*, vertigo on stooping or bowing the head; *l*, peculiar kinds of vertigo. Under each of these heads are arranged the symptoms of the various medicines, and thus we may see in a moment whether any particular symptom we meet with in our examination of a patient have its parallel in any medicine. At the period of its publication, (1831,) this work must have been extremely valuable; but since its appearance, our Materia Medica has been so enriched by the addition of new remedies, that it is now almost antiquated. There is an objection to the arrangement, which, we think, rather detracts from its utility, viz., the medicines are not arranged in alphabetical order, which should certainly have been strictly preserved in a work of this nature. We need not, however, dwell on these points, as it is no longer necessary for the practitioner to use this work, that which follows on our list being superior to it in every respect. To the French scholar we may, however, mention, that an excellent translation of it has been published by Dr. Peschier, of Geneva, the talented editor of the *Bibliothèque Homœopathique de Genève*. The following prefatory remarks to the work by Hahnemann, we think worth presenting to the reader; they are extremely characteristic, and it is not likely that our readers will meet with them any where else:—

"Allopathy has still to inform us how we are to recognise a disease, and distinguish one case of disease from another, if not by the diagnostic signs, that is, by the symptoms of each particular case. For we are not to have it crammed down our throats now-a-days that this may be done merely by what is called the experienced glance of the practical man.

"And if it can only be done by attention to the peculiar symptoms of each case of disease, then we may ask, how is the appropriate remedy to be chosen?—is it by mere chance, or a shrewd guess, that this or that drug may perhaps be capable of curing such and such a state, no knowledge or even concern being deemed requisite as to whether the substance corresponds curatively to the totality of the symptoms of the disease in question?

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"And if physicians, who, as they themselves avow, care nothing for such knowledge, were hitherto guided by chance or guess in the selection of remedies for their patients, without knowing whether the prescribed remedy corresponded curatively to the totality of the symptoms of the disease, how could they give out that such practice on the unfortunate patient was an art, not to say a *rational scientific mode of treatment?* it must have been so understood κατ' ἀντίφρασιν, like *lucus a non lucendo!*

"Or should they, as usual, attempt to impose on our credulity by saying that they knew from experience that this or that medicine removed the *causa morbi*, and that they consequently acted in the most rational manner in which physicians could,—they cured namely the cause,—the recent discovery of the only true original sources of all chronic diseases, in the three chronic miasms, and chiefly in psora, the most frequent of all the sources of chronic diseases, renders it as clear as day, that the assertion of Allopathists 'that they have always effected causal cures,' is nothing but an idle boast; for, from the remotest antiquity until the present day, this latter only true cause of the vast preponderance of chronic diseases, psora, has remained concealed, and has but recently been discovered by Homœopathy. How could they have effected cures of causes, without ever having dreamt of this, to them, always hidden cause of innumerable (nay, if we except the few arising from syphilis and sycosis, of all) chronic diseases?

"The truth is, they imagined causes for the diseases they treated, and imagined their remedies to be possessed of the power of removing these imaginary causes. The unfortunate result of all their treatment of chronic diseases arising from this great source, is a striking confirmation of what we have stated.

"Is it, however, true that for the cure of a disease, a knowledge, a most intimate knowledge of the remedy, as to its correspondence in a curative point of view to the totality of the symptoms, is necessary and indispensable for the proper treatment of the patient, as no reasonable person will deny, and as the Allopathist himself must confess, if he will not palpably deceive his patient; then it is easy to perceive that an indefatigable proving of each remedy, as to its particular power of altering the state of a healthy individual, must be obtained before presuming to administer it in diseases of the human organism which is so easily deranged.

"If in the civilized world the fortunate man meets with esteem and consideration, how much more should the humane heart beat with commiseration for the unfortunate, and how much more zealous should we be for the deliverance of the miserable being who has lost even a portion of that most valuable of all earthly treasures—health!

"What a reprobate course is that to pursue, when called to the aid of a sick person, to make him still worse in consequence of some absurd preconceived notions, and, without caring about the selection of the proper remedy, to rob him of the remainder of his health, of his life itself, with inappropriate, consequently injurious, drugs.

"The present age, with its evident tendency to increasing sympathy and warm philanthropy, (the greatest of virtues,) will certainly not submit longer to this lavish and hard-hearted waste of human life,—and hence it will know how to appreciate the divine revelation of the pure actions of remedies which Homœo-

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pathy has given to the world, a knowledge of which is indispensable to the true physician, to enable him to restore (when lost) that most precious of all earthly possessions, health, and so to raise himself to rank among the greatest benefactors of humanity.

"Ten years since, the philanthropic physician complained that this knowledge was still insufficient, and that many diseases consequently remained incurable. No wonder! for before Homœopathy existed the many thousands that bore the name of physicians, cared for nothing but the name of the medicine, and what properties this or that authority had imagined it possessed of. But now this knowledge—thanks to the Great Ruler of our destinies!—has so increased, that we are forced to wish for some systematic arrangement to facilitate our inspection of its great extent, &c.

Coethen, 13th October, 1830."

3. ***Systematische Darstellung aller bis jetzt gekannten Homöopathischen Arzneien, von Dr.*** E. F. RÜCKERT. (Systematic Exposition of all the Homœopathic Remedies, by Dr. RÜCKERT. Leipzig, 1835.)—In its general arrangement this work resembles the preceding, except that the medicines are enumerated in a strictly alphabetical order, and each symptom is kept quite distinct from the rest by being printed on a separate line, which is not the case in Dr. Weber's work. The more recent date of its publication has enabled the author to enrich it with many more medicines than are to be found in the preceding work, and its large size, (two volumes, of pp. 826 and 752 respectively,) and the closeness of the print, are a proof of the extent and completeness of the work, and the laudable zeal of its author. The subdivision of the symptoms is still more minute in many instances than in the work of Dr. Weber, which may be seen by a comparison of the following classification of vertigo with that we have extracted from the latter author:—*a*, Vertigo in general; *b*, vertigo with accessory symptoms; *c*, vertigo on rising from the stooping posture; *d*, vertigo on rising from a chair or from bed; *e*, vertigo on stooping; *f*, vertigo before, during, and after eating; *g*, vertigo causing falling backwards; *h*, vertigo causing falling sideways; *i*, vertigo causing falling forwards; *k*, vertigo in the open air; *l*, vertigo whilst walking; *m*, vertigo whilst, or on, lying down; *n*, vertigo on thinking or speaking; *o*, vertigo whilst ascending; *p*, vertigo on looking at any thing, and on reading; *q*, vertigo whilst sitting; *r*, vertigo whilst standing; *s*, vertigo in the room; *t*, vertigo in the evening; *u*, vertigo in the morning and forenoon; *v*, vertigo in the afternoon; *w*, vertigo at night; *x*, vertigo ceases or is ameliorated; *y*, vertigo aggravated. This is undoubtedly the best work of its kind which has yet been published, and should be

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procured by all who understand the German language sufficiently to enable them to make use of it. As, however, it is now some ten years since this edition of it was published, we would strongly recommend those who purchase it to make their bookbinder interleave it, to enable them to add all those remedies which have been proved since its publication, or which may be hereafter added to our Materia Medica. They will thereby possess a perfect and invaluable work, and their knowledge of new remedies will be greatly increased by a labour of this sort. We must, however, guard against the reception as genuine of the following remedies, whose symptoms have been incorporated in this work,—Actæa spicata, Alkekenghi, Aquilegia, Atriplex olida, Cahinca, Chenopodium, Nigella sativa, Solanum vesicatorium. These are Dr. Fickel's contributions to the Materia Medica, and their purity is more than doubtful.

III.—1. *Systematisch-Alphabetisches Repertorium der Homöopathischen Arzneien, von Dr.* C. Von Bönninghausen. Münster, 1835. 1 *Thl., die Antipsorische Arzneien; 2 Thl., die nicht-Antipsorische Arzneien.* (Alphabetically-arranged Repertory of the Homœopathic Remedies, by Dr. Von Bönninghausen. Part I, The Antipsoric Remedies; Part II, The Not-antipsoric Remedies.) —This is a valuable and practical work, eminently useful to the practitioner, and which none should be without. We have but one objection to its arrangement, and that is the division of the work into two parts, nominally antipsoric and not-antipsoric medicines, and yet among the seventy-three medicines, of which the latter division consists, we have twenty-nine whose antipsoric virtues are generally admitted, and there are but few of the others which have not been found serviceable in chronic or psoric diseases. This is sufficient proof of the uselessness or rather disadvantage of any separation of the two sets of medicines in a manual of this kind, the only effect of which is to double the labour of the practitioner, who has generally to select the remedy most indicated, independently of any such classification. The general arrangement, which is the same in both parts, is as follows:—A list of the medicines arranged alphabetically, their synonyms, the works in which their provings are published, the number of their symptoms, the supposed duration of their action, and their antidotes. The symptoms are thus arranged:—Organ or part affected; 1, particular character of the symptoms; 2, particular situation in that organ, (if this can be determined;) 3, period of the day when the symptoms appear or

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are most severe; 4, exciting or aggravating, and, 5, ameliorating circumstances; 6, concomitant symptoms. Each of these heads has numerous subdivisions, and under these the names, merely, of the remedies are given. By means of different characters of print, the medicines are divided into five different classes:—1, those in which the symptom in question is doubtful; 2, those in which there is no dubiety about the genuineness of the symptom, but which is nevertheless not strongly marked; 3, those in the pathogenesis of which the symptom is strongly marked; 4, those in which the symptom has been corroborated by clinical observation; 5, those in which clinical observation has *repeatedly* confirmed the symptom. The first part is preceded by a few observations by Hahnemann on the repetition of the dose, of a less recent date, however, than those contained in the last edition of his Chronic Diseases. The object of a work like this is not to supplant the Materia Medica, but to facilitate the research of the practitioner, by showing him, at a glance, all the remedies in whose pathogenesis such and such symptoms occur, for the further details of which he will, however, have to refer to the Materia Medica. In its arrangement and completeness this work is much superior to the English translation of Jahr's Manual, with which our readers are no doubt familiar.

2. The second part of Jahr's Symptomen-Kodex, to which we have already referred, comes under this division of German manuals. It is similar in arrangement to the second volume of the English translation, but much more extensive. The publication is not yet finished.

3. *Der Homöopathische Rathgeber, von* Wrelen. Leipzic, 1836, 8vo. (The Homœopathic Adviser.)—This is simply the arrangement of the symptoms in alphabetical order, like a dictionary. The author is not a medical man. It may be sometimes useful, by enabling us to find the appropriate medicine for a symptom to which we have no clue in the conditions or locality.

4. *Handbuch der specifischen Heilmittellehre, von* Dr. Sincerus, junior. (Manual of specific Materia Medica.)—We notice this work to warn our readers against it, as it is quite useless.

IV.—1. *Tabellen für die Practische Medicin, &c., von* Dr. C. G. C. Hartlaub. Leipzig, 1829. (Tables for Practical Medicine, by Dr. Hartlaub.)—This large folio work contains forty tabular views of various general affections, as they are represented in the pathogenesis of the various remedies. The affections here described

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are headach, pains and inflammation of the eye, earach, faceach, toothach, inflammation of throat, pains of limbs, and fever. The arrangement is as follows:—Name of the disease; name of the medicine; symptoms of the disease, as shown in the pathogenesis of that medicine, including exact kind and seat of the pains or sensations; concomitant symptoms; most frequent period of attack; period of remission; exciting causes; aggravating and ameliorating circumstances; dose; a reference to other remedies presenting similar symptoms.

The idea and execution of this work are excellent, and it is to be regretted that the author has confined his labours to the few diseases enumerated above, which form so small an item in the "thousand ills that flesh is heir to," and hence we cannot recommend this as a book of general reference; though for the particular affections in question it is extremely valuable and complete.

2. *Beitraege zur Kenntniss, &c., von* Dr. Bönninghausen, Münster, 1831. (Contributions to the Knowledge of the Peculiar Action of Remedies in certain Conditions, &c.)—In this work the reader is presented with a *coup d'œil* of the various Homœopathic remedies, as regards the aggravation and amelioration of their symptoms according to the time of day and other conditions, and the moral affections they give rise to. With respect to the usefulness of these tables, there can be but one opinion, as they will serve in many cases to save much time and trouble to the practitioner engaged in active practice.

3. *Die Wirkungen Homöopathischer Arzneien unter gewissen Bedingungen tabellarisch dargestellt, von Dr.* E. Rückert. Leipzig, Schumann, 8vo. (Tabular Exposition of the action of Homœopathic medicines under certain conditions, by Dr. E. Rückert.)—In this work the symptoms are arranged in reference to the conditions in which they arise, are aggravated, ameliorated, or removed. For example, under the head of "Stooping," are arranged all the symptoms produced by that motion; and under these are put in alphabetical order, the medicines which have such conditional symptoms in their pathogenesis. This work may often prove useful, for every Homœopathic practitioner is aware that the conditions under which a symptom takes place, is often the only ground of discrimination in the choice of a remedy.

In the above analysis of German Homœopathic manuals, we are perfectly aware that we have not enumerated all that have actually been published; but we have, we believe, presented our readers

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with a careful estimation of such as will be found most serviceable, from their excellent arrangement or conciseness. Some we have refrained from noticing, because, from the length of time that has elapsed since their publication, they are necessarily incomplete, and it had been as useless to enter into details respecting them as it would to have analyzed, separately, the various editions of those works we have spoken of: others we have omitted from our list because they refer to particular diseases, as those of the teeth, the skin, &c., and are, hence, not applicable to the purposes of general reference. We have, likewise, abstained from mentioning works wherein the principles of Homœopathy and the records of the provings of the remedies are illustrated in practice, or treatises on the treatment of any disease or class of diseases: on a future occasion we may perhaps revert to this subject. Such works are very secondary in importance to those under our present consideration, and none can excel in practice whose knowledge of Homœopathic treatment is derived from such sources alone. A careful and minute study of the action of medicines, as detailed in the Materia Medica, is the only sure basis of Homœopathic practice; to this every thing is subservient, and it should never be forgotten that the main object of the numerous expositions, repertories, and tabular views is to diminish our labour by pointing out to us what medicines we are to compare with individual cases of disease. Were our knowledge of the pathogenesis of all medicines perfect there would be no use for such works; but the difficulties of acquiring such a perfect knowledge are so great, owing to the impossibility of forming any philosophical systematic arrangement of the symptoms, (which must, consequently, be learned almost by rote,) that none are able in practice to dispense entirely with them; and even Hahnemann himself not only recommends them, but availed himself constantly of them in practice; latterly, we believe, he preferred the work of Rückert, of which we have given a description above.

In conclusion, to avoid obscurity, we shall briefly recapitulate those manuals of Homœopathic remedies which all who are familiar with German and would perfect themselves in the Homœopathic method, ought to possess: "Hahnemann's Materia Medica" and "Chronic Diseases," "Stapf's Contributions," if they have not the "Archiv," "Noack and Trinks' Materia Medica," or else the last German edition of Jahr's work,* we prefer the former, as being more useful in practice. Weber's or Rückert's "Systematic

* The forthcoming English translation will render this superfluous.

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Exposition," the latter is decidedly the best; "Bönninghausen's Repertorium." Of minor importance are "Bönninghausen's Tabular Arrangement," &c., and "Hartlaub's Tables." The other works we have alluded to, either do not fulfil the purpose for which they were designed, or are superseded by those we have recommended.

NOTICES OF BOOKS.

The Brain and its Physiology, by Daniel Noble, M.R.C.S.L. *London: Churchill,* 1846.

We have looked over this, which we esteem to be a very excellent exposition of the physiology of the brain, and have great pleasure in recommending it to such of our readers as have adopted the theory of Gall.

The period that has elapsed since we received the book has been so short that we have not had sufficient time to devote more space to its consideration: on some future occasion, however, we hope to give in detail our views on a subject now too important for medical men to pass over.

A Summary of the Principles of Homœopathy, and Reasons for the preference of this System to the ordinary Method of Practice. Price 4d. *London: J. Leath.*

This is one of the most concise and satisfactory expositions of the principles of Homœopathy which has appeared in the shape of a pamphlet; and although it is composed almost entirely of fragments selected from the "Introduction to the Study of Homœopathy," yet they are so adroitly morticed together as to have the effect, except to a very critical eye, of a homogeneous production. We regret that the author should have attempted, in the concluding paragraph and a foot-note, to express his views respecting the general relation of the fundamental principle of Homœopathy and the great doctrines of Revealed Religion. Even although we fully agreed with him in his opinions, we should not like to see so great a subject huddled into a corner of a pamphlet. It recalls to our recollection an American advertisement of a portrait of Washington, which ran thus:—"A full-length likeness of that illustrious Hero, Patriot, and Statesman; with the Ascension of our Blessed Lord in the background."

Homœopathy, viewed in connexion with Medical Reform, by Henry Madden, M.D. *London: J. Leath.*

In controversial writing the employment of sarcasm, ridicule, and personality, those facile instruments of offence, always do away with the

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convincing effects that sound reasoning and irresistible arguments might otherwise be supposed to produce on the minds of opponents; for such weapons cannot fail to stir up feelings of anger, whereby the most logical reasoning and the clearest truths are rendered repulsive and obscure. In this small volume by Dr. Madden, the publication of which was suggested by Dr. Forbes' celebrated article on "Homœopathy, Allopathy, and Young Physic," we nowhere find the author resorting to those dangerous and worse than useless weapons; a spirit of liberality and good feeling pervades the work. Although an enthusiastic Homœopathist, the author never displays that perfervid zeal we so often meet with in the adherents of novel doctrines, which does more to damage their cause, by the uncharitableness to which it often gives rise, than the most violent assaults of declared adversaries. There is a degree of sincerity and modesty in this work which must be pleasing to both friends and foes of Homœopathy; nor is it deficient in powerful and irrefragable arguments. The work is divided into two parts; in the first part, the effects of Homœopathy, supposing (for the sake of argument) it were a negative or do-nothing system, on the progress of practical medicine are considered, and shown to be, even under this supposition, of no small importance to medicine in general; in the second part, Homœopathy is shown to be a positive system, not by the usual proofs of cures of disease which are far from affording unexceptionable evidence, and analogy with other operations of nature which likewise is open to objection, but from the author's own experience of the development of the specific action of a medicine when given in infinitesimal doses.

We hope Dr. Madden's work will obtain an extensive circulation among our Allopathic brethren, to whom it is specially addressed.

MEDICAL INTELLIGENCE.

THE first annual assembly of the British Homœopathic Society was held in London, on the 25th, 26th, 27th, and 28th of August. We have much pleasure in laying before our readers a brief account of the proceedings of the society during these four days.

At the meeting of the 25th of August, Dr. Quin, the president of the society, delivered an address, in which he gave an account of the transactions of the past session, and the future prospects and intentions of the society, briefly adverting to the dissertations and communications that had been read, and other matters of interest and importance.

It was then moved by Dr. Chapman, seconded by Dr. Madden, and resolved unanimously:

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That the Editors of the *British Journal of Homœopathy* be requested to insert the address of the President in the next number of their Journal.*

At the private business, Dr. GILIOLI, the treasurer, laid before the society the state of the finances, by which it appeared that the metropolitan members had, as had been already stated by the president, carefully avoided spending more of the funds than were required for general purposes relating to the whole society at large, wishing to defer, until they should have the assistance and advice of the provincial members, the consideration of the future application of the funds. On this account, the purchase of medical periodicals, for the use of the members, had been delayed: and, although a committee had been appointed for the purpose of selecting those periodicals of greatest interest and importance to the society, it was judged expedient to obtain the sanction of the provincial members to this appropriation of the funds.

It was agreed, that a detailed financial statement should be furnished, without delay, to each of the provincial members of the society, who were not present at the annual assembly.

Dr. DUDGEON, the honorary secretary, read the report of the committee above alluded to. The list furnished by them contained seven of the principal Homœopathic journals, published in English, French, and German; and a selection of the Allopathic medical journals and periodicals, British and foreign: these it was recommended to be purchased in the order of the list furnished by the committee.

The society unanimously agreed to adopt the report furnished by the committee.

Mr. ENGALL said, that though the provincial members who had originally joined the society, had agreed that they should pay the same amount as the metropolitan members, yet, as he did not think that the advantages of the society were so great to the provincial as to the metropolitan members, he was of opinion that they should not be called on to pay so much.

It was argued, on the other hand, by some other members, that the provincial members, while profiting from the labours of the metropolitans, were exempt from furnishing in their turn, dissertations and communications for the monthly meeting, and were not subject to fines like the latter. The general feeling, however, seemed to be that the provincial members did not derive so much advantage from the society as did the metropolitan members.

Mr. ENGALL therefore moved:—

That the entrance fees should be remitted to provincial members, and that this act should apply as well to the provincial members who had already joined the society, as to those who might hereafter join it.

Mr. CAMERON seconded the motion.

* Vide p. 449.

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Dr. CHAPMAN, of Liverpool, thought it would be injudicious to make the act retrospective. He, (Dr. Chapman,) and the other provincial members, had entered the society with the full knowledge of what the amount of the subscription and entrance fee was to which they had then given their assent. He would propose, as an amendment to Mr. Engall's motion,—

That henceforth provincial members shall not, on their admission, be required to pay the entrance fee; with the understanding, that should they hereafter settle and practise in London, they should then be liable for the entrance fee.

Dr. MADDEN, of Brighton, seconded, and supported by similar arguments, this amendment, which was carried unanimously.

A paper was read at the public business of this meeting, by Dr. GILIOLI, entitled "Prolegomena and Queries on Pharmaco-dynamical Posology," which led to a lengthened discussion, in which Dr. Chapman, Dr. Madden, Dr. Massol, Mr. Engall, Dr. Quin, and Dr. Gilioli, took part.

At the meeting of the 26th, Dr. Hilbers, of Norwich, suggested that a programme of the intended proceedings of the annual assembly should in future be sent to all the provincial members, which was agreed to.

Dr. MADDEN said that he thought it would be generally agreeable to the provincial members that they should know what business was going on at the monthly meetings, as on the occurrence of any interesting paper or private business, they might feel inclined to attend the meeting. He, therefore, moved—

That the secretary should transmit a circular to the provincial members, at least a week previous to each monthly meeting, stating, as far as was possible, the papers to be read; and, also, mentioning any important subject connected with private business to be brought before the society.

This motion was seconded by Dr. CHAPMAN, and passed unanimously.

The PRESIDENT then referred to the prize gold medal he had proposed to give for the best of three competing essays, "*On any class of diseases dependent on, or modified by, sympathy, their causes, and homœopathic treatment.*" * Only one essay had been sent in within the appointed time, and he would now like to take the opinion of the society as to whether the subject should be changed, (at the same time he did not think this would be acting liberally to the writer of the essay sent in,) or whether the time for receiving competing essays should be extended, and how long?

After a good deal of discussion, it was at length resolved that the subject should continue the same, that the prize should be awarded at the next annual meeting, and that the minimum of competing essays should be reduced from three to two.

* Vide *British Jour. of Hom.*, Vol. IV., p. 126.

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Dr. GILIOLI stated, that during the past year the attention of the members had been directed to the great use and advantage which would accrue both to the society and to Homœopathy, in England, by the publication of transactions. It had been proposed to publish, in the first place, one volume of "Transactions," for which there were already nearly sufficient materials in the essays and communications that had been read by the different members. Subsequent volumes might be published according as there were sufficient materials for so doing. He would now move—

That a committee be appointed to determine which among the contributions (essays and communications) of members of this society could be properly published in a volume of "Transactions," and what would be the probable expense of such publication.

This motion was seconded by Dr. Madden, and carried unanimously. Dr. Chapman, Dr. Gilioli, and Dr. Dudgeon were appointed members of this committee.

Dr. QUIN alluded to the great dearth of good works of reference for medical men commencing the practice of Homœopathy. A young practitioner had not the experience, nor an older one the time, necessary for writing a complete treatise on Homœopathic practice. As a body, they might get over this difficulty. Each member, provincial as well as metropolitan, might be requested to write a monograph on some acute disease, consulting, for this purpose, his own individual experience and the writings of others. They might thus give to the profession a useful practical work on acute diseases, which would serve as a guide to the young practitioner, and to converts to Homœopathy among our Allopathic brethren. He therefore moved—

That the members of the British Homœopathic Society, both metropolitan and provincial, be invited to select a subject or subjects connected with the history and treatment of acute disease, on which to write a monograph, for the purpose of being published in cyclopœdiac form, and that a committee be appointed to communicate with members on the subject.

Dr. GILIOLI seconded the motion, which, after a lengthened discussion, in which Drs. Hilbers, Chapman, Madden, Quin, Dudgeon, Gilioli, Massol, and Partridge, and Messrs. Cameron and Engall, took part, was carried unanimously.

At the public business Dr. DUDGEON read a communication "On the diagnosis of some diseases of the ear," which provoked a lengthened debate, in which Drs. Massol, Gilioli, Chapman, Hilbers, Quin, and Dudgeon took a prominent part, and much interesting matter was touched upon, respecting instruments for exploring this and other passages of the human body.

On the 27th,

Dr. GILIOLI referred to a scheme which had frequently occupied the attention of the society during the past year, and which had been deferred

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until the annual assembly, in order to obtain the assent and co-operation of the provincial members. He alluded to the establishment of a dispensary in connexion with the British Homœopathic Society, which should have something of a national character, and might, he thought, be a powerful instrument for advancing Homœopathy among medical men, and prove the nucleus of a future hospital. There were, doubtless, many private Homœopathic dispensaries in London, but these could never have the influence which would result from the formation of a large public dispensary, not under the direction of one or two medical men, but having connected with it all the members of the society, who should be all officers in it, and who should be successively elected to perform the medical duties in it. He therefore moved—

That a Public Dispensary, attached to the British Homœopathic Society, be established in London, as soon as possible; that all the members of the society, provincial as well as metropolitan, be requested to use their best exertions to get funds for this object; that the resident members be all and each officers of the dispensary, taking in rotation, as may hereafter be appointed, the medical duties; that the dispensary be on such a basis that a few wards may hereafter be furnished, if the funds should admit of it, for the admission of patients suffering from acute disease; and that a room for a library and lecture theatre be included in the institution.

This motion was warmly and ably seconded by Dr. CHAPMAN. He considered that the establishment of such a dispensary would give a tone to the society, and show to the world that it was a working body. He thought it should be set a-going without delay; that all the members of the society should use their utmost exertions to obtain subscriptions for it, as it would be a national and not a merely local institution. It could likewise be made into a school, where lectures on Homœopathy and clinical instruction might be given.

After each member had delivered his opinion on the project, the motion was put from the chair and carried unanimously.

At the public business, Dr. PARTRIDGE read a communication entitled "Notes of a case of Chylo-serous Urine," which provoked an interesting discussion by Drs. Chapman, Massol, Gilioli, Quin, Dudgeon, and Partridge;

After which, Dr. MASSOL read a paper on "Croup," the discussion on which was, on account of the lateness of the evening, deferred until a subsequent meeting.

A meeting was held on the 28th, when the officers of the society for the ensuing year were appointed. Dr. Gilioli and Dr. Dudgeon were re-elected to the offices of treasurer and secretary. The celebrated Dr. Ernst Stapf, physician to the Grand Duke of Saxe Meiningen, and editor of the Archiv. f. Hom. Heilk., was elected an honorary member.

At the close of this meeting, which terminated the annual assembly, the President entertained at dinner the members of the British Homœo-

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pathic Society. In the course of the evening the following toasts were given, accompanied by appropriate observations:—"The memory of Samuel Hahnemann, the great founder of Homœopathy;" "The British Homœopathic Society;" "The President, Dr. Quin;" "The Provincial Members, present and absent;" "Success to the projected Homœopathic Dispensary;" "The Editors of the *British Journal of Homœopathy*," &c., &c.

THE PRESIDENT'S ADDRESS.

GENTLEMEN,—At this, the first Annual Assembly which has taken place since the foundation of the British Homœopathic Society, I am desirous of addressing a few observations to you respecting the objects for which it was founded, the measures you have taken, as far as time has permitted, to attain those objects, and the means by which I conceive you will best ensure their future success. Before, however, proceeding to these more important points, it has occurred to me that a brief history of the origin and progress of the society may not be uninteresting, more especially to those members who have come from a distance, and who have not had opportunities of assisting at our monthly meetings.

The great importance of such a society, as that of which we form a part, to the cause of Homœopathy had long been felt by me. As early as 1834 I drew up the majority of the laws which now compose the code to which you have given your sanction and adhesion. At the period I allude to, I called a meeting of the Homœopathists then practising in London, to whom I submitted my project, but although it met with general approval, and although I was ably, warmly, and honestly supported by some of my colleagues, I was, to my great regret, obliged to abandon it.

You will, I feel confident, understand and appreciate the motives which induce me to remain silent with respect to the causes which led to this failure. Some of the incidents which have taken place since our first meetings, (the record of which you will find in the minutes of the society,) and the difficulties which have met us in our endeavours to bring the society to its present position, need only be alluded to to make the nature of those causes sufficiently obvious, without its being necessary for me to enter upon the painful and invidious task of reciting them to you here. The gentlemen who coincided with me in the absolute necessity of instituting stringent laws, and of making individual interests subservient to the advancement and promulgation of the cause which it was the main object in forming the society to promote, were, unfortunately, too few in number to admit the hope of our then forming a body capable of effecting any real or permanent good. Year after year passed away, and the difficulties increased instead of diminishing, and I began to despair of ever seeing my long-cherished project carried into effect, when my hopes were suddenly and unexpectedly revived at a meeting held at my house on the 10th of April, 1844, for the purpose of commemorating the anniversary of Hah-

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nemann's birth-day;—the first anniversary after death had unhappily closed the useful and brilliant career of our beloved master, the venerable founder of Homœopathy, of whom it is our pride publicly to avow ourselves the disciples. On that day the foundation-stone of the British Homœopathic Society was laid, and the honorable and disinterested spirit by which you have been animated in the various discussions which have taken place since the plan was first submitted to your consideration, is the best and surest guarantee that the society is now established on a firm and permanent basis, a basis upon which we may, I trust, without presumption, build sanguine hopes of future extensive utility to our fellow creatures. In your hands and under your auspices the laws, as originally drawn up, have been so amended, improved, and augmented, that they cannot fail to command the respect of every one both in and out of the medical profession whose good opinion you can wish to secure, whilst these laws, at the same time, must prove, beyond question, the anxious desire and earnest determination of the members of this society to employ no means to advance the cause they have at heart, but what are fair, honourable, upright, and strictly professional.

It is easier to imagine than to describe the feelings which fill my breast on now looking around me, when I recall to mind, that, in 1827, I stood alone in England the advocate of Hahnemann's doctrines,—the only practitioner of his system of medicine,—the sole champion of Homœopathy,—when his name and his great discoveries were unknown, or if known at all, the subject of far different obloquy and vituperation than they meet with at the present day—isolated from all my medical brethren,—listened to with suspicion,—looked upon with coolness by my early professional friends,—exposed constantly to the shafts of ridicule, to illiberal misrepresentation, and to the severest and most bitter censure,—with no one to consult, or share with me the responsibility of the treatment of diseases of dangerous tendency or doubtful issue,—and unassisted, except by the strength of my convictions and the conciousness of being in possession of means to effect more good to the sick entrusted to my care than I could accomplish by the practice previously followed by me. You can hardly understand with what feelings of pride and exultation I now find myself presiding over an assembly of medical colleagues, all professing the same doctrines, of so many honourable, intelligent, and experienced practitioners, all advocating the same principles, actively and usefully engaged in the practice of the same system of medicine, united together by the laudable object of promoting the same cause and all strenuously vying with each other in their endeavours to advance the important objects for which this society was established.

It is with infinite feelings of satisfaction that I find myself in a position to congratulate you upon your labours of the past year. Your first meetings were necessarily, almost entirely, occupied by the preparatory labours of framing your laws and regulations. It must be apparent to all who

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attentively and dispassionately peruse them, that the main object of the members of the British Homœopathic Society in instituting those laws, has been the diffusing, advancing, and extending the principles and practice of Homœopathy, and, at the same time, the upholding the honour and integrity of the Homœopathic practitioner. These laws, moreover, are a guarantee to the public that every member of the British Homœopathic Society is properly qualified to practice his profession. No holder of a degree or diploma of a doubtful character is admissible into our body; —the diplomas of universities or schools of medicine exacting from their graduates residence during the curriculum of study and personal examinations are alone recognised by the society.

The stringency of our laws with respect to unprofessional conduct and discreditable methods of obtaining practice, — exclusion and expulsion from the society of any one guilty of unworthy or dishonourable acts, are additional guarantees to the public of the honour and respectability of its members. Had the laws been less stringent, or had the standard of admission been less high, or had you not shown an unflinching and uncompromising determination to maintain and uphold those laws in all their original integrity, your body would have been more numerous, and your motives and acts more popular; but, gentlemen, you had a far higher object in view, a nobler position to attain, than that of merely increasing your numbers. Your aim was to raise Homœopathy from the discredit and obloquy in which it was held by those who are unacquainted with its principles, and who mistake the motives and objects of Hahnemann and his disciples—to clear it from the mists with which ignorance and prejudice have in some degree succeeded in enveloping it—and to prove to your medical brethren of the prevailing school of medicine, that the members of this society are actuated by the same honourable motives, the same love of science, and the same laudable ambition of increasing the means of alleviating the sufferings of the sick, which have distinguished so many eminent men of their body.

Although, as I have already remarked, many of your earlier meetings were entirely devoted to framing the laws and arranging the order and plan of your proceedings, the British Homœopathic Society has been so completely constituted, for upwards of a year, as to permit of [illegible] cating your meetings, and directing your energies princip[illegible] solely, to scientific and practical objects; and I have little [illegible] saying, that when the tone, spirit, and character of your [illegible] scientific contributions become known to the profession and [illegible] as they now shortly will be, the usefulness of the society and i[illegible] will be fully acknowledged and appreciated by all the present a[illegible] Homœopathic practitioners who are worthy of being acknowled[illegible] disciples of Hahnemann, and of being regarded by you as colleag[illegible]

There can be no doubt that a society co[illegible]ed as this [illegible] eminently fitted for the development of talent, [illegible]

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ledge, the augmentation of your means of combating disease, and the extension of the principles you advocate; for however valuable may be the knowledge which you obtain from books, however useful the experience you derive from practice, it is chiefly in the mutual interchange and reflection of that knowledge and that experience, in a society like the present, that you can properly and efficiently cultivate your intellectual and exalt your moral powers. In your dissertations and in your debates the inexperienced profit from the knowledge of the skilful and the learned. The young and timid practitioner gains confidence from becoming acquainted with the mode of practice of the elder and more experienced physician, and by having his own method of treatment approved of or corrected in the course of your discussions, by the observation and criticisms of his more advanced colleague. Thus the knowledge, the skill, and the experience of each individual, become the property of the society, and diffuse their valuable results over the whole body. Thus all reap their share in the general harvest of science.

Let me not forget another most important and most desirable result which may arise from, and be greatly advanced by, the labours of this society, namely, the forcing upon our medical brethren the examination of our doctrines and the investigation of the results of our practice. If this examination be conscientiously entered upon, and the investigation be honestly carried forward with a view of eliciting the truth, by the only sure means of arriving at it, namely, the test of reason and experience, none of you can doubt that the result will be an adoption, sooner or later, of the principles and practice of Homœopathy. And here I am desirous of impressing upon you the propriety and policy of avoiding those illiberal animadversions and unfair attacks upon the members of the Allopathic body of practitioners, with which some of the adherents of Homœopathy unhappily interlard their discourse and their publications. It has always been a matter of great pain and sincere regret to me when I have met with such objectionable observations and passages, and I should deeply deplore any member of this society fellowing such a reprehensible course. It is not only unwise, but wicked, to judge our colleagues of the other school with harshness, severity, or contempt, merely because they hold ourselves and our doctrines cheap. We claim respect for our own opinions and conduct, and why should we deny that respect to the opinions of other physicians, when they are honestly held, however much they may be opposed to our own? To endeavour to depreciate men by our conversation or by our publications, who are honourably occupied in the practice of what they conscientiously believe to be right, is to degrade ourselves. Ought we to feel surprised that those who have not examined our doctrines, and who have not had opportunities of seeing the results of our practice, should be strongly opposed to us, or even that some who have read works treating of Homœopathy, and attempted trials of the medicines upon their patients, should continue incredulous, either from early prejudice, or from

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want of success in their attempts to treat their cases homœopathically? Have we so soon forgotten our own incredulity on first encountering the startling and novel doctrines of Hahnemann, our ridicule of the exiguity of the doses recommended by him, and our contempt for the physician who avowed himself a believer in Homœopathy, until the wisdom and truth of his principles dawned upon us, and the curative powers of the infinitesimal doses, when administered according to the law of *Similia Similibus*, burst on our view in all their usefulness and efficacy? Whilst we acknowledge, with pride and gratitude, all that we owe in *Materia Medica* and in *Therapeutics* to Hahnemann, let us not forget the obligation we lie under to the old school for the immense treasures of knowledge and science in Anatomy, Physiology, Pathology, Chemistry, &c.

Our reputation and success do not require to be raised upon the ruin of those of others. In order to build a temple to Hahnemann, it is not necessary to endeavour to destroy that raised to Hippocrates. It is true that by some, our doctrines have been made the subject of most bitter remark and illiberal criticism, our arguments in defence of our tenets have met with captious objections and statements equally devoid of reason and common sense, and our practice has been reviled by the most abusive epithets; but let us not follow such in their illiberality and errors,—errors founded upon the most false data, the greatest misconceptions, and the most gratuitous conjectures, but let us endeavour to imitate the truly eminent of the Allopathic school, in their extensive erudition, their deep research, great attainments, and vast practical knowledge of disease; let us admire and do justice to their learning and honorable conduct, whilst we lament their blindness to the great truths contained in our doctrines.

It is now acknowledged by our opponents, that since the introduction of Homœopathy into England a great and salutary revolution has taken place in the manner of exhibiting their medicines. Their recipes have become less complicated, their doses have become smaller, and more attention has been paid to Dietetics; in fact, Polypharmacy has given place to a more simple and more effective mode of administering their remedies. Already, therefore, some good has been achieved by Homœopathy, even in our opponents' camp. And may we not reasonably hope, that, by temperate language, gentlemanly demeanour, disinterested and honourable conduct, and strictly professional observances in our relations with our medical brethren of the old school, we may make one step more in advance; and teach them to respect us for the integrity of our intentions and the honest earnestness of our convictions, and so gradually lead them to examine the principles and practice of Homœopathy, and induce them to emancipate their minds from the fetters of prejudice and the trammels of authority in which long habit and *a priori* reasoning have kept them enthralled, with respect to the great discoveries of Hahnemann? For, there can be no doubt, gentlemen, that the success of the great cause you have at heart, mainly depends, for several years to come, at least until its own

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intrinsic merits are more generally known and acknowledged, upon the honourable conductand moral character of those who practise Homœopathy, and much, very much, will depend upon the estimation in which they are held by their professional brethren whose opinions have naturally such great sway with the public at large. On this subject I strongly coincide in the opinion often expressed by Hahnemann himself, that more danger is to be apprehended to our cause from the conduct of unworthy practitioners of Homœopathy than by the effects of the most violent opposition of our adversaries. Nay, the very violence of the opposition of Allopathic physicians, by inviting discussion and necessitating inquiry into our medical tenets, cannot fail to advance the cause of truth, which, however much it may for a time be obscured by scepticism and misrepresentation, must ultimately rise triumphant amidst the "light of science and the conflict of reason" which free discussion engenders. I have dwelt somewhat at length upon this subject, because I consider it of paramount importance to your character as men of science, and as men belonging to a liberal profession, to treat with urbanity and justice your Allopathic brethren who are industriously and honestly employed in the exercise of their duties.

It affords me great pleasure to have it in my power to state, that the society has greatly increased in numbers and importance since its foundation. It is true that some few defections have taken place, and death has unhappily not spared our ranks. You have, at the same time, resolutely shown that no consideration, or fear of diminishing your numbers, could interfere with your sense of justice and determination to uphold the good name of the society, when it became necessary to enforce the laws of expulsion. But notwithstanding these various circumstances, the society has increased more than quadruple the number which existed at the close of the first year, and you will be gratified to learn, that there are at present seven new candidates for admission, whose character and merits will, I have not the least doubt, ensure their unanimous election. This marked increase in your numbers, I attribute mainly to the reputation which your scientific labours are gradually gaining for the society among your Homœopathic colleagues, and to their growing conviction of the utility of the society, and that its members are in earnest in their endeavours to accomplish the objects for which it was founded.

The essays, dissertations, and communications which have been read during your meetings, are so many proofs of the scientific and practical character of the society. Some of them are deserving of a more signal notice from me.

The excellent dissertation, entitled "A Glance at Symptomatology," by our lamented colleague, Mr. Charles, although not novel in its views, is of great interest from its practical bearing upon Homœopathy. The spirit in which it is written, and the recollection of the modesty, amiability of disposition, and practical knowledge shown by Mr. Charles in his intercourse with you, have left a favourable impression of his merits,

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mingled with deep regret at his premature loss to the society, and to the profession in which, had he not been so early cut off in his useful career, he promised to become a skilful and eminent practitioner.

The erudite and elaborate essay upon the relations of, and harmony between, Pathology, Materia Medica, and Therapeutics, by our learned colleague, Dr. Gilioli, in which so much valuable and philosophical information was conveyed to you, cannot fail to raise him, and the society of which he is a member, in the estimation of our medical brethren.

The valuable treatise upon Cutaneous Diseases by Dr. Massol, in which he has effectively brought to bear upon the Homœopathic treatment of those maladies the vast experience gained by him in the great Hospital St. Louis, in Paris, must have impressed you favourably with the capabilities of its author.

The scientific and eminently philosophic dissertation, by Mr. Cameron, upon the analogy between some of the operations of Nature and the powers of infinitesimal doses, in which are brought forward so many convincing examples proving the strict resemblance which exists between the principles propounded by Hahnemann and the action of Nature, in some of her most gigantic as well as in some of her most minute operations, will long retain a flattering place in your memory.

The practical treatise upon the advantages of Homœopathy in certain affections connected with gestation and parturition, by Dr. Partridge, is replete with valuable information with respect to the nature of these ailments, and much practical instruction respecting their Homœopathic treatment.

The ingenious and scientific essay on the mode of action of remedies, by Dr. Dudgeon, is conspicuous for the research and reasoning it contains; and, although some of the views advanced by him excited much discussion and considerable opposition in the society, the essay reflects great credit upon its accomplished author, and fully justifies the high estimation in which his abilities are held by his fellow-members.

The novel views and practical knowledge contained in the paper by Mr. Engall, on the Mechanical and Homœopathic treatment of Spinal Curvatures and Distortion, together with the interesting facts and numerous plaster casts illustrating many varieties of spinal disease, the progress of their treatment, and the successful results obtained by him, are too recent in your recollection to require more than this passing allusion from me.

Other essays and communications on Bronchocele, Typhus fever, Neuralgia, Scirhous tumours, Experiments on Alcohol as a Menstruum, Disadvantages of blood-letting in Pneumonia, and on the action of Homœopathic doses of medicine on the lower animals, are further proofs of the usefulness of the society, and the industry and zeal of its members.

A statement of the funds and expenditure of the society will be laid before you by our worthy Treasurer. I trust that you will have reason to

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be satisfied that a due regard to economy has been shown in the management of the pecuniary affairs of the society. The principal expenditure has been incurred in the primary expenses, necessarily incidental to the formation of a society like the present. You will perceive that not one single disbursement has been made for the exclusive use or advantage of the metropolitan members. Whatever expenses have been incurred, are for the common advantage of the whole society.

In the course of the foregoing observations I have, I fear, somewhat unnecessarily enlarged upon the utility and advantage of your meetings; but I must still express the great gratification I have felt on perceiving that the intercourse which has arisen in consequence of those meetings has greatly cemented the bonds of friendship between you—a friendship founded upon mutual respect and esteem.

I trust you will not think me presumptuous if I endeavour to point out to you other means which will tend to elevate the society to that eminence which I feel confident the ability and zealous conduct of its members deserve that it should attain. These means have already, in some measure, been under the consideration of the society, at its monthly meetings, during the past year, and even committees have been formed to concert the measures necessary for carrying them into execution. They are, I think, of great importance to the well-being of the society; but, as some of them involve a considerable expenditure of the funds for objects which might be considered to benefit the metropolitan more than the provincial members, I conceived it my duty, out of deference to the latter gentlemen, to suggest that the final consideration and adoption of these measures should be delayed till the Annual Assembly, when we could have the great advantage of the assistance, advice, and co-operation of our provincial colleagues. The time is now happily come when these matters can be fully submitted to your consideration. They have relation to—the formation of a Library;—the selection of a permanent place for the Society's meetings;—the publication of the Transactions of the British Homœopathic Society;—the formation of a Practical work containing Monographs of acute diseases, with their Homœopathic treatment, by different members of the society, to be published in such form as you in your wisdom shall determine;—and the establishment of a Dispensary in connexion with the British Homœopathic Society, with a view to its future elevation to an Hospital; the Dispensary to be essentially and exclusively charitable with respect to the admission of the patients, having for its model some of the best of the many admirably conducted institutions among our Allopathic brethren. The medical services of the members of the society to be given gratuitously to the sick poor recommended by the subscribers to the Dispensary. I feel assured that these several objects will meet with your most serious and earnest attention, when they are brought before you in a more detailed and substantive form, and that you will deliberate fully on the best means of carrying them into effect.

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The offices of Treasurer and Honorary Secretary become vacant at the close of the Annual Assembly, and it will be your duty before separating to elect new officers for the ensuing year. I am certain you will not think it irrelevant, if I here allude to the manner in which the very important and arduous duties of secretary have been performed.

You are aware, that shortly after the foundation of the society, Mr. William Wood was unanimously elected Honorary Secretary, and that the able manner in which he conducted himself induced the members to re-elect him a second time. Family matters and arrangements requiring him to abandon the medical profession, and embrace one of a more immediately advantageous nature to him, necessitated the resignation of his office, and his withdrawal from the society, in the middle of the second year. His talents, activity, intelligence, and zeal, had gained for him the affection and respect of all the members of the society, and his resignation and adoption of another profession was a matter of general regret.

His loss would have been a matter of serious inconvenience had not the society found amongst its members a successor eminently qualified in every respect to undertake the responsible and arduous office of secretary—one who unites the rare qualities of great talent with indefatigable industry, and whose regular, able, and zealous discharge of his manifold duties entitle him to the gratitude of his colleagues. The merits of Dr. Dudgeon were already advantageously known to the profession before his election to the secretaryship, through his able co-operation with our gifted colleagues, Drs. Russell and Drysdale, in the conduct of the *British Homœopathic Journal;* but the learning and abilities he has since shown, both as a Member and as Secretary, have made his accession to the society a matter of constant congratulation to all its members.

I believe I have now touched upon all the matters I was desirous of bringing before you. In conclusion, I hope you will continue to exert your best energies, and persevere in your laudable efforts, to spread the doctrines bequeathed to you by Hahnemann. I trust that your discussions will ever be, as heretofore, animated by an independent and liberal spirit of inquiry, that truth will be the sole prevailing motive of your actions, and that error in whatever shape it presents itself, however ingeniously or dexterously disguised, will be deprived of its adventitious tinsel, and exposed in all its meretricious semblance and genuine deformity. Long experience and great abilities have undoubted claims to your respect, but truth is only to be arrived at by a rigid examination of the facts upon which eminent men have formed their opinions, and not by blindly adopting their views and ideas.

Remember, that it is the attribute of mediocrity to take for granted every thing that has received the authority of antiquity, whilst it is the characteristic of philosophic and soaring minds to grapple with prejudice, and sift opinions which are not founded upon true experience, the only real source of knowledge.

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Be not daunted in your investigation of alleged facts, because the opinions you form may militate against the favourite prejudices and cherished dogmas of those who possess the ear of the public, and occupy all the strongholds of the medical profession, even although the opinions so formed be considered as so many hereaies deserving of the greatest reprobation.

Be assured that the labours and duties required of you, as members of this society, by inducing you to direct your attention to particular subjects, to the "*modus operandi*" of medicines, to the investigation of the causes of the phenomena of morbid action, and to the changes which take place in disease will engender habits of philosophic inquiry and sound reasoning which will greatly tend to advance you in your future career—and that your own private emoluments will be essentially connected with the character and reputation which your conduct and labours will impart to this society. By continuing your scientific and medical papers, your practical communications and observations, you will give a stamp to the name of the British Homœopathic Society which will reflect a degree of honourable reputation upon its future members, even before they will have had an opportunity of deserving it by their own contributions, and will oblige them to support, by great efforts and laudable emulation, the high character which you will have earned for the society; and I am convinced that the time will come when its Founders will be remembered with gratitude.

And now, Gentlemen, I will not detain you longer from the consideration of the objects for which you are assembled. Allow me, however, to thank you for the patience and attention with which you have listened to me, and to express my fervent hopes that the British Homœopathic Society will continue to increase in usefulness, and survive every attempt to disturb or destroy it.

HOMŒOPATHY IN ROME.

TO THE EDITORS OF THE BRITISH HOMŒOPATHIC JOURNAL.

GENTLEMEN,—The accompanying cases* and account of the state of Homœopathy in Rome, were sent to me by my friend, Francesco Dr. Ladelci, Professor of Botany in the University of Macerata, on the eve of his departure for Italy, in reply to some queries made by me, respecting the progress of Homœopathy in his natal city, and the results of his own practice there.

* The cases referred to will be found at p. 363.

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It has occurred to me that their insertion in your most useful and admirably conducted journal might prove instructive to some of your readers, and interesting to all.

Dr. Ladelci accompanied to England an English gentleman, a patient of mine, who fell dangerously ill and lost the use of his lower extremities at Rome. Under the judicious management and skilful treatment of Dr. Ladelci he has recovered the use of his limbs so far as to be able to walk without assistance, (even of a stick,) and is in other respects remarkably improved in health. The family of the invalid are so sensible of the obligations they lie under to Dr. Ladelci for his assiduous attention to their relative, and for the great skill and judgment shown in his treatment of his case, that they were very anxious to retain his services, and tempt him to remain in England; but the patriotism of the Roman physician would not allow him to desert his country, and he is now hastening home to resume his practice, and extend his sphere of utility, in the ancient capital of Christendom. This he has the more hope of accomplishing, because his patron and patient, Cardinal Gizzi, a zealous admirer and supporter of Homœopathy, has the honour to enjoy the confidence of the present enlightened Pontifical Sovereign, by whom his Eminence has been lately appointed Chief Secretary of State of the Papal Government.

I remain, Gentlemen,

Your most obedient Servant,

FREDERICK F. QUIN.

London, 1*st. Sept.*, 1846.

ACCOUNT OF THE PROGRESS OF HOMŒOPATHY IN ROME.

By Dr. Ladelci.

Although Italy may boast of having known the doctrines of the great Hahnemann even before they were extensively diffused in Germany, they seem to have fallen again into oblivion in Rome, at least in as much as relates to the wonderful effects of their application to the restoration of health, until the Prussian antiquary, Dr. Braun, a dilettante in medicine, treated in the year 1833, the patients confided to him, with Homœopathic remedies. About this period Dr. Settimio Centamori having heard of Homœopathy from this Dr. Braun, and having seen a few cures, began to study and familiarize himself with the new discoveries of the immortal German, in order to enable himself to multiply the facts in favour of his doctrines. He was thereby exposed to the usual abuse and hostility of the adherents of the old school. The success of his practice surpassed his expectations. I was struck by some of his cures while yet a student of medicine, and forthwith devoted myself zealously to the study of the new system. In the meantime a persecution of Dr. Centamori was commenced by the medical men of the old school, backed by the apothecaries. He was ac-

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cused of administering poison, and was prohibited from practising medicine, because he was only a surgeon. To surmount this obstacle Centamori went to Bologna, and there took out his degree of Doctor of Medicine. About this time Dr. Luizzi, of Palermo, came to Rome and began to practise Homœopathically. In the summer of 1837 the cholera made its appearance in Rome, and the Homœopathic practitioners immediately made known the method of treating that disease recommended by Hahnemann, which was highly successful wherever it was carried into effect. One of the pamphlets published for this object by Dr. Taglianini, of Ascoli, entitled "*La Verita dell' Omiopatia*," fell into my hands; this and some other works convinced me of the truth of Hahnemann's therapeutic principle, and seemed to offer a simple mode of treating this most terrible disease, of which I had read so much and such opposite opinions and modes of treatment, so that I was at a loss which to select, and when the disease broke out, wishing to adopt all the curative means recommended, none succeeded, and almost all the patients died. This was not the case, however, with the Homœopathic method, and I witnessed many cases of cure of cholera by Dr. Centamori, and also by Dr. Sinibaldi, who was at that time in Rome, but is now in Leghorn. I myself had an opportunity of testing the value of the Homœopathic remedies in some cases of cholera, and in twenty-seven cases of cholerine. Most of these cures were effected by means of *Acid. Phosphor.* alone, in from twenty-four to forty-eight hours. Unfortunately, among those who were treated Homœopathically was the Rector of St. Peter's, who was convalescent from another disease, and was likewise subject to intermittent at the time he was attacked by cholera. He died under Dr. Centamori's care; and this was made a handle of to renew the attacks on Dr. Centamori and Homœopathy. A *post-mortem* examination of the deceased Rector was made, and reports were industriously circulated reiterating the accusation against Dr. Centamori of being a poisoner. The death of this patient was much talked of as being a very extraordinary circumstance, although, under the Allopathic treatment, about eighteen thousand died of cholera, among whom were several individuals of high rank and distinction. The Allopathic treatment of this disease was, indeed, attended with such fatal results in Rome, that the memorable words of Dante might well have been inscribed on the portals of their hospitals—

"Lasciate ogni speranza, voi che 'ntrate."

These efforts to check the progress of Homœopathy were, however, unsuccessful. The ordinary practice was, indeed, found to be so disastrous, that the Board of Health appointed by the late Pope Gregory XVI could no longer refuse the urgent request of Signor G. Canali, the present vicegerent, to allow a Homœopathic hospital to be opened for the purpose of treating those affected by cholera. But the adversaries of the new doctrines contrived to throw so many obstacles in the way, that

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the necessary preparations for the hospital were not completed until the cholera was on the decline, and it was then held to be unnecessary. By this time I had completed my medical education at the Roman university, and had devoted much time to the study of the doctrines of Hahnemann, and the Materia Medica in particular; and Dr. Centamori having been summoned to attend the Grand Duke of Lucca on his travels, consigned his patients to my care, among whom were several very severe cases, which made good recoveries under my treatment. At this period there were practising Homœopathy, in Rome, besides myself, Drs. Luizzi, Sinibaldi, and Consani. We succeeded in establishing a Homœopathic laboratory in the Isola di S. Bartolomeo, where we had our prescriptions made up, until the Padre Varno, who was inimical to Homœopathy, removed from the laboratory those who were familiar with the preparation of Homœopathic remedies, and substituted others who were perfectly ignorant of the subject, so that we deemed it no longer prudent to avail ourselves of this laboratory. The Homœopathic cures, notwithstanding this, continued to multiply, and Cardinal Lambruschini was induced to consult a Homœopathist for an affection of the trachea, which had reduced him to such a state that his physicians offered him but slight prospects of recovery. Although his Eminence had no confidence in Homœopathy, yet his case being desperate, and believing himself to be dying, he yielded to the entreaties of his friends, and allowed himself to be treated by Dr. Luizzi, who had but faint hopes of effecting a cure. Under his treatment, however, his Eminence grew better, but the illustrious patient could not be brought to believe that his recovery was owing to the Homœopathic medicines he had taken, and again resorted to Allopathic treatment to complete the cure; nor is he the only person who has owed his life to our infinitesimal doses, and afterwards refused to believe in their astonishing effects.

In November, 1843, I left Rome to occupy the chair of Botany and Materia Medica in the university of Macerata, which I had obtained by public *concours*, and as I remained there a year, I was not a witness of the changes which took place during that period, in Rome, with respect to Homœopathy. On my return to Rome, the following autumn, I found that the Allopathic physicians had made another attempt to put down Homœopathy. I do not here allude to the adverse opinion given by the faculties of Rome and Bologna, to the question proposed to them by the Congregazione degli Studi,—"Whether it was lawful to practise Homœopathy?" I refer now to the prohibition against the administration of medicine by Homœopathic physicians, by the revival of an old law to that effect. We were all summoned before the protomedicus, Dr. Porta, (along with two other Homœopathists, Germans, Drs. Wahle and Severin, who had commenced practising in Rome,) and forbidden to administer medicines to our patients. But as we, being authorized physicians, had as much a right to prescribe as any others, the Board of Health were constrained to

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address a circular to the apothecaries, enjoining all to keep a supply of Homœopathic medicines, which they were to dispense to our prescriptions. The apothecaries, however, refused to obey this injunction, being afraid their own interest would suffer thereby, and as our patients were unable to procure any of the remedies we ordered, we were forced to abandon them. The consequence of this was, that a numerous body of gentlemen, among whom were some of high rank, waited upon Cardinal Lambruschini, the then Secretary of State, and prayed him to repeal the law preventing Homœopathists dispensing their own medicines, whereby they were deprived of the benefits of the Homœopathic system. His Eminence was unable to resist the appeal thus made to him, and forthwith granted the required license to the Homœopathic physicians. Never had Homœopathy gained a greater victory; whilst our adversaries imagined they had given the death-blow to our system, they, in reality, roused up a host of witnesses for its superiority, to their own confusion and discomfiture. We are but men, and our convictions may be fallacious, the cases recorded in our clinical records and journals may be suspected by those who were not eye-witnesses of them, but the crowds of patients who flocked to entreat the ruling powers not to deprive them of the benefits they had already experienced, are the most certain proof of the efficacy and truth of Homœopathy; and this should have the effect of inducing every Government not only to tolerate, but to encourage a system which is productive of such benefits to suffering humanity. Although the encouragement given to Homœopathy by the Government of Rome and the Pontifical States is not yet very great, we are justified in thinking that the time is not far distant when we shall have hospitals, and chairs, and laboratories, and all other means necessary to procure for the sick the advantages of our system. A large number of the most illustrious personages of Rome have already adopted it, among whom are Cardinal Gizzi, (the present Secretary of State,) whose physician I have the honour to be, Cardinal Della Genga, Cardinal Simonithi, and Cardinal Riario, Monsignore Canali, the Vicegerent; Monsignore Spada Medici, President of the Board of Ordnance; Monsignore Sacrista; Monsignore Pacifici, Secretary to his Holiness; Monsignore Massori, and Monsignore Orioli, besides many princely families, and a large number of the nobility. This distinguished patronage cannot fail to be advantageous to the extension of the Homœopathic system. Such is a brief account of the progress of Homœopathy in Rome, which has been obtained by the zeal and talents of the followers of Hahnemann in that city.

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CORRESPONDENCE.

DR. WALKER'S LETTER TO THE EDITORS OF THE BRITISH JOURNAL OF HOMŒOPATHY.

TO THE EDITORS OF THE BRITISH JOURNAL OF HOMŒOPATHY.

GENTLEMEN,—I have read, with great satisfaction, in your last number a letter from Dr. Guinness to the committee of the Raheny Dispensary, wherein he details the very successful results that had followed the adoption of a modified Homœopathic treatment.* I say *modified*, because, in a subsequent letter to one of yourselves, he details a case, where, although having faith in our mode of treatment to a certain extent, he was yet a consenting party to the exhibition of remedies according to the old system. The last sentence but one of the first letter, also inferentially leads me to the conclusion that Dr. Guinness is more inclined to a combination of both modes of practice than to a pure Homœopathic Therapeia.

With Dr. Guinness's individual belief I have, however, nothing to do; but, on perusing the correspondence still further, I find that he has started a question in which every Homœopathist is concerned. It is this:—Can a Homœopathist conscientiously, at the request of his patient, treat him Allopathically?

For a solution of this question, Dr. Guinness has appealed to Dr. Henderson, who has answered in the affirmative; whilst in your note to the correspondence there is this *qualified* admission, that under certain circumstances such treatment may be permitted.

Now, Gentlemen, when I came to this part of the correspondence, I must say the satisfaction I had experienced at finding that Dr. Guinness was in a fair way of becoming one of *us*, was followed by regret that either Dr. Henderson or yourselves had inadvertently—as I hope—been hurried into an expression of opinion which, in my estimation, can only add another to the already numerous difficulties under which we labour.

The first and most important duty of a physician is the cure of his patient. In urgent cases we are not, I hope, in the habit of asking the bystanders or the patient himself what should be done, but having a solemn trust reposed in us, we act according to the best of our judgment. We are for the time despotic, and practically say to those who place themselves in our hands that *we* are the only judges of what is desirable—that is, curative. This, I assert, is the right of the physician. It does not detract from the right of the patient, which is this:—that if dissatisfied, he may call in whom else he pleases. Holding this opinion, the

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following sentence of Dr. Henderson (professedly a Homœopathist) impressed me with the idea that the Doctor's standard of professional ethics is much lower than his professional reputation. It is as follows:—"*In treating such patients as demand it in the old manner, you only do what they will require another to do if you refuse, and therefore you do them no injury.*"

I ask you, are we Eclectics in therapeutics, or do we believe and assert that we have attained the key to the only safe and sure mode of practising the healing art? If the former, there can be no objection to practise in accordance with the views of Dr. Henderson; but if the latter, then I say, that if in any case we resort to the Allopathic treatment, (by which I do not mean the negative treatment by mere bloodletting,) but its whole routine in acute diseases, of nauseating, sweating, purging, blistering, mercurializing—evacuation, in fact, in any or in every positive form; if we do this, knowing that we possess the specific remedy for the disease, not only do we forfeit our distinctive character as Homœopathists, but degrade ourselves as physicians. It is not enough that Dr. Henderson has told us that *he* has not done so, and I am very far from thinking he would; but I conceive that such an admission from simply prudential motives, having reference to individual converts, will tend to produce great injury to our cause.

Homœopathy is yet in its infancy. New converts to the principle may have conscientious doubts as to its applicability to individual cases, especially of acute disease. Will they ever cure a case of croup without blood-letting and calomel, if allowed to shelter themselves under the plea that they had not seen a case cured by aconite and sponge?

New converts to the empiricism of Homœopathy, will they ever rise to an appreciation of the principle, if they can, under the dictum of Dr. Henderson, screen themselves by saying, in this case, we knew that the Homœopathic remedies would have succeeded, but, had we employed them, another would have been called in, and we should have lost our fees? Admitting either case, the result will be to stop the progress of Homœopathy, which still requires so much to be done for it, in its practical details;—the argument involved in the prudential consideration of the individual success of a medical man is, I conceive, in a scientific point of view, beneath notice.

The instances you have adduced wherein Homœopathists might conscientiously practise Allopathy are on higher grounds, because more benevolent to the patient than those of Dr. Henderson. You bring forward as instances gaols and public establishments; the practical answer to that is, that when you or I are appointed to such places, you may be sure the majority of people will be Homœopathists; should this last, however, not be the case, supposing you were to meet with such opposition as "*to compel people to swallow globules,*" then your proper course of proceeding would be to resign.

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I have already intruded so much on your space that I shall say little on the other question raised,—to what extent Homœopathists may use Allopathic remedies, *e. g.* V. S. purgatives, &c. That such may be used occasionally in our present state of knowledge I will not deny, but their rash use should be avoided, as before we can be in a condition to say what Homœopathy cannot do, we ought, perseveringly, to inquire what it can effect.

I am, Gentlemen,

Your most obedient servant,

ROBERT WALKER, M.D.

Manchester, 1st September, 1846.

[For those who have seen our remarks in the last number, it is scarcely necessary to say, that practically we agree almost entirely with our esteemed correspondent. In respect to the gaol we said, that if "under the circumstances," the physician did not resign, he should rather give Allopathic treatment than none at all. We certainly can scarcely imagine any circumstances in which the physician would not feel the propriety of resigning. But we can easily conceive that the case may occur, (on board ship, for example, where there can be no question of resigning,) in which a surgeon's duty as a man is superior to his duty as the partisan of a special therapeutic truth.—EDS.]

DR. G. M. SCOTT TO DR. RUSSELL.

"DEAR SIR,—I beg to call your attention to the annexed paragraphs as affording a remarkable illustration of the Homœopathic law in the vegetable world. I believe I am considered rather *ultra* in my ideas of the extent to which that law operates throughout nature, and it is possible that you may consider the subject too remote from medical science and practice to be entitled to a place in your journal. It appears to me, however, that it is only by contemplating the law in its widest application that we can adequately appreciate its importance, and, consequently, our amount of obligation to the illustrious man whose genius and assiduity have given it prominence.

The method of experiment which I should suggest is, that agriculturists should assign a portion of their ground to the diseased potatoes used as seed, exactly in the manner in which healthy seed has hitherto been used—that another portion containing the diseased potatoes of this year's growth should be left entirely untouched, allowing them to rot on the grounds—and that a third portion should be planted as usual with healthy seed.* The diseased seed should be placed as nearly as possible

* By seed I mean the eye.

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in the same circumstances of soil, manure, &c., as those in which the healthy seed from which it sprung was placed last year; but the healthy seed should not be planted contiguous either to the diseased seed or to the potatoes left to rot, because if, as some suppose, the cause of the disease be an insect, or indeed if it be of a contagious character at all, it is possible that the diseased potato of next year, (the produce of the sound seed, if the disease continue,) may communicate the disease to the sound potato of next year, (the produce of the diseased seed.) This experiment, it seems to me, would imply very little expense or risk.

Should the principle which I conceive to be involved in the remarkable results stated in the extracts, be established by extensive and satisfactory experiments, the amount of evidence in support of Homœopathy would be greatly augmented, and incalculable benefit would be conferred on those whom habit in necessity have rendered nearly dependent on the vegetable, with the loss of which we are threatened.

I remain, my dear Sir, yours very truly,

G. M. SCOTT.

THE POTATO DISEASE.

TO THE EDITOR OF THE SUSSEX AGRICULTURAL EXPRESS.

SIR,—I received the enclosed letter last week, and, as it contains a somewhat novel suggestion, I dare say you may feel inclined to lay it before your readers. The remedy proposed by the writer (himself a gardener formerly) is so simple as to be capable of universal application; and, if it succeed, seems the most effective antidote to the disease. It should be premised, however, that the plan pre-supposes the retention of *only so much of the diseased crops* as would be necessary for seed; because otherwise there would be so much land lost, and the effluvia generated would be so prejudical as to make the experiment impracticable. In favour of the writer's views, it is rather singular that several *healthy* crops, up to the present time, are the produce of last year's *most diseased* tubers; and, whether the insects recently discovered, be the *cause* or the *consequence* of the blight, there appears much good sense in letting it *thus wear itself out*, as proposed. Wicking states his plan to be the result of his own experience, when an epidemic of a milder but similar character was prevalent amongst vegetables some years ago.

I address you in much haste, and the importance of the subject will plead my apology for the length of the enclosure.

I am, Sir, very obediently yours,

MARK PRINGLE.

Oakendean, near Horsham, August 17.

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"TO MARK PRINGLE, ESQ.

"SIR,—Seeing the fearful ravages the same disease as appeared last year is now making in the potato crop, I am induced to offer a few remarks upon the subject.

"The cause of the disease I shall not attempt to trace, but confine myself to explain a method of culture, by which, if adopted, I feel convinced a future crop of potatoes may be obtained, that will be less liable to the disease than any crop raised by the usual method.

"The plan I should adopt, were I a grower of potatoes, would be to allow the more diseased portions of the present crop to remain as they are, and where they are, and under no circumstances would I take off the haulm, or disturb the soil, even by the pulling up of weeds. I would abandon the potatoes to the full virulence of the disease for at least two years.

"Next spring some few plants would most probably make their appearance, these I would leave undisturbed, as I had left the previous crop, to reproduce. Perhaps I should not obtain so many plants by half as appeared the first spring; and should any symptoms of the disease remain in those plants, I would abandon them for another season, when I should find that the disease had done one of two things—either that it had destroyed the plants altogether, or that it had changed their constitution, so that their produce would be no longer obnoxious to the disease.

"Should the latter result be the consequence, which I should certainly anticipate, I would carefully secure the few tubers that had escaped destruction, which tubers I would not desire to be larger than sparrows' eggs; these I would have properly planted in the ensuing spring, and they would produce plants upon which the disease could exert no influence.

"I am led to make these remarks by considering that there is an analogy in all the operations of nature; for we find in the animal economy, that after a severe attack of some virulent complaints, the system is fortified against any immediate recurrence of the same disease. May it not be so in the vegetable economy? When tubers, produced by diseased potato plants are allowed to remain in the contaminated soil in which they grew, and there to reproduce new plants, and these again produce in the same soil fresh tubers, from which arise other plants, may not the constitution of such plants as survive (and it is reasonable to suppose have passed through all the stages of the disease) become equally fortified against any subsequent attack?

"Some time since, after perusing a letter that appeared in the *Sussex Express*, I was led to venture an opinion on the potato disease, and to express my fears to some few growers of the root, that they might expect their crops to be attacked in a similar manner as they were last year, for perhaps a series of years to come, if they persisted in selecting for planting only the finer descriptions of potatoes, as I considered them to be more predisposed to receive contagion than others that had been struck by

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the disease; and that the only way to ultimately get rid of the pestilence was to adopt the forenamed plan. But my views were treated with such contemptuous ridicule by those persons, that I was deterred from addressing a note to you which I had written upon the subject.

"But as the disease has this season again made its appearance, and I fear with increased malignity, I have ventured to submit these few remarks for your consideration; and, although I am aware that in doing so I am laying myself under the charge of great presumption, yet, knowing how anxiously you desire the welfare of those persons to whom the potato is of the greatest importance, I am led to hope you will pardon the liberty I have taken in addressing you.

"I beg to subscribe myself, Sir,

"Your most obedient servant,

"JOHN WICKING.

"*Cowfold, August* 13."

"ARBROATH.—A curious circumstance attending a field of wheat growing on the farm of Hudston has occurred. Last year the field being under green crop, potatoes were raised: like many more in the neighbourhood, the crop proved a failure owing to the blight, in consequence of which the sound ones alone were gathered in, and the diseased ones left to rot on the field. No sooner had the spring time of the year come round than vigorous stems were seen shooting up in every part of the field indicating a state of health in the tuber quite unexpected. The crop is prolific, and what is of greater consequence, both bulb and plant are free from any disease."—*Glasgow Herald, August* 24, 1846.

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