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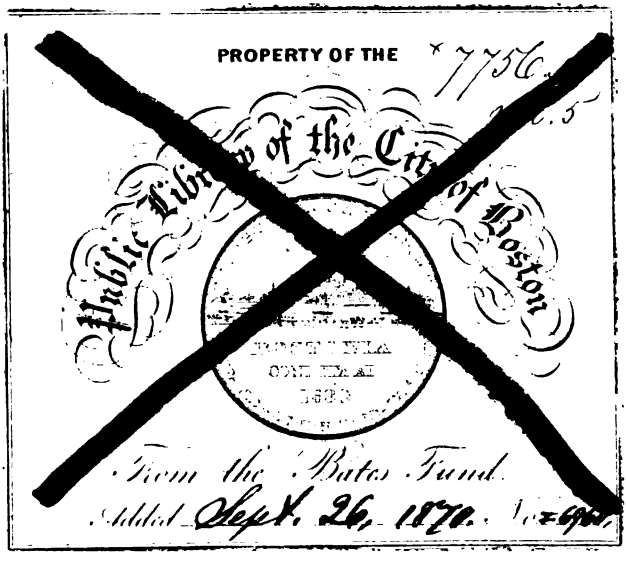
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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D.,

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AND

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VOL. V.



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EDINBURGH: MACLACHLAN, STEWART & CO.
MANCHESTER: HENRY TURNER, 26, PICCADILLY.

MDCCCXLVII.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HOMŒOPATHY *via* YOUNG PHYSIC.

By J. Rutherfurd Russell, M.D.

There is a point in the development of a complex science, such as medicine, at which it seems to be overburdened by the multitude of its facts and the insufficiency of its generalizations. When it has reached this stage, and come to a dead lock, it gets no aid from those who have the reputation of being its most successful cultivators. For the very endowments which gave them renown at the time when the science required merely the accumulation of materials, or the critical selection of facts and their lucid arrangement, disqualifies them from the higher task of grasping the subject as a whole, and viewing it by the light of general philosophy, discovering the true centre from which it must be re-organized. This great achievement requires more than the highest powers of analytical acumen, it requires the intuition of synthetic genius. And when the voice of the great discoverer, who is destined to renovate his department of knowledge, makes known the central truth, there is none on whose ear it falls more repulsively than on that of the high-priest of the special science itself. Great discoveries belong to philosophy rather than to science; and no class of minds is less prepared to receive them than are those who have devoted themselves to the study of scientific details alone.

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There is nothing more strange or more lamentable than the total absence of philosophical discernment displayed by those who are now the appointed guardians of medicine. While deploring its present uncertain and unscientific character, they do not seem at all aware of the real cause of its poverty, and propose remedies which would be as useless if got as they are impossible to get. Their inability to perceive what medicine stands in need of, arises from the same cause as their rejection of Homœopathy. If there be any thing more striking in Dr. Forbes' memorable article than this, that throughout the whole of it he speaks of theory in medicine as if it were quite an unimportant thing, and as if the whole end of the labours of the medical philosopher were attained if he made himself sure of a sufficient number of facts, it is the constant recurrence of the expression "philosophic practitioner,"—whose philosophy seems to consist in doubting much and in doing nothing. Unsparingly as he condemns Homœopathy as tending to degrade physic by making its practitioners artisans, the position he would appoint to medicine is singularly opposed to the usual requirements of an art and a science. Science is certain knowledge, giving the power of prediction; art is the application of that knowledge. But his science consists in knowing that we can know nothing, and the art he recommends us to practice is the *dolce far niente!* He speaks of Homœopathy as "an ingenious system of medical doctrine, tolerably complete in its organization, tolerably comprehensive in its views," and says that "it is as good and rational a theory as most of our medical theories." With the great leader of philosophic practitioners it seems a very light matter whether a theory be right or wrong. He seems to regard it very much in the light of the shell of an oyster, useful only for containing a nutritious body of facts. It is not surprising that, considering theory to be so very insignificant a matter, he lightly observes, with an inconsistency which might be culpable in one who took a more serious view of the value of theory, "that we may indeed have sufficient proof to satisfy any reasonable mind that the theory, or doctrines, or principles of Homœopathy are false," although he does not enter into any such proof, but waives it till a

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more convenient season. He turns away contemptuously from the consideration of the theory, doctrines, or principles, and eagerly asks what the *facts* are worth.

The facts arrest and startle him. He finds that under the guidance of this theory practitioners of medicine restore to health more patients than under the orthodox method, which disdains, as an infringement upon the liberty of the faculty, to acknowledge obedience to any theory whatsoever. This fact of the greater success of Homœopathic treatment, is a hook in the nose of Allopathy, which must in some way or other be extracted. The problem is this:—By the most authentic returns, more cures are effected in certain dangerous diseases under Homœopathy than under Allopathy; how, then, is the inference to be prevented that, therefore, Homœopathy is good, and the position to be established that it is radically bad? This is done in the simplest and most ingenious way. Good and bad are relative terms: it is the same thing to say that a man is better than a monkey, as to say that a monkey is worse than a man. It merely requires the transposition of the predicates. If we say Homœopathy is better than Allopathy, we suppose some good in the former—more good at least than in Allopathy. But we have only to say Allopathy is worse than Homœopathy to get rid of the dilemma. And this is the position our great antagonist assumes! But it is urged, if Homœopathy be bad, and Allopathy still worse, how do you retain your allegiance to Allopathy? To this he answers: it is bad *in esse*, but good *in posse;* it contains the germs of its entire renovation, and it only requires proper attention to foster the latent rudiments of good into vigorous growth. How comes it, a sceptic might inquire, that you, who have so long held a chief place in the cabinet of Medicine,—you, her appointed, acknowledged, respected minister, should, till now, never have whispered your belief that the system you have been directing requires a thorough reformation? How is it that this momentous truth has been forced from you by the doings of so insignificant a body as the Homœopathists? Surely, in the history of our art, among the triumphs of Homœopathy will be recorded,—"It forced Dr. Forbes to give his candid opinion of the state of

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medicine. It forced him to make confessions during his life, which otherwise he might have reserved for his testament."

But let us follow out the process of Young Physic, and see exactly what it is, and to what it leads:—Allopathy and Homœopathy are both bad. In their hospitals many patients die, although more recover. The average mortality in both is much alike; the kind of diseases which kill them is much alike. It is plain that, as there is no great difference in the amount of recoveries under the two systems, they must both derive their efficacy from the same cause. Now, as the methods of treatment are wholly opposite, the benefit must accrue from something beyond or outside of the treatment altogether. The only thing beyond that, common to both, is the natural power of recovery. Here, then, is the real explanation of the cause of the equality in the mortality and recovery in the two sets of hospitals:—that those who are able to stand the treatment and the disease, get well; and those who are unable, die. The practice of medicine (*medendi*, curing) turns out to be nothing. All that the physician can do, is to open his wards and see fair-play between Nature and Death. If the struggle between them end in favour of the latter, he has the satisfaction of confirming his diagnosis; if in favour of the former, of dismissing his patient.

Is it, then, really come to this—that, after two thousand years of observing disease, we are no further advanced in its treatment? In what respect is Young Physic superior to Hippocrates? They both advise the same thing: Watch, say they, the progress of disease, but do not interfere. Young Physic, however, remarks, that all who have deviated from this rule have done mischief. All that his greater experience has taught him is, to have greater confidence in the canon of Hippocrates. How long is this new cycle to run? Are we to stand, like sentinel-stars, for other two thousand years, silently watching the course of disease, while ever and anon an eccentric man of action suggests some practical innovation, till, at the expiry of this double millennium, another Forbes arises, and with his critical crowbar demolishes the systems of these practical men, and dooms

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his fellow-mortals to endure all the pangs of sickness, with nothing but the consolations of philosophy to alleviate them? In short, what is the germ in Allopathy on which Dr. Forbes rests his hopes? The only positive recommendations we can find are—carefully to watch the progress of disease, to employ all proper hygienic measures, and *to use the numerical method in noting down the effects which have been or may be observed to follow the administration of the medicines.* The first two recommendations, however excellent, can hardly be considered as at all differing from those given by Hippocrates; and as Dr. Forbes evidently expects much good to accrue from the last, it is to it we shall now direct our sole attention: and if we can establish that the only results of such a method are increasing perplexity, rank error, or total disbelief in the powers of medicine, we must acknowledge the incapacity of Young Physic to be of any use,—except in the way of a pioneer.

"*Ars longa, vita brevis, observatio fallax:*" how, then, can any man, in the short term of his life, discover for himself what remedies are certainly useful in the all but infinite variety of diseases he has to treat? Suppose even that he has the advantage of a large hospital, is it possible for him to make experiments in such a way as to arrive at certain knowledge? The Young Physic school, which prides itself upon its philosophy, recommends the use of the numerical method, that, by noting down the result of each medicine in each form of disease, we may at length arrive at positive data to direct us in future cases. Let us inquire what philosophers of established reputation think of this plan.

M. Comte scouts with the same severity as Dr. Forbes, all ontological speculations, and founds his system on the ascertainment of positive phenomena alone, leaving the mystics to pry into the cause of these phenomena. He has, moreover, a profound respect for mathematical science, places it as the first and fundamental science in his scheme of human knowledge, and is most anxious to carry the numerical spirit as far into general science as it will legitimately go. He would apply the method of numerical notation to every department of human knowledge, where it could be of any avail.

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Surely if any philosopher of note is likely to countenance Young Physic's brave attempt to reform medicine by introducing into it the accuracy of arithmetic, it must be M. Auguste Comte. His opinion is given in the following words:—

"*Indeed, the spirit of calculation tends in our day to introduce itself into this study,* (Physiology) *especially into that part of it relating to medical questions, by a much less direct method, under a much more specious form, and with infinitely more modest pretensions. I wish to speak of that pretended application of it which is called the statistics of medicine, from which many savans* (e. g., Young Physic) *expect wonders, and which, from its very nature, can lead only to profound and direct degradation of the medical art, (reduced by it to a blind enumeration.) Such a method, if we may be allowed to call it by the name of method at all, cannot, in reality, be any thing else than absolute empiricism, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make chance trials of certain therapeutic measures, for the purpose of noting down with minute precision the numerical results of their application. It is evident, on principle, that the continual variations to which all organism is subjected, are necessarily even more pronounced in a pathological, than in a normal state, as a result of which, the cases must be even less exactly similar, whence results the manifest impossibility of making a judicious comparison between two curative methods derived from data furnished by statistical tables alone, independent of some sound medical theory. No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to physiology, but it is precisely under the strict condition that it shall never be simply empirical, but that it shall always attach itself either in its institution or in its interpretation to an entire system of corresponding positive doctrines.* (A l'ensemble systematique des doctrines positives correspondantes.) *Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in therapeutics more superficial and more uncertain*

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than that which rests solely on the easy computation of fatal and favourable cases, to say nothing of the pernicious practical consequences of such a manner of proceeding, where one could not beforehand exclude any kind of attempt.

"*It is really deplorable that geometricians have sometimes honoured with some kind of encouragement, such a profoundly irrational aberration, by making vain and puerile efforts to determine, by their illusory theory of chances, the number of cases sufficient to make these statistical results legitimate.*"—(Cours de Philosophie positive par M. Auguste Comte. Tome 3me p.p. 418, 420.)

We must again remind Young Physic that M. Comte is one of the first of living mathematicians, and one who, more than any other philosopher, insists upon the prolongation of the mathematical method as far forward into the more special and complex sciences as it can be made to go.

There can be no greater contrast than that presented by Dr. Forbes, as a destroyer, and as a builder. Nothing can be clearer, more precise, more acute than his objections to the systems or practice of others; but when he makes his own system known, he becomes vague and obscure in the extreme, and falls into declamation about the medical profession being "grand and glorious in its essence, aims, and aspirations!" Wearied, it would seem, with the work of demolition, he sinks into the state described by Horace, when he says, "*Auditis? an me ludit amabilis insania?*" and in the dim perspective he sees the future progeny of Young Physic flit past like Banquo's shadowy race, but cannot catch or paint their lineaments.

The system which is thus faintly suggested in the article of Dr. Forbes is more fully expounded by Dr. A. Combe in his letter "On the Observation of Nature in the Treatment of Disease." This letter is very remarkable for its candour and high moral tone. It contains also much truth, and shows that the writer, to some extent, perceives the real cause of the backward state of medicine when he says that, "notwithstanding the ardour and success with which facts are sought for, yet, inasmuch as the ultimate facts remain unknown, the others lead to no useful result." If by ultimate fact, Dr. Combe

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means the largest possible generalization, and this is the only idea that a disciple of Bacon can attach to the phrase, then we entirely agree with him, but we look upon the homœopathic principle as being that ultimate fact which he seeks. Although to a certain extent Dr. Combe feels the necessities of medicine, and truly says it is by the ascertainment of an ultimate fact, that is, a general law, that we can advance our science, yet the means by which he strives to reach the point of vantage are as vague as his general conception of what it would be, when gained, is just and exalted.

The system which Dr. Combe expounds is founded on a radical error in philosophy. His view is this:—If we observe the progress of disease, we shall find that it runs a determinate course; it has its origin, its growth, and its decline; in these it obeys certain fixed laws given to it by the Creator. It is for man to learn these laws—to interpret these laws, but not to interfere with them. Nature alone cures, not man. It is presumptuous in man to usurp the prerogative of nature, and attempt to improve upon her efforts. Man is the interpreter, not the master of nature. Such seems the general drift of his opinions, which, lest we misstate them, we shall give in his own words:—"The grand object of medicine is to preserve and restore the healthy action of all the different organs and functions of the human body, so as to ensure their efficiency, and fit the individual for the successful discharge of the duties devolving upon him as a created being and a member of society. Here, then, the first step to be taken is obviously to become acquainted with the mechanism of the body, the structure of its constituent organs, the conditions or laws under which these act, the purposes which they respectively serve in the animal economy, and the relations in which they stand to each other, and to the external agents by which man is surrounded and acted upon from the moment of conception down to his latest breath. In other words, the first step towards rational principles of cure must consist in a knowledge of the laws of the healthy functions. The second ought to be the observation of the manner in which the various disturbing causes act upon the different functions, and the kind, course, duration,

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and termination, of the morbid action which they produce. Having investigated these points, we become qualified to inquire, in the next place, what circumstances will best favour the intentions of Nature, and remove the obstacles which may have arisen to impede or thwart her efforts. To succeed in these aims, or even to make a rational attempt at succeeding, we must be profoundly impressed, or, I may say, saturated, with the great principle or truth, that all the operations and actions of the living body, whether healthy or morbid, take place according to fixed and discoverable laws, and that God has left nothing to chance. With this grand fact before us, it becomes palpably evident that we can do nothing rational in the way of either prevention or cure, except in so far as we act in accordance with those laws. Many medical men have, however, a very different impression from this. A good physician will always seek to be, and never aim at being more than, Bacon's 'servant and interpreter of Nature.' A greater than he created man, and ordained the laws of his being, and no surer road can be found than that traced by the hand of his Creator. Overlooking this truth, and viewing disease as an entity, ungoverned by any definite laws, and not destined to run through any definite course, many medical men talk as familiarly of their 'curing' and 'arresting disease' as if they had an absolute control over the whole animal functions, and could alter their laws of action at pleasure. To my mind, no clearer proof of presumption and philosophic ignorance can be found than this usurpation of the prerogatives of Deity; and its results are often very unsatisfactory."

The great error contained in this view consists in confounding the so-called laws of Nature with the laws of a moral Creator. The tap-root of the false school of philosophy to which Dr. Combe seems to belong, and which has recently been fully expounded in many popular works, is confounding the real obligation of man to obey the moral laws of his Creator with his assumed submission to the laws of the creation. The so-called laws of the creation have no existence out of the mind of man. They are but the summary expressions of his knowledge; they are but the ulti-

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mate facts or laws he has arrived at. "Ultimate laws," says Mr. Mill, "are observed uniformities of Nature which cannot be resolved into more general laws."—(Mill's Logic, Vol. II, p. 3.) All that they express, in any case, is the constant relation of certain facts to certain other facts. This is all that gravitation expresses. Because gravitation is a law of Nature, would any sane man argue that therefore it ought not to be interfered with? What is the whole active life of man, but a struggle with this great law of Nature? What is death but a sinking under it—becoming obedient to it—being let down, pulled down, we might say, in submission to this grand natural law? It cannot, then, be argued that because a process occurs in obedience to a law of physiology or pathology, that on that ground alone we ought not to interfere with it. It must be shown that it would be inexpedient to the patient if we did. This, which is the only real point at issue between us and the Naturalists, Dr. Combe does not attempt to touch. He shows, indeed, that in certain cases it is very hazardous to use the ordinary depleting measures; but he does not even attempt to show that there are not, or may not be, means which are innocuous, yet potently beneficial. He does not show that there may not be a science of therapeutics, or curing; but he implies, from the position he at first assumes, that there cannot.

Miserable as are the conclusions Dr. Combe arrives at, we believe they are the logical consequences of working out Dr. Forbes' system; and for this reason we attach much value to his letter, independently altogether of the high and generous tone which pervades it, and which gives great weight to its influence over others. If ever Medicine suffer utter degradation, it will be brought about by means of this new school. The leaders of the profession are engendering a scepticism in Medicine which, unless counteracted, will blight it to the core. Practitioners of physic will become divided into two classes,—the one believing nothing, but yet acting as if they did, and giving the countenance of their high talents and acquirements to the rankest hypocrisy; the other class believing any thing or every thing, but having no substantial grounds for their belief: cold, cultivated sceptics will

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be the aristocracy, and ignorant but energetic dupes of their own credulity the democracy, of this noble and glorious profession. No wonder that one of Dr. Forbes' correspondents exclaims, "What more melancholy fact can be presented to the mere prescriber, when he first enters upon the duties of his benevolent profession with the enthusiasm of unsoured philanthropy, than the continual assurance of the Nestors of the profession, that the greater our experience the more positive our conviction that we can *do* nothing? And it only proves the immense force of habit that, with such convictions, we do not see men quit a profession which, under such circumstances, requires a constant exercise of hypocrisy and a constant sacrifice of principle." There are examples of physicians being so conscientious as to make the sacrifice, and one of these is Hahnemann.

While the great majority of those who have expressed their opinions on the state and prospects of medicine agree in the main with Drs. Forbes and Combe, yet a few avow their dislike at being thus consigned to the negative pole of usefulness. The best exponent of the views of this class seems to be Dr. Bartlett, who says, "the seat, the character, and the tendencies of the disease being known, the next thing to be done is to find out the best means of preventing, modifying, and of curing it." To do this he goes on to say, "we must know the effects and influences which all substances and agencies in nature are capable of producing upon it, and this we can know only by direct observation of the effects themselves." That is, we may suppose medicine improved by a system of experimentation with individual drugs upon individual diseases. This is what another writer likewise proposes. Let us again apply to some philosopher of acknowledged reputation, to ascertain what may be expected from such experiments when not conducted in the light of some previous theory.

It most fortunately happens, that the very case in point is used as an illustration by Mr. J. Stuart Mill, in his work upon Logic. That highest modern authority upon the subject writes thus:—"Let the subject of inquiry be the conditions of health and disease in the human body, or, for greater

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simplicity, the conditions of recovery from a given disease; and in order to limit the question still more, let it be confined, in the first instance, to this one inquiry,—Is, or is not, a particular drug, Mercury, for example, a remedy for that disease? * * * When we devise an experiment to ascertain the effects of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the midst of a set of circumstances which we have exactly ascertained. It need hardly be remarked how far this condition is from being realized in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist in any instance in which Mercury is administered to a living being. This difficulty, however, though insuperable in most cases, may not be so in all; there are sometimes (though I should think never in physiology) concurrences of many causes in which we yet know accurately what the causes are. But when we have got clear of this obstacle we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstances in the case the presence of which is unknown to us, we require also that none of the circumstances which we do know of shall have effects susceptible of being confounded with those of the agent whose properties we wish to study; we take the utmost pains to exclude all causes capable of composition with the given cause; or if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomena. These precautions are inapplicable to such cases as we are now considering. * * * *Any thing like a scientific use of the method of experiment in these complicated cases is therefore out of the question. We can, in the most favourable cases, only discover, by a succession of trials, that a certain cause is very often followed by a certain effect.*"—Mill's Logic, Vol. I, p. 529.) We find, then, that logic as unceremoniously discards the experimental method proposed by Dr. Bartlett as philosophy condemned the statistical

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method sanctioned by Dr. Forbes. Indeed, the two methods are very nearly allied, the one almost involving the other; and if they both be abandoned, and if young physicians be not content with being the mere spectators of disease and superintenders of the diet and ventilation, and revolt at the idea of hospitals for the cure of the sick being nothing but museums for the study of morbid natural history, and registries of mortality, to what side are they to turn for escape from the alternatives presented to them? How shall they be followers of nature and yet energetic? How shall they know all that is to be known, and not be sceptical; and do all that is to be done, and not be dangerous?

If the simple observation of the natural course of disease; if the application of the numerical method to all recorded cures; if experiments with various medicines upon various diseases, are each and all fallacious modes for the improvement of Medicine, what conceivable method yet remains by which it may be raised from its present uncertainty to become amenable to known laws, by which it may be worked? The answer to this we have already anticipated, at the commencement of our article. The accumulation and complexity of facts in Medicine rendering the inductive process inapplicable, it is absolutely necessary, for the regeneration of the science, that some successful hypothesis be made which shall express the law of relation between the curative and some other discoverable property of a given drug, by which we may know beforehand what we are to select in a given case of disease. There has been but one such attempt in Medicine, (for we need not stop to show that the old Galenic maxim, "*Contraria contrariis opponantur*," is not such an hypothesis, involving, as it does, the previous ascertainment of conditions as impossible to recognise as they are incapable of being tested;) that is, *that medicines tend to cure diseases similar to those they tend to produce.** This is a perfect hypothesis for the circumstances; because it embraces all the

* We believe this is the most accurate way of stating the law of Homœopathy, and it would obviate many objections if this mode of expressing it were generally adopted.

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circumstances coming within the range of medication, and it is possible to establish the truth or falseness of it by experiment. How vain and ignorant it is of those who profess themselves philosophic practitioners, to reject this proposition, and to stigmatize the practice thence flowing, on the ground of its being at the first hypothetical, is shown from the fact that all complex sciences have become perfect by means of some successful hypothesis. What was Kepler's law of planetary motion, which has introduced such accuracy into astronomy that the accession of a new member to our system can now be infallibly predicted, but an hypothesis verified by calculation? What was Dalton's atomic theory, which has given such systematic beauty to chemistry, but an hypothesis verified by calculation? What was Torricelli's grand discovery of the pressure of the atmosphere, which introduced a new era in physics, but an hypothesis verified by an experiment? It is the same with Hahnemann's great law of Medicine—it is an hypothesis proved true by its results.

Had Dr. Forbes and his followers been alive to the necessity of such a discovery, had they perceived that *it was not a Bacon, but a Newton, that Medicine stood in need of,* they would have formed a very different estimate of the grandeur of Homœopathy; they would not have harped with puerile pertinacity upon the assertion that Hahnemann was mistaken in supposing that the symptoms of ague he felt stood in relation of cause and effect to the doses of Cinchona bark he had previously taken. They would have perceived that it was of very little consequence what gave rise in the mind of Hahnemann to an hypothesis which, if substantiated, would make Medicine ever afterwards a deductive science, and not an empirical one; and they would have directed all their energies to ascertain whether this hypothesis be true or false; for if true, it must for ever change the whole character of their art.

There were three possible ways open for disproving the truth of Homœopathy: First, by showing that it was opposed to some already established natural law; Second, by showing that the facts on which it rested its claims for belief were either false or too few; Third, that when tried as a guide in practice, it led to failure.

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The first way was never attempted. No one has yet ventured to assert, that the proposition that a medicine tends to cure diseases similar to those it tends to excite, is radically opposed to any general fact. Nay, were this the place for it, it would not be difficult to demonstrate, that this primary law of Homœopathy presents many striking and interesting analogies with some of the most important doctrines that have recently been advanced by the greatest writers in the various fields of physics, ethics, and psychology.

Neither Dr. Forbes, nor any of his school, have devoted themselves to the task of undertaking the second way, and showing that there is not a marked similarity between the curative and noxious effects of very many drugs. Nay, Dr. Forbes himself admits, in these words, that there is such a resemblance. "Indeed, it is supported by several strong analogies, afforded both by pathology and (allopathic) therapeutics."

The only other way which remained was to show, that where this law had been applied for the cure of diseases, it had entirely failed to effect its object. How far our opponents have succeeded in this, we leave those to determine who have carefully and critically studied Professor Henderson's letter to Dr. Forbes, as well as the evidence from which his arguments are drawn.

Hitherto we have contemplated Homœopathy as an abstract scientific truth, "won from the void and formless infinite," by the genius of its discoverer; a truth which would remain the same, although disease were to disappear, and there were no occasion for its application to human affairs; and we have considered the reason why the value of this truth has not been appreciated by the foremost men in our profession. But between such an abstraction and the requirements of daily life, there lies the province of art. The truth might be revealed, but might remain for ever unprofitable to us, if we were not instructed in the mode of its application. Art is to science what action is to thought. The discovery of the law of Homœopathy made medicine as a science perfect; it required another discovery before an element of perfection was imparted to medicine as an art.

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Discoveries in art are of a wholly different kind from those in science. They are simply empirical rules obtained from observations or experiment, and proved true by experience. They never can have the same absolute value as fundamental scientific principles, nor are they susceptible of the same amount of proof. The rules of art occupy, as it were, a middle point between science and its application. They rest upon a surface of fluctuating observations, and they derive their coherence and stability from a source different from that of their origin. That source is the abstract scientific truth to which they are united. In estimating the value of these rules of art, it is necessary always to keep in view this their double connexion; and it would be as unfair to judge of them, separated from their connexion with the scientific principles which gives them support, as it would be to insist upon a child living in its mother's womb after the umbilical cord had been divided. This is the injustice which has been practised upon the rule of art connected with the science of Homœopathy;—the rule that medicines when administered in accordance with the principle "*similia similibus*," should be given in minute quantities. If the proposition had been advanced that medicines, in doses infinitely minuter than had even hitherto been imagined, were capable of curing diseases, as a simple fact of observation, it might fairly have been met with the ridicule that has assailed it. But when advanced under the protection of a more general proposition, it ought to have been always viewed as related to that general fact; and in that light, whether it be true or false, it ceases to be ridiculous.

While, then, we charge Dr. Forbes with committing a fundamental error in philosophy, by not appreciating the necessity of some general hypothesis by which the science of medicine may be made deductive, we charge him and his followers with a second error in judging of a rule of art without taking into consideration the cognate scientific principle from which it derives half its force. This misapprehension of the proper point of view, on the part of all English writers, from which the system of giving small doses ought to be regarded, is the less excusable, since those who have adopted their side of the controversy in Germany, have admitted and given full

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prominence to the fact, that the dose must vary according to the principle by which the medicine is selected. "On the other hand, observes Dr. Jörg, 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," he exclaims, "should I occupy time by 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 much 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?"*

Another great error which the various writers upon the subject have fallen into, when treating of minute doses, is confounding the amount of force required to originate a series of changes in the animal system, and that which is required to modify those changes where already going on. It is, if we may so express it, applying to a question of dynamics, calculations derived from data afforded by statics. Contented as the disciples of Young Physic are with allowing morbid processes to proceed without any intervention, and simply supporting the powers of life, that the system may not sink under the continuance of the disease; and accustomed as they and all Allopathic physicians are to look upon therapeutic agents as operations beyond, or on the outside of the sphere of the actual morbid forces, (the derivative system of medicine,) they do not perceive that if it be possible to introduce a force within the actual sphere of diseased action, that force will be incalculably intensified in its operation by acting on other forces already in a state of preternatural and violent activity. A breath of air will deflect an arrow from its course, although shot from the bow of Hercules. We do not intend to dwell upon the point last mooted, partly because our space

* Materiellen zu einer künftigen heillmitellehre durch versuche der Arzneien an gesunden Menschen gewonnen und gesammelt von Dr. Johan C. G. Jörg, page 16.

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is exhausted, and partly because they have already been fully and ably handled by various writers. We would here recommend a recent popular work by Dr. Henry Madden,* which contains a very fair exposition of this part of the subject; we would also especially advise our readers carefully to reperuse a review of Liebig's Chemistry, which appeared in 1845 in this journal; it contains much that is original, profound, and singularly appropriate.

Before we close this fragmentary and elliptical paper, the design of which has been rather to discover, if possible, and to indicate the chief sources of the errors of our opponents, and in this very search to point to the refutation of those errors, than to expose, by argument, the numerous fallacies which have marked their winding course throughout the controversy, we wish to do full justice to Dr. Forbes. We look upon him as the ablest exponent of the sceptical era in medicine. He expresses for the Medicine what others have done for the Philosophy of our period, which has been characterized as "an age of unbelief, and yet afraid of scepticism." By giving expression to prevailing scepticism in medicine, Dr. Forbes has rendered an immense benefit to the profession; *he has brought out and made curable the hitherto latent psora.* The element of faith which he would fain mingle with his confession of general unbelief is too foreign to the rest of the system to have any influence upon his disciples. The reform he has so powerfully advanced will soon become a revolution beyond his power to control. His influence for the future will be purely destructive. But destruction of the bad must precede construction of the good; and for having with great talent and boldness attacked and shaken a dynasty whose speedy termination is with certainty predicted by this revolt of its chief supporter, for having rendered this service, and opened the gate of scepticism for the admission of truth, we feel deeply indebted to him, and we have no doubt that his school will prove to many the halting-place between Old Physic and Homœopathy.

* Dr. Madden's work would have more weight had he quoted the authorities from which his statements are derived. We found nothing new, and yet no references in the book.

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PRACTICAL OBSERVATIONS.

By Dr. Guinness, Dublin.

PLEUROPNEUMONIA.

On Friday, the 2nd of October, 1846, Miss A. D. of Beaumont, aged thirteen, was attacked with shivering, headach, and other febrile symptoms, for which I gave her

℞ Tinct. Aconiti, ♏. gtts. iii.
Aquæ, ℥ iv. M.
A tablespoonful every second hour.
And at bedtime one dose of Belladonnæ, ♏.

She was so much better the next day, that I found her up and dressed, and she begged to be allowed to go down to the drawing-room; being exposed to a draught of cold air that evening, all her former symptoms returned, and her mother continued the medicine as above; but on Monday, the 5th, eight o'clock at night, her cough and fever became so much worse that I was again sent for. I found her lying on her right side, her face and eyes very red, her skin in general burning, but particularly over chest and abdomen; raving at times; headach; incessant, dry, hacking cough; the least stir increased it; shooting pains through the chest occasionally, when coughing, and pain in right side; pulse 130 full; her breathing oppressed and short, particularly when sleeping, which is much disturbed by the cough; bowels confined; urine very turbid. Physical signs: dulness on percussion well marked over the posterior and inferior part of right lung, as far as spine of scapula; bronchial respiration, and absence of vesicular murmur. Ordered

℞ Tinct. Bryoniæ, ♏. gtts. iii.
Aquæ, ℥ iii. M.
A tablespoonful at once, followed in an hour after with
Tinct. Aconiti, ♏. gtts. iii.
Aquæ, ℥ iii. M.
These medicines to be repeated alternately during the night.

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Tuesday morning, 6th October.—Her medicine had been given regularly every hour, as she was so much disturbed by the cough; skin much cooler; pulse reduced 30 beats; countenance more natural; eyes and face not nearly so red; cough looser, but she gets up very little expectoration, and swallows it immediately: urine and bowels as last night. Physical signs not altered. The Tinct. Bryoniæ, 3., and Tinctura Aconiti, 3, to be continued, but at intervals of two hours.

Wednesday morning, 7th.—Passed a much better night; slept for two or three hours at a time; pulse 90; cough looser, and not so troublesome; pain in side nearly gone; feels stronger. She has taken of late only cold water, whey, or barley water; urine still turbid; bowels not moved, but she has no uneasiness; directed an enema of warm water if she felt uneasy. Omit Tinct. Aconiti. Continue Bryonia, 3, every third hour.

Thursday, 8th.—Passed a much better night; slept for three or four hours at a time; no febrile symptom; physical symptoms much as before, but there are occasional mucous râles, and at times I thought I observed some moist crepitus. To continue Bryonia 3, as before.

Friday morning, 9th.—The fourth morning of treatment for pneumonia, but a week since the rigor. Finding that though she was improved, still the physical signs remained pretty much the same, I gave her

Tinct. Phosph., 3. gtts. iii.
Aquæ, ℥ iii. M.

A tablespoonful every third hour. The Bryonia to be discontinued, and to get a little weak chicken broth.

Saturday morning, 10th.—Fifth day of treatment for pneumonia; slept nearly seven hours without awaking; feels quite well; on examining the posterior part of the right lung, I was much gratified to find that the sound was *much* clearer on percussion, and there was a distinct moist crepitatating râle, with some mucus râles; no pain in the chest; bowels had been well moved without enema; urine nearly natural; pulse 86. To continue Phosphorus every four hours, and to sit up for a little time, and to have beef tea.

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Sunday, 11*th*.—Is up and able to walk about the room; feels strong; pulse 70; to move into the drawing-room. Chicken for dinner. Continue Phosphorus three or four times in the day.

Tuesday, 13*th*.—My little patient was well; there was a slight itchy eruption in one of her hands and feet. Sulphur, third trituration in water. A spoonful three times daily.

This case is interesting, as, although the febrile symptoms and cough were quite subdued by the Bryon. and Aconite, still the physical signs never gave way until I gave her Phosph.; and it is an additional proof of the truth of Dr. Fleischmann's remark, viz.: "I have been quite convinced, by the experience of many years, that pneumonia is cured by no medicine so rapidly and certainly without any other aid, as with Phosphorus; and I am inclined to believe that a pneumonia which Phosphorus does not cure is, *as yet*, incurable by the Homœopathic method."

SCROFULOUS OPHTHALMIA.

June 30th, 1846.—John Quays, county Meath, three years old, had been ill with this disease twelve months; various remedies had been tried by different physicians without success. He was led into my study with his head much bent forward, as he could not bear the least ray of light. I found it quite impossible to raise the eyelids, which were puffed, and a quantity of hot tears were running from his eyes, also much purulent matter, his face was swollen, pale and unhealthy-looking, his abdomen very large, he was weak in his limbs, and his appetite bad; he was also very low in spirits, and wished to sit in the dark by himself; he had an eruption on his legs. Ordered

℞ Tinct. Sulph., 30. gl. xx.
Aquæ, ℥ xii. M.
A tablespoonful three times daily.

The following week the child was brought again, his eyes were open, he was much more lively, the eruption was going off, and altogether he was much improved.

℞ Tinct. Sulph., 30. gl. xx.
Aquæ, ℥ xii. M.
A tablespoonful three times daily.

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July 9th.—Still continues improving.

℞ Tinct. Calcar., 30. gl. xx.
Aquæ, ℥ xii.
A tablespoonful three times daily.

21st.—Getting quite well.

℞ Tinct. Sulph., 30. gl. xx.
Aquæ, ℥ xii. M.
A tablespoonful three times daily.

August 4th.

℞ Tinct. Calcar., 30. gl. xx.
Aquæ, ℥ xii.
A tablespoonful three times daily.

12th.—His father came up from the county of Meath for him, and was surprised at the great improvement, as as he stated that he had been at much expense paying for medicine and advice, without deriving any benefit. I ordered him to take him home to the country.

HERNIA HUMORALIS.

On the 8th of September, John Bell, from the county of Monaghan, applied to me for relief. Two months before he contracted gonorrhœa in England; this was quite checked by medicine he had been taking, (I believe Copaiba.) He now complains of much pain in the left testicle, and a distressing dragging sensation in his side; the testicle is a good deal swollen and tense, and painful to the touch; he cannot sleep at night.

Tinct. Pulsatillæ, 6.

A few globules dissolved in eight ounces of water.—A tablespoonful three times daily.

September 10th.—Pain much less, testicle not so much swollen, pain in side relieved, slept better, and there is now some discharge from urethra.

Tinct. Clematis, 3. gl. xii.
Aquæ, ℥ vi.
A spoonful three times daily.

12th.—Continues to improve.

Tinct. Clematis, 3. gl. xii.
Aquæ, ℥ vi.
A spoonful three times daily.

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15*th.*—Improving still. More discharge from urethra.

Tinct. Merc. Sol., 5. gl. xii.
Aquæ, ℥ vi.
A spoonful three times daily.

18*th.*—Swelling of testicle nearly gone.

Tinct. Merc. Sol., 5. gl. xii.
Aquæ, ℥ vi.
A spoonful three times daily.

18*th.*—Swelling of testicle nearly gone. Continue Mercury.

21*st.*—He is almost well.

Sulph., 30.
Three times daily.

29*th.*—Slight running from urethra; swelling all gone long since.

Nitric Ac., 30.

He went home quite well.

HEMORRHOIDS.

September 30*th.*—John Byrne, of Raheny, aged forty-two, has suffered from piles constantly for fourteen years, frequently passing blood; has severe burning sensation, with tenesmus; habitual constipation; has taken much medicine, and consulted a great many physicians, without deriving much benefit; for the last two years has been in constant suffering.

Tinct. Arsen., 3. gl. xii.
Aquæ, ℥ vi.
A tablespoonful night and morning.

October 5*th.*—Bowels had been much more free; he has passed no blood for three days, and feels much better.

Tinct. Arsen., 3. gl. xii.
Aquæ, ℥ vi.
A tablespoonful night and morning.

9*th.*—Bowels quite regular; no appearance of blood since; tenesmus gone; "has not been so well for nearly two years;" his appetite and strength improved.

Tinct. Arsen., 3.
Only to be taken at bedtime.

14*th.*—Continues quite well.

Tinct. Sulph., 30.
A tablespoonful night and morning.

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19*th.*—Is quite well; expresses himself most thankful.

Tinct. Sulph., 30.

A tablespoonful night and morning.

This case attracted the notice of the physician under whose care it had been previously.

September 23rd.—Mary Welch, of Doneycarney, aged eighteen. This young woman had been ill about three months; had been ordered aperients by the physician of her parish without relief, further than acting on the bowels; her bowels were not moved often for a fortnight, unless by purgatives; she has a constant sensation of "beating" in her head and vertigo, and these symptoms are sometimes so bad that she is forced to go to bed; menstruation irregular; great pain in her back. Is suffering much from piles.

Tinct. Nucis vomicæ, 3. gl. xii.

Aquæ, ℥ vi.

A dessert spoonful three times daily.

30*th.*—Bowels have been regular since; piles much better; her tongue is foul, and she complains of sickness of the stomach.

Tinct. Pulsatillæ, 6.

To be taken three times daily.

October 7th.—Piles quite gone; stomach and bowels well; still has much pain in head, and dimness of sight occasionally.

Tinct. Belladonnæ, 3.

When she feels the pain coming on.

14*th.*—After taking the last medicine two or three times, she felt no further uneasiness of head and sight; expects a change soon; in other respects she is quite well.

Tinct. Pulsatillæ, 6.

To be taken three times daily.

Shortly after this I was told she was in perfect health.

August 10*th.*—Mrs. Masterman, Raheny, has been suffering from piles, with much bleeding and pain occasionally, for twenty-seven years. Complains of much weakness and constipation.

℞ Tinct. Arsen., 3.

To be taken three times daily.

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12th.—Some improvement, but still has tenesmus and blood.

℞ Tinct. Merc. Sol., 5.

To be taken three times daily.

16th.—Tenesmus and blood gone; bowels moved once daily; feels much better; piles nearly gone.

℞ Sulph. 30.

To be taken night and morning.

Cured.

November 27th.—She has remained in perfect health.

August 3rd, 1846.—Ann Cooney, aged thirty-five, has had piles for thirteen years. Constant sensation of sickness and load in stomach, much worse after eating; epigastric region tender on pressure; bowels generally confined; pulse, sixty.

℞ Tinct. Nucis vom. 3. gl. xx.

Aquæ ℥ viii. M.

A tablespoonful to be taken three times daily.

18th.—The report is, that the piles are quite relieved, and her stomach much better.

℞ Tinct. Sulph. 18. gl. xx.

Aquæ ℥ viii. M.

A spoonful to be taken night and morning.

Cured her.

August 13th.—F. Martin, a labourer, was unable to leave his bed, the piles protruded so much; they were very dark and tense; they bled a great deal, and the pain was very severe; bowels costive.

The same treatment as in Cooney's case was adopted; on the 18th he was much better, and I gave Sulph. 18; on the 20th he was at his work, quite well.

GLOSSITIS.

P. Fitzsimmons, a carman, aged forty, on 10th June, 1846, had a severe rigor, followed by painful swelling of the tongue and throat. I did not see him until the 11th, about twenty-four hours after the rigor: the whole tongue was then enormously swollen; it nearly filled the cavity of the mouth, so that it was quite impossible to see the throat; but the tonsils externally felt enlarged, and were painful to the touch; his face very red and swollen, headach, pulse 100, full. On

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asking him could he swallow, he shook his head, and endeavoured to mutter that he could not. His wife stated that when he attempted it, it seemed to give him great pain. Pressure on the tongue with a spoon gave much pain, and the surface of it, as far as I could see, was coated white; but the point and edges, and inferior surface, were deep red, glossy, tense, and shining. His skin was burning hot, and he had passed a very restless night. I explained to him that he must endeavour to swallow a teaspoonful of the bottle I was going to give, regularly every hour; and it was not without much difficulty and pain that he succeeded in doing so.

℞ Tinct. Bellad. 3. gtts. iv.
Aquæ ℥ ii. M.

A teaspoonful to be taken at once, to be followed in an hour after with a teaspoonful of the following, and so on alternately :—

℞ Tinct. Merc. Sol. 5. gtts. v.
Aquæ ℥ ii. M.

Ten o'clock, P.M.—Twelve hours since I saw him: pulse 84, face less red, swallows better, and speaks rather better. To continue the medicines alternately every second hour during the night, should he be awake. Next morning I found the swelling greatly reduced, the tongue was less red and painful, and he could swallow and speak much better: the medicines to be continued alternately every third hour. On the next morning, forty-eight hours since I first saw him, the swelling was almost completely gone, and he could speak and swallow nearly as well as before his illness: pulse 76, natural; appetite good; slept well. He was able to go to his work in a day or two, and expressed himself truly grateful for the very rapid cure of his most distressing complaint.

I had a similar case some months before, treated exactly in the same way, which recovered as rapidly. I also had two cases of the same disease before I knew Homœopathy: in one case, after adopting the usual antiphlogistic treatment, I was obliged to make a deep incision into the tongue, and the patient recovered. This practice is strongly recommended by some French surgeons, particularly De La Malle, in the fifth volume, quarto, of the Mem. de l'Acad. de Chirurgie. It also appears that many patients have been saved from suffocation by making deep incisions, notwithstanding

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the antiphlogistic treatment adopted; and yet, in the two last cases I treated, I was enabled, in a very few hours, by the use of Belladonna and Mercury, to reduce the severe inflammation of the tongue, thus saving my patients the painful operation of cutting into the tongue. The other case, treated Allopathically by me, (that is, before I studied Homœopathy,) I sent into an hospital, finding that the disease spread so rapidly, and the man was becoming insensible, I wished for further advice.

HOMŒOPATHIC HOSPITAL REPORTS.

REPORT OF THE HOSPITALS OF THE SISTERS OF CHARITY AT LINZ AND KREMSIER.

LINZ HOSPITAL,

From the 1st January till the end of December, 1846.

NAMES OF DISEASES.	Remaining from 1844.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Abscess	1	4	5	...	...	...	...
Anasarca	...	2	1	...	...	1	...
Amenorrhœa	1	5	5	...	...	...	1
Apoplexy	...	1	1	...	...	...	...
Ascites	1	2	...	...	...	2	1
Arthritis rheumatic	2	8	10	...	...	...	...
Aortitis	...	1	1	...	...	...	...
—— chronic	1	...	1	...	...	...	...
Bronchitis	1	...	1	...	...	...	...
—— chronic	...	1	1	...	...	...	...
Burns	...	3	3	...	...	...	...
Caries of bones	...	1	...	1	...	...	...
Catarrh of the bowels	...	2	2	...	...	..	...
—— of the lungs, acute	...	11	11	...	...	...	...
—— —— chronic	...	4	4	...	...	...	...
—— —— emphysematic	1	3	4	...	...	...	...
—— of the stomach	...	3	...	3	...	...	...
Cancer of uterus	...	2	...	...	1	1	...
—— of stomach	...	1	...	1	...	...	...
Cerebral irritation	...	1	1	...	...	...	...
Chlorosis	...	8	7	...	...	...	1
Colic	...	1	1	...	...	...	...
—— gastric	...	5	4	...	...	...	1
—— menstrual	...	3	3	...	...	...	...
Carried forward	8	72	66	5	1	4	4

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LINZ HOSPITAL—*(continued.)*

NAMES OF DISEASES.	Remaining from 1844.	Admitted.	Cured.	Improved	Unsured.	Died.	Remaining.
Brought forward	8	72	66	5	1	4	4
Colic, nervous	...	1	1	...	...	...	...
—— rheumatic	...	9	9	...	...	...	...
—— painters'	...	1	...	...	...	...	1
Concussion of the brain	...	2	2	...	...	...	...
—— —— spinal cord	...	1	1	...	...	...	...
Contusions	...	12	11	...	...	...	1
Convulsions	...	2	...	2	...	...	...
Coxalgia	...	1	...	...	1	...	...
Congestion of lungs	...	1	1	...	...	...	...
Cramp of stomach	...	8	8	...	...	...	...
Cynanche tonsillaris	...	15	15	...	...	...	...
Desquamation of skin	...	1	1	...	...	...	...
Dissolution of the fluids (Auflösung der Säfte)	...	1	...	...	...	1	...
Dislocation of the shoulder joint	...	1	1	...	...	...	...
Diarrhœa	...	14	13	...	...	...	1
—— catarrhal	...	1	1	...	...	...	...
—— chronic	...	2	2	...	...	...	...
Dropsy, general	1	2	1	...	...	2	...
Dysentery	2	3	5	...	...	...	...
Diabetes	1	...	1	...	...	...	...
Encephalitis	...	1	1	...	...	...	...
Endocarditis	2	15	16	...	...	...	1
Entropium	...	1	1	...	...	...	...
Empyema, and purulent effusion into pericardium	...	1	...	...	...	1	...
Erysipelas of foot	...	8	6	...	...	...	2
—— of face	...	6	6	...	...	...	...
Fever, catarrhal	...	5	5	...	...	...	...
—— inflammatory	...	2	2	...	...	...	...
—— gastric	2	29	31	...	...	...	...
—— intermittent	...	41	40	...	...	...	1
—— rheumatic	1	45	44	...	...	...	2
Frozen limbs	...	6	5	...	...	...	1
Furunculi	...	1	1	...	...	...	...
Gangrene of throat	...	1	...	...	...	1	...
Gout	2	4	1	1	2	...	2
Headach, nervous	...	1	1	...	...	...	...
—— rheumatic	...	12	11	...	...	...	1
Hysteria	1	3	4	...	...	...	...
Hernia, incarcerated	...	1	...	...	..	1	...
Hepatitis	...	1	1	...	...	...	...
—— chronic	...	1	...	1	...	...	...
Hemiplegia	...	1	...	1	...	...	...
Hæmoptysis	...	4	4	...	...	...	...
Heart disease, organic	...	16	...	11	2	1	2
Hemeralopia	...	1	1	...	...	...	...
Inflammation of nasal membrane	...	2	1	1	...	...	...
—— of gums	...	1	1	...	...	...	...
—— of knee-joint	...	1	1	...	...	...	...
—— of vertebræ	...	1	1	...	...	...	...
Jaundice	...	7	5	...	1	...	1
Influenza	...	1	1	...	...	...	...
Lentitis	...	1	...	1	...	...	...
Carried forward	20	371	330	23	7	11	20

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LINZ HOSPITAL—*(continued.)*

NAMES OF DISEASES.	Remaining from 1844.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward	20	371	330	23	7	11	20
Leucorrhœa	...	1	...	...	...	...	1
Mammitis	...	1	1	...	...	...	...
Melancholia	...	1	...	1	...	...	...
Medullary sarcoma of the liver	...	1	...	...	...	1	...
Menorrhagia	...	1	1	...	...	...	...
Myelitis	...	1	1	...	...	...	...
Old age	1	2	...	...	...	3	...
Ophthalmia rheumatic	...	4	4	...	...	...	...
——— scrofulous	1	2	3	...	...	...	...
Otitis	...	2	1	...	...	...	1
Œdema, general	...	1	...	...	...	1	...
Pemphigus	...	1	1	...	...	...	...
Peritonitis	...	5	5	...	...	...	...
——— traumatic	...	1	1	...	...	...	...
Parotitis	...	3	3	...	...	...	...
Phlebitis	...	1	1	...	...	...	...
Pleuritis	1	7	7	...	...	...	1
——— chronic	1	...	1	...	...	...	...
——— and pneumonia	...	1	1	...	...	...	...
Pneumonia	...	14	14	...	...	...	...
——— and cystitis	...	1	1	...	...	...	...
Purpura	...	2	2	...	...	...	...
Panaritium	...	1	1	...	...	...	...
Photophobia scrofulous	...	2	2	...	...	...	...
Paralysis of spine	...	4	...	1	2	1	...
Pleuritic effusion	...	2	1	...	...	1	...
Prolapsus iridis	...	1	...	...	1	...	...
——— uteri	...	1	1	...	...	...	...
Rheumatism, acute	1	42	42	...	...	...	1
——— chronic	...	5	4	1	...	...	...
——— of the nerves	...	1	1	...	...	...	...
Rheumatic palsy	...	1	1	...	...	...	...
Scorbutus	1	1	1	...	...	1	...
Scrofula	1	...	...	1	...	...	...
Splenitis	...	2	2	...	...	...	...
Spasms, hysteric	...	1	1	...	...	...	...
Spasmodic cough	...	1	1	...	...	...	...
Strangury	...	2	2	...	...	...	...
Swelling of the cheek	...	6	6	...	...	...	...
——— of the axillary gland, inflammatory	...	1	...	...	...	...	1
——— of the gums	...	2	1	1	...	...	...
——— of the knee joint, gouty	...	3	2	...	...	...	1
——— of the inguinal glands, syphilitic	...	1	...	...	1	...	...
——— of the lower jaw, inflammatory	...	2	2	...	...	...	...
Scabies	...	1	...	1	...	...	...
Scarlatina	...	3	3	...	...	...	...
Sprain	...	1	1	...	...	...	...
Tinia capitis	...	4	2	...	1	...	1
Tuberculosis of lungs	...	1	...	...	...	1	...
Tuberculous disease of intestines	...	1	...	...	1	...	...
——— disease of lungs (Phthisis)	3	20	...	11	1	7	4
Typhus	4	57	48	...	1	7	5
Ulcers, indolent	2	15	14	...	1	...	2
Carried forward	36	609	517	40	16	34	38

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LINZ HOSPITAL—*(continued.)*

NAMES OF DISEASES.	Remaining from 1844.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward	36	609	517	40	16	34	38
—— of stomach, perforating	...	1	...	...	...	...	1
—— scrofulous	...	1	...	...	...	1	...
Ulcers, syphilitic	1	...	...	...	1	...	...
Vomiting, chronic	...	1	1	...	...	...	...
—— with purging	...	2	2	...	...	...	...
Wounds	1	2	3	...	...	...	...
Zona	...	1	1	...	...	...	...
Total	38	617	524	40	17	35	39

The number of patients who attended the Dispensary in 1845 was 3868.

DR. REISS, Ordinary Physician.
K. PLENINGER, District Surgeon, &c., &c.

THE KREMSIER HOSPITAL.

From the 12th of October, 1845, till the end of April, 1846.

NAMES OF DISEASES.	Admitted	Cured.	Improved.	Uncured.	Died.	Remaining.
Abscess, lymphatic, of breast	1	...	...	1	...	...
Ascites	1	...	...	...	1	...
Aneurism of aorta	1	...	...	1	...	...
Arthritis	2	2	...	...	...	...
Anasarca	1	...	...	...	...	1
Anomalous menstruation	1	1	...	...	...	...
Bronchitis	1	1	...	...	...	...
Cataract, incipient	2	...	2	...	...	..
Cough, acute	3	3	...	...	...	...
—— chronic	10	7	3	...	...	...
—— hooping	1	1	...	...	...	...
Colic, gastric	1	1	...	...	...	...
Cramp of stomach	6	6	...	...	...	...
Concussion of chest	1	1	...	...	...	...
—— —— brain	1	1	...	...	...	...
Cynanche tonsillaris	12	12	...	...	...	...
Disease of heart, organic	1	...	1	...	...	...
Dropsy, general	3	1	...	...	2	...
Diarrhœa	5	5	...	...	...	...
Dropsy of the ovarium	1	...	...	...	...	1
Carried forward	55	42	6	2	3	2

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KREMSIER HOSPITAL—*(continued.)*

NAMES OF DISEASES.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward	52	42	6	2	3	2
Erysipelas of face	3	3	...	...	...	2
Erysipelas of foot	3	3	...	...	...	...
Epilepsy	1	...	...	1	...	...
Fever, typhus	10	9	...	...	1	...
———, mild	13	12	...	...	...	1
———, cerebral	1	...	...	...	1	...
———, rheumatic	3	2	...	...	...	1
———, intermittent	21	18	...	...	...	3
———, gastric	17	15	...	...	...	2
———, catarrhal	4	4	...	...	...	...
Gout, chronic	1	...	1	...	...	...
Gastric irritation	10	10	...	...	...	...
Herpetic eruption	2	1	...	1	...	...
Hæmaturia	2	1	...	...	...	1
Hæmoptysis	4	2	1	...	1	...
Hæmorrhage	1	1	...	...	...	...
Hepatitis	1	1	...	...	...	...
Hemiplegia	1	...	1	...	...	...
Incontinence of urine	1	1	...	...	...	...
Leucorrhea	1	1	...	...	...	...
Laryngitis	1	1	...	...	...	...
Ophthalmia	8	6	1	...	...	1
———, scrophulous	5	4	..	...	...	1
Ovaritis	1	1	...	...	...	...
Parotitis	2	2	...	...	...	...
Pneumonia	7	6	...	...	1	...
Pleuritis	2	2	...	...	...	...
Phthisis	1	...	...	1	...	...
Ptyalism	2	1	...	...	...	1
Rheumatism	3	3	...	...	...	...
Swelling of knee	5	1	1	1	...	2
Speck upon cornea	1	1	...	...	...	...
Scrofula, general	1	...	1	...	...	...
Tetanus, Traumatic	1	...	...	...	1	...
Ulcer of foot	13	11	1	...	...	1
——— hand	2	2	...	...	...	...
——— lips	1	...	1	...	...	...
——— back	1	1	...	...	...	...
———, scrofulous	2	2	...	...	...	...
Vomiting, gastric	3	3	...	...	...	...
Wounds	2	2	...	...	...	...
Total	216	175	14	6	8	18

DR. SCHWEITZER, Ordinary Physician,

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ALLOPATHIC AND HOMŒOPATHIC TREATMENT OF THE MALIGNANT PUSTULE IN DOMESTIC ANIMALS.

By Wilhelm Jænike,
Bailiff of the Manor of Zagorowo.*

On the farm Adolfsberg, belonging to Mr. Von Weigel's manor of Zagorowo, which is situated in the circle of Konin, in the Kalisch Government, the flock of sheep usually kept there during the last fifteen years has been, from time to time, visited with epidemics of the Anthrax, or Malignant Pustule. This disease often broke out in two or three successive years, and often remained absent two or three years; on the whole, only a small number, in proportion of the flock, were affected. As this farm is the most unhealthy, and, as respects the soil, the poorest of this extensive estate, the cultivation of it has remained greatly behind that of the other farms. From deficient drainage, the ground is wet and sour, though lying on a subsoil of red and white sand, intersected with veins of marl.

The whole Wartha country in which the manor of Zagorowo lies, and especially the lower grounds, is often visited with sporadic cases of Anthrax among the cattle, and also the sheep. There was, therefore, nothing remarkable hitherto in the occurrence of similar cases at Adolfsberg, as, besides, the pasture was not of the most suitable quality for a flock of fine merinoes; and, therefore, only between four hundred and five hundred head of the oldest wethers were kept there, which were strong enough to be driven to other farms when the weather was unfavourable for these pastures.

Striking, however, was the breaking out of the Anthrax epidemic there in the dry summer of 1841; for in a herd of four hundred and fifty sheep, just after the rye harvest, when they were put on turnips, after the nearly dry straw feeding, and, in consequence, fattened rapidly, in the beginning of August, suddenly, about twenty head died in a few days. The course of the disease was rapid. The beast attacked suddenly stopped feeding, hung its head, stood still, began to tremble, and fell down, made a few convulsive jerks with the limbs, and was dead. All this passed often in the space of two

* Published in E. André's neuer oekonomischer Zeitschrift, 1845; Nos. 31 and 32. Reprinted in the Oesterreichische Zeitschrift für Homöopathie, B. 2, p. 540.

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or three minutes, and only seldom did this diseased state last above a quarter of an hour. The fallen beast had the mouth still full of fodder; blood flowed from the anus, and often also from the nose; the body swelled to the point of bursting. On dissection, the instantaneous stagnation of the whole mass of the blood could not fail to be recognized; and the cellular tissue betwixt the hide and flesh was infiltrated with dark red blood. In the digestive organs every thing was normal, but the lungs were often very full of blood; the liver natural in most cases, in a few only somewhat enlarged, and the spleen in the first case very large and gangrenous. This last phenomenon was scarcely ever met with in the later cases, the most of which were carried off very suddenly, and the spleen was found thin, and quite healthy, altogether free from gangrene. For this reason we have called the disease the Anthracious Apoplexy.*

With such a sudden approach of the crisis, and such an extraordinarily rapid course of the disease, a cure of the animal attacked was not to be thought of; even a smart drenching or bathing of the beast in cold water hardly delayed its death a few minutes, but never brought about a cure.

We could only, therefore, put in force preventive means, in order to save the rest of the flock. Bleeding, repeated at intervals of three days; administration of ounce doses of Glauber's Salts, at the same interval; draughts of water acidulated with sulphuric acid; and daily washing in a pond, were, among many other trials and plans, the chief means which we continued to use, with much perseverance and sacrifice of time, against this frightful disease. Nevertheless, numbers continued to fall victims to it, and on the 8th of September the disease reached its height, and on that day carried

[* We find it quite impossible here to render our author's meaning literally. The vernacular term in German for the disease, here termed Anthrax or Malignant Pustule, is "Milzbrand," which signifies mortification of the spleen, or spleen-rot. As the spleen in those cases was healthy, the author terms the disease "Milzbrandartiger Blutschlag," which would mean literally "Spleen-rot-like Apoplexy." By scientific authors, however, who have treated of the subject, it is more appropriately named *Typhus Carbuncularis acutissimus*, and, in its less rapid form, *Typhus Carbuncularis acutus*.—(See Vergleichende Darstellung der von den Hausthieren auf Menschen übertragbaren Krankheiten. Von Jacob Levin. Berlin, 1839.) Some of the other synonyms of this disease, are, Carbunculus Contagiosus, Carb. Polonicus, Carb. Gallicus, Puce Maligne, Czarna kresta, Schwarze Blatter.—(See Hoffman. Der Milzbrand, Stuttgard, 1827.)—Eds.]

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off sixty-two head. We now took them out of the stable, and brought the flock to a neighbouring small birch wood, into hurdles, and left them there, day and night, till late in the autumn. Here at last the disease gave way, though a considerable number still fell victims to it, so that the herd was reduced to half its number, and robbed of its best and fattest beasts. The remaining animals were worn to walking skeletons from the profuse bleeding, (which the sheep bears worst of all domestic animals,) and the frequent purgings. That the medicine and bleeding had in reality been quite ineffectual was distinctly shown, and the cessation of the disease was partly a consequence of the great weakness in which the animals were now, and partly was to be ascribed to the change in the atmosphere, as the autumn was already far advanced. Those means were, therefore, only so far useful in that they produced an excessive weakness and relaxation, which, it is true, removed the disposition to the disease, but in its place left such effects as were not only perceptible in the animals till their separation from the herd, but also completely absorbed the profit of this herd.

In the following winter we placed the herd, which had been filled up again with old wethers from the other farms, in the shed, because we feared infection in the sheep stable again. The winter passed without any casuality, and early in spring the sheep stable, the flooring of which had already been removed and new soil put on, was carefully whitewashed with lime, so that the roof, the beams, the pillars, and even the doors and thresholds were done over. In May, 1842, the sheep were again housed, and we hoped that the disease had disappeared. But unfortunately this was not the case, even by midsummer several fell victims, rapidly one after the other, and, as soon as possible, we brought the herd back to the hurdles. They were again bled, dosed with Glauber's Salts, drenched in cold water, and only one more wether perished. We ascribed, indeed, the cessation of the disease, not to the means employed, but solely to having removed them from the infected stalls, and thought it better not to bring the herd back to Adolfsberg in the autumn, but to take it to Olesnica, the nearest farm, and there to winter it in the shed. As the farm of Adolfsberg is only intended for pasture on account of the manure, the sheep stables were needed at any rate to be stalled with other cattle, and as the ruminants were not proper to be placed there on account of the probable infection, the herd of foals were placed there out of the above-named farm of Olesnica, consisting of thirty head of different ages. When these foals had

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been there fourteen days, a three-year-old brown Wallachian colt suddenly fell ill. The disease had all the symptoms of a violent attack of inflammation of the lungs; at least the short breathing, restlessness, heat, and total loss of appetite indicated this disease. The animal was speedily and profusely bled, a seton placed on its chest, Glauber's Salts and Saltpetre administered, and lavements employed.

Its state, however, became visibly worse; bleeding was repeated without success, and the horse fell a victim on the third day of the disease. We particularly remarked some boils which developed themselves on the body, and especially along the back; and likewise, that on dissection, the spleen and intestines were found gangrenous, but the lungs were injected with blood. The skin was infiltrated with blood, like that of the sheep which had perished from the Anthrax. Still we doubted that death had resulted from the infection and Anthrax, as this colt was the only one which had been weakly from its birth, and we had always thought it weak in the lungs. Our doubts were, however, soon removed, as on the third day after its death, the healthiest and finest animal among them, a two-year-old colt fell ill quite as suddenly, and showed all the symptoms of the Anthrax; all the means which have ever been proposed were tried unsuccessfully, and it died on the following day. On the whole body, especially along the back, were Anthrax boils of considerable size; and dissection showed all the ravages of the disease in the intestines.

The stable was instantly cleared, and remained empty during the winter. Next spring, (1843,) the walls of this stable, which were of loam bricks, were torn down, and walled up anew with bricks in lime, completely done over with lime in the inside, and the roof and pillars again whitewashed. The flooring was also removed to the depth of half an ell, and new earth laid down; in short, the stable was done up as if new. The loam bricks which had been pulled down, were carried out far from the farm to a sandy height, and there broken up and scattered, in order to improve the soil of that field. The wethers were next summer placed in the shed of the same farm. Two months after the laying down of the loam bricks, the flocks were driven over that spot, to graze from the grass shooting out between the fragments of loam bricks. Some hours afterwards a wether suddenly died of the Anthrax, and the day after a second. The excessive contagiousness of this disease became thus more and more evident, as it was only the infected

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exhalations of the stable which could have penetrated the loam bricks, which even a two months' exposure to the weather had failed to dissipate. On account of the great loss which had in two years diminished so greatly the flocks of wethers; and also, because it so happened, that at that time fed wethers repaid us better for the outlay in fodder than oxen, we purchased in August, this year, three hundred head of rough-wooled wethers, all young and healthy, from the district of the Vistula. To these we added two hundred head of the wethers remaining from the old flock, and towards the end of October put them in open pens, and subsequently we brought them into the newly done up stable.

We flattered ourselves that at last the disease was fairly banished, as from that time till after Christmas no wether had fallen; but, alas! our joy was without foundation. On New-year's eve a Merino wether fell suddenly, on New-year's day, 1844, three perished, and seven on the 2nd of January, of Anthrax. Among these eleven, were four Vistula wethers, thereby destroying our hope, that probably these powerful and differently organised animals, would not be subject to the Anthrax. We then immediately removed the herd from the stable, the barn was cleared out, and the wethers placed there.

Since then the Allopathic treatment had afforded hardly any, or at most a very doubtful help against the Anthrax; nay, had even left behind it debility and languor, we resolved this time to apply a Homœopathic treatment, as given in that useful book "The Homœopathic Veterinarian," by Frederick Aug. Günther, (Sondershausen bei F. A. Engel.) By the 2nd of January we mixed Anthracine with the barley, and gave this to the wethers to eat. As, however, the result of this plan seemed uncertain, since the sheep, unaccustomed to grain food, did not all eat it equally, we preferred giving each animal Arsenicum Album in the fifth dilution, and the result of this treatment surpassed our most sanguine expectations. After this two men were stationed day and night in the stable to observe the flock. The wethers were separated, that is, those already infected, were placed apart, and those, indeed, constituted more than two-thirds of the whole flock. (The infected animals are easily to be recognised by the very deep reddening of the eyeball, in which the fine blood-vessels, otherwise hardly visible, are swollen to the thickness of a coarse thread, and impart a rose colour to the whole of the white of the eye.)

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These diseased wethers got daily three doses of Arsenic, from two to three drops on the tongue, in the morning, at noon, and in the evening; those unaffected, and still healthy, got a dose morning and evening only. The dividing of those which became healthy from the diseased, and, *vice versâ*, of the newly-infected from the healthy ones, took place at first every two days—then every four, and at length, every six days. On the 3rd January three of the diseased sheep died, on the 4th January two, and on the 5th, one more wether. The colour of the eye-ball in the infected did not appear any longer of so deep a red as before; and although, in a few days after, three died one after another, yet the flock was quickly and fully restored to the healthy state, already so unmistakably announced through the colour of the eye.

In all twenty-two wethers had perished by the disease, twelve of which were of the coarse-wool kind. Though no more died after the 10th January, yet the strict watching of the flock was continued; and in the third week each animal had daily one dose of Arsenic, but, at last, but one every two days. During this time an old wood shed on one of the farms was broken up, and quickly conveyed about eight hundred paces from the farm of Adolfsberg, to the birch wood; for we deemed, and justly too, not merely the sheep-stalls and sheds, but the whole farm steading, to be infected; and we brought, by the beginning of February, the now perfectly healthy flock to the quickly-built, temporary stalls, in the birch wood. All the boards and hurdles were well whitewashed with lime, and, as a precaution, no fodder or straw was brought to the stalls from the farm. There the wethers remained, fattened well on distillery refuse, and were sold in spring, without any more deaths happening through Anthrax. Then a flock of upwards of four hundred animals of inferior quality, both wethers and ewes, were placed in the same stalls, which continued well till the beginning of December: as this month, however, was very cold, the weaker ones were forced to be removed from this airy building to the former often-mentioned and strongly-built stables; and as these animals remained perfectly healthy, in January, 1845, we brought the whole flock there, and up to the present time none has perished from Anthrax.

We must still mention two striking incidents, which show the uncommon contagiousness of this disease from one kind of animal to another, and which will be a warning to those who unfortunately see this malady break out with them.

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The fluid refuse of a distillery was taken on the 2nd January, by a team of oxen, from the farm of Olesnica to Adolfsberg, and the team stood, while the refuse was being tapped out, before the entrance of the barn in which the wethers were placed. When the team reached home, one died of Anthrax. All the cattle in Olesnica were in consequence immediately dosed with Arsenic, and no more perished. Further: once, when one of those wethers which had just died was carried to the spot in which it was to be buried, and there deposited on the brink till further inspection, two large pigs, belonging to the inspector of the farm, came and licked up the blood which had flowed from the nose and anus of the wether; a few minutes after, the pigs manifested all the symptoms of the same malady. The man who hastened at the cry for help from the owner of the pigs found only one alive; this one trembled, and was still standing up, with a stupefied and fixed look. Arsenic was immediately administered, at first every five minutes, then every ten minutes, and in an hour the animal was perfectly well, and did not again relapse.

In those animals which perished, spite of our having timely remarked the breaking out of the disease in them, and immediately administered Anthracine and Arsenic to them, the death-struggle lasted longer than with the former; one lived nearly two hours,—a token that the medecine was very powerful against the disease, though it could not master it.

Let us here declare an opinion which, perhaps, may open a new path to the examination of this puzzling disease, and its causes:—The sudden breaking out of the disease can only be explained through the sudden stagnation of the blood in the whole body, as the animal till then shows no trace of a change of health, if we do not take into account a very slight dulness which we thought we perceived in the flock while the disease was raging. The blood flowing from the veins has a bright red colour, and does not coagulate; while the colour is darker when the disease is not in the herd, and, as is well known, coagulates quickly. The obvious deduction from this is, that the whole disease consists in a diseased state of the blood, or in a chemical alteration of its substance, as a result of which the circulation is at once arrested, and the viscera, particularly the spleen, pass quickly into gangrene, through the tendency to mortification caused by this state of the blood.

If the circulation stops very suddenly, and also, in consequence, very sudden death results, the viscera are found normal,

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on inspection. Hence it would appear that those have confounded the cause with the effect, who have attributed this disease to a primary affection of the spleen: for, if the disease had its origin in the spleen, then, in each deceased animal, that organ ought to have been gangrenous; which, however, as we have clearly seen, was not the case. In the cure of the Anthrax under Homœopathic treatment, (under Allopathic, a cure has, indeed, never been possible,) the animals so cured manifested, in a few minutes after the successful treatment, a perfect repose and liveliness, which continued permanent; for the animal eat immediately, and in other respects was like one perfectly healthy. Hence it is to be deduced that the chemical change of the blood, or even only the stagnation of it, was at once removed through the treatment, and thereby the whole disease extinguished, before the spleen or other viscera had become gangrenous: for if the spleen or any other part had been affected with gangrene, and had this been the cause of the disease, which could hardly have shown itself so suddenly, then so perfect a recovery could hardly have taken place at once, but the patient would, as is the case with many other (particularly inflammatory) diseases, only slowly and by degrees have recovered, while the spleen was regaining its normal condition.

It might perhaps be possible, were enlightened veterinarians to lend their attention to this opinion, to cast a clearer light than it has till now received, on so frightful a disease; and if merely a few premonitory symptoms of this malady were discovered with precision, which might allow the cattle proprietor, when aware of them, to remove the circumstances which threaten danger, and to bring to bear on them preventive means, then this would indeed be of no small avail, but become a peculiar blessing for those countries where this disease frequently makes its ravages.

[We have given the above paper entire, as it is highly interesting, both in a scientific and economical point of view. The copious and circumstantial details of the complete want of success of the precautions taken to destroy the contagious matter, establish beyond the possibility of question, the utility of the Homœopathic medicines, both in the prevention and the cure of the disease. From the narrative of the above writer, (who was naturally more intent on saving his sheep, than trying remedies in a strictly scientific manner,) it does not distinctly appear what share the Anthracine had in the cure. But the fact of the cure of this disease by

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Anthracine, however extraordinary and inexplicable it may appear, (Anthracine is the matter of the Malignant Pustule diluted for use to the proper degree,) has been established by repeated observations in different epizootics.* For the benefit of those who may wish to try the Homœopathic remedies in the Malignant Pustule, we extract from Günther's work the directions for the treatment.—Eds.]

"The remedy for curing and preventing this affection is *Arsenicum*, of which, according to the greater or less severity of the disease at its onset, one dose is given every ten, fifteen, or twenty minutes, this being continued until an evident improvement is effected: then a few doses of *Anthracinum* are to be taken at more distant intervals. *Arsenicum* and, *Anthracinum* are also certain preservatives when the disease prevails in the neighbourhood, a dose to be taken two or three times a week. Kleeman, who has rarely seen the Anthracinum effect a cure, considers it on the contrary, a decided preservative. He directs that from ten to twelve drops be poured into a pail of water, that half a bushel or a bushel of oats be steeped in the liquid, during from six to twelve hours and that this grain be then distributed, which will suffice for six hundred sheep." †

OBSERVATIONS ON THE TREATMENT OF INFLAMMATION OF THE CŒCUM AND APOPLEXY.

By Francis Black, M.D.

The object in publishing the following remarks is to endeavour to throw some light on certain doubts expressed by Dr. Henderson in his second letter to Dr. Guinness. Dr. Henderson writes:—

"I am not so sure about the propriety of dispensing with leeching in certain obscure inflammatory cases, with little active fever, and no very

* See in particular the monograph of Dr. G. A. Weber. "Der Milzbrand. Leipzig, 1836."

† Günther's Manual of Homœopathic Veterinary Medicine. London: H. Bailliere, 1847.—We must here observe, that the reader would look in vain in the index of the translation of the Manual we quote from, for Malignant Pustule, Anthrax, or Carbuncle; the disease is termed there the Disease of the Blood! and the work is full of similar misnomers.—Eds.

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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 sub-acute inflammation about the cœcum or basin of the pelvis, which I mention as examples that would perplex."*

I was called on the evening of October 30, 1845, to see Miss E., aged sixty-five, who had enjoyed remarkably good health; for three weeks past the bowels have been acting irregularly, generally a small relaxed motion in the morning, with a costive stool in the evening. I found her lying on the sofa, complaining of pain about the lumbar region; pulse natural: she had been exposed to damp. Rhus was prescribed.

October 31*st*.—The patient is up, no abatement of the pain, which now extends down in the right hypogastric region, and is increased by motion; pulse 70, natural. Bryony was prescribed.

Evening.—Patient is in bed; no improvement in the pain, which, on motion, shoots down to the inguinal region. Urine scanty, passed with pain, muddy, and depositing a red sediment. The urine, on being heated, becomes clear. Pulse 80: bowels have not been opened for two days.

Cantharides 3 prescribed; and a tepid water enema to be administered; hot fomentations to the pubic region.

November 1*st*.—The patient has passed a restless night; find her lying on her back with her thighs drawn up, the extension of which increases the pain in the right iliac region. On examination there is a slight general degree of flatulent distention, great tenderness on pressure over the right iliac region, especially near the crest of the ilium, from this, on the pressure being increased, the pain extends through to the lumbar region, and partly down the right thigh. Tongue white and furred; no appetite; slight nausea; bowels costive. Urine scanty, passed with pain; muddy, with a red sediment, becoming clear when heated. Pulse 86, small.

Mercurius 3, ½ gr. 3^{tia} q.q.h.
A tepid water enema. Hot bran poultices to the abdomen.
Diet, thin gruel.

Evening.—A distinct swelling, moveable under the fingers, can be felt like a knuckle of distended intestine in the right iliac region; this examination gives great pain. The other symptoms continue

* British Journal of Homœopathy, No. XVII, p. 351.

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the same; pulse 90. The enema has had no effect. Discontinue the poultice, as it causes discomfort.

Continue Mercurius.

November 2nd.—Patient has passed a very restless night, the attendant considering her slightly delirious. She lies in the same position: tenderness and pain; the swelling less distinct, but still to be felt in the situation of the cœcum. Complains of pain extending from the right lumbar region down to the sacrum, through the inguinal region, and fore part of the thigh, more especially when the swelling is examined. Urine scanty, high coloured, strangury. No motion in the bowels; pulse 86, natural strength; skin hot.

Lachesis 6 gtt. ii, Aq. Font. ℥ iii, S. Cochl. ampl. 3ª q.q.h.

Ten p.m.—Patient complains of less pain and tenderness; the swelling has disappeared; urine passed more freely; no motion in bowels; pulse 84, rather weak; skin hot.

Continue Lachesis 4ᵗᵉ q.q.h.

November 3rd.—Patient has not slept much, expresses herself with confidence as being much better, and makes little complaint of pain. Tenderness on pressure considerably less; motion excites no pain in the lumbar region, but still a little in the right iliac; abdomen soft and cool; urine more copious; an enema of tepid water given during the night had produced no effect. Pulse 80, skin cool: the patient speaks cheerfully, and, up to to the present time, she has been very desponding.

Continue Lachesis 6, 6ᵗᵉ q.q.h. To be allowed a little weak chicken soup with arrow-root.

Evening. Bowels have been moved without enema; motion scanty and rather costive. Pain and tenderness less.

Continue Lachesis.

November 4th.—The patient has slept well; she can now extend the thighs, but much movement still excites a little uneasiness in the iliac region. Stronger pressure is now borne: the pain is described as deep-seated, and referred to an extent of about three inches in the right iliac region. Urine natural; tongue slightly furred; more appetite; skin cool, pulse 75.

Continue Lachesis 6, 8ᵗᵉ q.q.h.

To be allowed stronger chicken soup. An enema of tepid water to be administered in the afternoon.

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Evening.—Bowels have acted slightly, less costive.

Continue Lachesis.

November 5th.—Less pain, hardly any except on pressure over the cœcum.

Continue Lachesis.

Beef tea and rice to be allowed.

November 6th.—Pain quite gone. Suspend all medicine. From day to day the patient gained strength; had no return of the pain; the bowels were naturally moved every second day. On the 10th November, Sulphur was left, in case the bowels should become costive. I saw the patient again on the 12th, when she was in the drawing-room; she stated that she was quite well. From that period until now (Nov. 1846,) this lady has enjoyed good health.

The above I consider to have been a case of inflammation of the cœcum, of the pericæcal tissue; successfully treated by homœopathic remedies, the guide to the selection of which was the provings of the medicine. I have treated two somewhat similar, but less distinctly marked cases in a lady, aged thirty-eight, who has long suffered from chronic disease of the alimentary canal. On two previous occasions she had been leeched, blistered, and mercurialized, for what she stated was "inflammation of the turn of the bowels." These remedies, coupled with others, had tended to destroy her health. I shall describe one of the attacks: for some days she had complained of more than ordinary uneasiness in the right iliac region; the pain increasing, I was sent for on the third day. She complains of a dull pain in the region of the cœcum; on pressure over this part, there is a sense of doughy hardness, and the pain is rendered more acute; the pain extends also through to the lumbar region; bowels costive, but not more so than usual; skin hot and dry, tongue furred, pulse 90, weak, (natural pulse 75 to 80.)

Aconite 3, half a drop every hour for several times, and then every two hours; in this way Aconite was given for twelve hours, and then Merc. 3, quarter of a grain every three hours. In twenty-four hours the pulse was natural, the pain diminished, and wholly ceased on the evening of the second day; by the third there was no tenderness on pres-

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sure. During the first two days Merc. 3 was administered, on the third Lachesis, principally with the view of opening the bowels, which did not act until the fourth or fifth day after an enema had been given. The second attack closely resembled this one in its treatment and issue.

In Miss E.'s case, not supposing at first that there was inflammation of the intestines, I gave Bry. and Rhus, and then Canth., suspecting the kidney to be the diseased organ. The position of the patient on the 1st November, and tenderness of the cœcal region, first suggested the nature of the attack. Returning on that day from visiting this patient, I met Dr. Henderson, and on describing the case, he thought it would turn out to be inflammation of the cœcum: he also added, that he would be inclined to leech, as he doubted the efficacy of a homœopathic remedy in such an affection. The report of the 2d November confirmed the diagnosis, and the results of the case proved the utility of the medicine, for considering the age of the patient, and dangerous character of the disease, the recovery was as rapid as the most sanguine could have wished. In the proving of Lachesis the following symptoms are reported:—inflammation of the intestines, costiveness, pain in the hypogastrium; painful stiffness from the loins to the sacrum, pains extending down the thigh. Urine turbid, scanty, with red sediment; strangury. This pathogenesis, coupled with my experience of Lachesis in three cases, (one already reported, a second one of costiveness, attended with pain and swelling on the right iliac region, and the third, where Lachesis on two occasions appeared to excite the pain in the lumbar region and hypogastrium, as described in Miss E.'s case,) confirmed me in the choice of Lachesis.

Sub-acute inflammations of the cœcum or pelvic viscera may exist, and give little indication of their presence, but if even these few symptoms are sufficient to suggest the propriety of leeching, why may they not equally suggest a homœopathic remedy? Such latent or indistinct diseases are so often connected with some dyscrasia, that I cannot but think that the patient has a much better chance of recovery under Homœopathic treatment, than by the employment of depleting measures, such as leeches.

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I can not agree with Dr. Guinness when he says,—"In local inflammations, when I have found Arnica fail, leeches give great relief."* Local inflammation is a vague term; but if these inflammations were the results of sprains or of bruises, it may be asked, when Arnica failed, was Rhus, was Ruta, was Bryony tried? I am sure I state the general experience of Homœopathic practitioners when I say that Arnica has repeatedly proved useful in such cases when leeches had wholly failed. If these injuries were attended with Ecchymosis, then I refer him to an eminent surgeon's opinion:—"It is clear, that the blood being not contained within its own vessels, and, on the contrary, extravasated into the cellular substance, bleeding from the surface cannot possibly be of any service, and may even do harm, by increasing the weakness which the skin has previously suffered, both from the immediate effects of the injury, and also in its separation from the parts beneath, which attends the bloody infiltration, and thus causing sloughing."†

If the local inflammation was Parotitis, how admirably he would have found Mercurius answer; if Orchitis, Pulsatilla and Clematis. If the local inflammation was of the skin, then Dr. Guinness's experience of Belladonna in Erysipelas is a favourable answer.

The more the remedies are studied, and the more the experience of the body of Homœopathic practitioners is consulted in preference, or in addition to individual practice, then there will be fewer doubts as to the superior efficacy of specific remedies over local depletion.

The last sentence of this paragraph of Dr. Henderson's letter must now be considered:—

"In threatened apoplexy in robust persons, I should consider the man insane who would not bleed."

Insanity is a harsh, and rash term, and wholly inapplicable in such a case, as I hope to prove in the sequel. The practitioner who would not bleed is insane, because *he differs from Dr. Henderson* in the utility of blood-letting. He who

* British Journal of Homœopathy, No. XVII, p. 350.

† Syme, Principles of Surgery, page 114.

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applies so sweeping a phrase, may, and might with equal justice, have considered three years ago, that man a mad man, who, instead of bleeding a robust patient suffering from pneumonia, pleurisy, or peritonitis, suggested the one thousandth or one millionth of Aconite as a more fitting remedy. But what would then have been evidence of insanity, is now a criterion of good practice, and he who adds this new symptom of monomania—that disease so Protean, so puzzling to the medical jurist—now writes, "*Aconite serves admirably the purposes of blood-letting*"!!

But why is it a dangerous practice not to bleed in the threatened apoplexy of the robust? Is it because we have no remedies producing apoplexy? And if we have such means, has their employment been attended with failure—with failure so evident, that the having recourse to such remedies, stamps the prescriber as one devoid of reason?

Such changes have taken place in the treatment of apoplexy, as may justly lead to the thought that other, and greater changes will still take place. Formerly the idea of compression, pressure, congestion, and plethora, were considered the invariable causes of an apoplectic seizure; but what was then a general opinion of the profession, is now much modified, and only entertained in its original sense by the vulgar. Dr. Abercrombie, though he admitted that very different states of the brain may produce this disease, recommended the indiscriminate use of blood-letting in every case.* One practitioner of large experience states, that he never draws blood from a patient in apoplexy, excepting under peculiar circumstances, and avers that he is more successful in his treatment than those who do. Another considers that when one full blood-letting fails of giving relief, no benefit will be derived from pushing it further, but much risk of giving rise to paralysis. A third physician, equally eminent and experienced, confides in blood-letting almost solely; and a fourth, while he discards depletion, trusts to stimulants chiefly.†

The great suggestor of bleeding is the idea of mechanical pressure effecting an interrupted or unequal circulation

* On the Brain. Edit. 3. P. 286.

† Dr. Copeland, Dict. of Prac. Med. P. 96.

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in the brain. Granting that in many cases such pressure is the cause, it does not, therefore, constitute the only morbid condition of the brain in apoplexy. Cases occur in which there is no evidence whatever of pressure, and even when the examination after death reveals venous congestion or serous effusion, it is juster to consider these as ultimate changes, than as the exciting causes of the attack. Cases are recorded in which there existed a great amount of effusion or of congestion, and still no apoplectic seizure occurred. It appears then to be a just conclusion, that there are causes still more remote than pressure, (except in cases of organic disease of the cerebrum and vessels, but such cases do not indicate venesection,) and that these are dynamic, consisting in some peculiar derangement of the vital energy of the brain, which state predisposes to or effects a retarded circulation.

The various opinions as to the pathology and treatment of apoplexy, are of themselves sufficient to warrant the rational entertainment of a purely Homœopathic treatment.

Is the diagnosis of an attack, which in ordinary practice indicates bleeding, so easy, so plain, that he who blunders and does not bleed, must be insane?

A middle-aged, corpulent, robust, healthy man suddenly becomes apoplectic, is instantly treated with stimulants, and his consciousness and voluntary motion are speedily restored. Now, this same patient might by another practitioner have been bled, because he was healthy and robust.

Dr. Marshall Hall has great doubts as to the diagnosis: he writes,—

"How can we be certain of the fact? There may be the appearance of the sanguineous temperament in the countenance, an athletic form, the general appearance of too rude health; and with all this, headach, vertigo, and other symptoms of head-affection. But is it certain that the symptoms in such a case depend upon fulness? If there be, in addition to the appearances and symptoms which I have enumerated, a disposition to *doze*, it is nearly so. But in the absence of such symptom, or even with such symptom, may not the real cause be indigestion? Certainly. Then what is to be done? How shall we determine a question so momentous to our patient?"[*]

[*] Pract. Obs., &c., in Medicine, 1845. P. 79.

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In a doubtful case, he purposes to bleed the patient in an *erect* posture,—

"First, as a guard at once against the inefficient and the undue loss of blood; and, secondly, as a *diagnosis*, and as a prompter of our ulterior proceedings."

Dr. Henderson alludes to threatened apoplexy; in this case there is no coma, a state which might diminish the susceptibility of the organism to the action of a remedy given in very small doses. The patient, therefore, is still susceptible; the question then is, simply, do we possess any remedies which produce apoplexy, or symptoms resembling threatened apoplexy? With truth it may be answered that there are many such medicines.

Now, as Dr. Henderson admits the general efficacy of the Homœopathic principle, if he finds that out of twenty diseases he has had the opportunity of treating nineteen Homœopathically, and with success, then though he has not treated the twentieth, he may (knowing that there are medicines Homœopathic to it) justly deduce that it will also be cured. Now apoplexy appears to hold this twentieth place. This mode of argument may be objected to by those who regard each Homœopathic cure in the mere light of an acquisition to their individual experience, and not as illustrating a therapeutic law; who proceed ever forming a species of mosaic empirical art, and thus lose sight of Homœopathy as a great principle which, from its being so, may be safely and successfully worked deductively; thus giving the physician a just ground of confidence in diseases not previously treated, and, by predicting facts before trial, raising his art truly to a science.

But to presumptive evidence may be added that of experience:

I was called one evening to see a stout, healthy, robust woman, aged about fifty. She had been remarkably well until the morning of the same day, when she began to complain of pain in the head, and giddiness. I found the head and face hot; the mouth drawn to one side; the left arm numb; the pulse full, strong, and natural in frequency; bowels regular. She complained of a dull pain with fulness in the head, great drowsiness. I administered a drop of Nux Vom. 3, and left directions that it was to be repeated every

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half hour for two or three times, and then every two to three hours as soon as improvement was observed. On calling next morning I found that all these symptoms had disappeared; she had still, however, a disagreeable dull sensation in the head, and slight numbness of the left arm. The Nux was continued every six hours, and by the evening she was quite well, and two months afterwards, when I last saw her, she had continued to enjoy good health.

The above is a case which I conclude would, in ordinary practice, have been bled, and in which, had not the threatened attack been arrested, coma and paralysis would have ensued.

A lady of a full habit of body, labouring under well-marked hypertrophy of the heart; was very subject to congestion of the head: for this she stated her former medical attendants had always been obliged to cup and purge her. Such attacks had occurred three or four times every year. She derived some benefit from my prescriptions, as regarded the heart; but when one of these attacks threatened her, her confidence was much shaken, and with difficulty I overcame her scruples in favour of cupping. The attacks came on with sensation of great fulness and heat in the occiput, giddiness, stiffness of the nape of the neck; roaring noise in the ears; face flushed; pulse full and bounding.

Aconite 3, for a few hours, and then Belladonna speedily gave relief; in some of the attacks I found Lachesis more useful than the Belladonna.

I have treated several such seizures in this patient within a period of three years, and her experience has been that the relief afforded by the medicines is not quite so speedy as that given by the cupping, but it is more persistent.

The following case is kindly communicated by Dr. Chapman:—

"I was asked to see on the 19th of April, 1843, a traveller for a commercial house. He had returned the night before from one of his circuits, and had for some days previously been indulging his appetite too much, and taken stimulants too freely, though not habitually intemperate. His breathing was so stertorous through the night as to alarm his wife.

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"I found him unable to stand or sit up; his eyes prominent; his face turgid, and of a sub-purple colour; he complained of a great fullness in his head, of dimness of sight, and giddiness. His pulse was slow and laboured; he was roused with difficulty to answer a few questions; his breathing was oppressed; in fact, the apoplectic seizure seemed most imminent. I bared his left arm to look at the veins, it being my thought that he must lose blood. I then observed on his wrist an immense malignant furuncle, (anthrax) very much raised above the surface, blue and turgid. The sight of this made me pause. The local affection, according to the Allopathic treatment, required generous diet, bark, &c.; while the threatened apoplexy demanded the lancet; I gave him Aconite 3, a dose every hour. I called back to see him in a few hours, and I was at once sure the danger was over. His eyes were less fixt and prominent; the face had a more natural expression; the breathing was greatly relieved, and the pulse was more free. The Aconite was continued, with directions that if he should be much better he should take it every two hours.

"The next day I found the danger of apoplexy had passed away. The tumour on the wrist seemed to threaten gangrene; and I expected a deep slough. I prescribed for him Aconite and Lachesis 7, alternately every two hours.

"On the 21st I found his pulse and breathing natural; he had slept calmly; the ugly affair of the wrist had lost much of its ugliness. It had shrunk considerably, and now looked pale brown. The medicines were continued.

"On the 26th he visited me at my house. There was left on his wrist a healthy-looking circular sore of the size of a shilling; and in a few days more this was perfectly healed.

"This man had a short neck, and was stout. His age about thirty-five. I admonished him to live temperately, if he had any desire for long life, and twelve months after he was in good health. Since that time I have lost sight of him."

These remarks may now be extended to the treatment of a perfect apoplectic attack.

Dr. Beauvais reports fifteen cases of apoplexy successfully treated by various physicians with Homœopathic remedies.* Of these there are five cases, 202, 203, 205, 206, and

* Clinique Hom., Paris, 1836. Tom. 1, p. 252.

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211, in which bleeding had failed, but relief soon followed the use of Homœopathic remedies.

Case 203 is interesting: The patient—aged thirty-eight, of a bilious temperament—had an attack of apoplexy, the effect of which was to deprive him of the power of remembering many names; he was, however, able to prosecute his business tolerably well. He was again seized with a violent attack of apoplexy; two medical men were soon in attendance; the patient was copiously bled; the face and lips still continued violet and swollen; the teeth clenched; frothy and slightly bloody saliva; stertorous breathing; general convulsions. A second bleeding was practised an hour after the first one, but with no greater success than formerly. The medical attendants agreed to meet again in three hours, at which visit they found matters getting worse, and the patient quite insensible. "It was then," says Dr. Gachassin, "that, in despair, I proposed to my colleague the trial of a Homœopathic remedy, the indication for which, in accordance with the principle of this new doctrine, seemed to me to be precise,—owning, however, that this was my first trial of this mode of practice, and that, consequently, it was impossible for me to predict the result." His colleague consented: a drop of the tincture of Ignatia was given in a tablespoonful of water; this dose was very soon repeated, as the patient had not been able to swallow the first. Five minutes after taking the medicine, the convulsions were violently increased, but they soon began to abate and gradually ceased. In half an hour after taking the medicine consciousness began to be restored. By seven in the evening, Dr. G. was able to leave him; at ten he returned; the patient only complained of headach; for this Belladonna was prescribed.

From this date Dr. Gachassin commenced his Homœopathic career.*

The following case is communicated by Dr. Ker, of Cheltenham:—

"A lady—aged fifty-one, short-necked, very stout, face generally flushed, and eyes suffused—was suddenly seized with apoplexy in

* Seven years after, we find him introducing the subject of Homœopathy to the medical section of the Congrès Méridional, reading this case among others; he gained his point, for, "La section decida que le Congrès Méridional serait prié de recommander, d'une manière spéciale, aux practiciens, l'étude et la vérification de l'Homœopathie, afin de fournir au Congrès de 1835, des documens suffisans pour pouvoir porter sur elle un jugement consciencieux et impartial."—Bibl. Hom., 1e Ser. t. iii, p. 284.

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November, 1845. She sank heavily down when stooping over a sick friend and became insensible. Dr. Ker was hurriedly sent for, and found her, after an interval of twenty minutes, recovering her consciousness; she could not open her eye-lids; the face was flushed; pulse imperceptible at the wrist; extremities and abdomen cold; numbness of the tongue, with stammering on attempting to speak. He applied hot bottles to the feet and abdomen, and gave her a drop of Nux vom., mother tincture, in six tablespoonfuls of water; a teaspoonful of this to be taken every half-hour for two hours, and then the same dose every three hours. She became warm in the course of an hour, and from that time went on gradually improving, and up to the present period has continued free of all symptoms of apoplexy."

As a slight notice of the medicines which produce apoplexy may tend to counteract the opinion that blood-letting is necessary, I shall now allude to these remedies. So closely do the effects of many narcotics resemble apoplexy, that individuals have suffered death on the charge of having administered poison when probably the real cause was an apoplectic seizure wholly unconnected with the accusation.

Symptoms of Threatened Apoplexy.	Medicines indicated:
1. Headach, giddiness; 2. sense of weight and fulness in the head; turgid appearance of the veins of the head; 3. strong pulsation of the carotids, ringing in the ears; 4. flushing of the face, suffusion of the conjunctiva, depraved vision; 5. incoherent talking, resembling intoxication; 6. drowsiness, or lethargic tendency; 7. full pulse.	Belladonna, Opium, Stramonium.
Symptoms 1, 3, 5, 6; 8. paleness, or livid hue of the face; pulse rather weak and quick; 9. vomiting, nausea, uneasiness in the stomach; 10. sometimes unusual wakefulness.	Lachesis, Cocculus.
Symptoms 1, 3, 4, not constant; 5, or stammering, or forgetfulness, or substitution of one word for another; 6, sometimes 10; itching or formication of the surface; partial palsy of a limb, or part of a limb; numbness or pricking pains in the limbs; distortion of the mouth; paleness or lividity of the face.	Lachesis, Nux vomica, Cocculus, Ignatia, Baryta.

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SYMPTOMS OF APOPLEXY:

First Variety.—Patient falls down suddenly, deprived of sense and motion, and lies like a person in a deep sleep; his face generally flushed, his breathing stertorous; his pulse full, and not frequent, sometimes below the general standard; pupil generally dilated. In some cases convulsion occurs; in others, rigid contraction of the muscles of the extremities; and sometimes contraction of the muscles of one side, with relaxation of the other; profound stupor.

Morbid Appearances.—1. None sufficient to account for the symptoms; 2. injection and congestion of the brain and membranes; 3. serous effusion; 4. very rarely, extravasation of blood.

Termination.—1. Perfect recovery, often in the course of a few hours, but rarely when the attack has continued longer than one or two days. The patient may remain in a state of profound stupor, and may die after various intervals, from a few minutes to several days; or he may recover perfectly, without any bad consequences; or he may recover from the coma, with paralysis of one side. This paralysis may disappear in a few days, or it may subside gradually, or be permanent. The speech may be speedily or gradually recovered, or permanently lost; recovery may be accompanied by loss of sight.

SYMPTOMS OF REMEDIES.

Opium.

Transient excitement, with fulness of the pulse; soon torpor and deep sleep, giddiness, gradually increasing stupor; the person becomes motionless, and insensible to external impressions; breathing slow, oppressed, and stertorous; pupil generally dilated; convulsions *very rare.*

Morbid Appearances.—General turgescence of the vessels of the brain; serous effusion into the ventricles, and on the surface of the brain.

Hydrocyanic Acid; Essential Oil of Bitter Almonds.

A hypochondriacal gentleman swallowed two drachms of the essential oil; a few minutes afterwards, his servant, whom he sent for, found him lying in bed, with his features spasmodically contracted, his eyes fixed, staring, and turned upwards, and his chest heaving convulsively and hurriedly. A physician, who entered the room twenty minutes after the draught had been taken, found him quite insensible, the pupil immovable, the breathing stertorous and slow, the pulse feeble, and only thirty in a minute. Death ensued ten minutes afterwards.*

Morbid Appearances.—Cerebral vessels much gorged.

Hydrocyanic acid is much more apt to produce convulsions than opium.

Belladonna.

Generally, first, a stage of excitement, flushed face, head hot, eyes suffused, hallucination of the sight, dilated pupil, glancing of the eyes; throbbing of the carotids; incoherence, tremors, convulsions, followed by coma.

Morbid Appearances.—General congestion of the brain and its membranes.

Strammonium.

Delirium, loss of sense, drowsi-

* Christison on Poisons, 4th edit. P. 786.

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ness; loss of memory, sometimes permanent, sometimes transitory; convulsive paralysis of the limbs; dilated pupil, cold sweats.

Strammonium and Belladonna are much more apt to excite convulsions than opium or hydrocyanic acid. With the former it is rare that the sopor precedes the delirium.

Agaricus.

A man who ate of the Agaricus campanulatus, mistaking it for the A. campestris, was suddenly seized, ten minutes after commencing his repast, with dimness of vision, giddiness, debility, trembling, and loss of recollection. In a short time he recovered so far as to be able to go in search of assistance; but he had hardly walked two hundred and fifty yards when his memory again failed him, and he lost his way. His countenance expressed anxiety, he reeled about, and could hardly articulate. The pulse was slow and feeble. He soon became so drowsy that he could be kept awake only by constant dragging. An emetic was administered; the stupor went gradually off. (Lond. Med. and Phys. Jour., XXXVI. 451.)

Morbid Appearances.—Death in seven hours, caused by an infusion of Amanita Muscaria. The whole sinuses of the dura mater, as well as the arteries, were enormously distended with blood; the arachnoid and pia mater were of a scarlet colour; the vessels of the membrane between the convolutions, together with the choroid plexus, were also gorged, and the substance of the brain was red. A clot of blood, as large as a bean, was found in the cerebellum.* (Christison on Poisons, p. 928.)

* The whole of the poisonous fungi seem very analogous in their effects, the proving of the Agaricus muscarius, by Hahnemann, shows symptoms approaching to complete apoplexy; but I have selected the A. Campanulatus and the Amanita Muscaria, only because I had an opportunity of giving decided symptoms. To avoid any mistake from confusing these plants, Mr. Headland has kindly promised to procure preparations of each, when the season permits.

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Second Variety.—The patient is suddenly deprived of the power of one side of the body, and of speech, without stupor; or, if the first attack be accompanied by a degree of stupor, this soon disappears: he seems sensible of his situation, and endeavours to express his feelings by signs. In other cases the patient complains of symptoms referrible to the head, particularly of acute pain in one part of it; and is suddenly or gradually seized with stupor or profound coma. The mouth is often distorted, and the patient moves the limbs of one side, whilst one or both limbs of the opposite are found to be palsied. The palsied limbs are sometimes contracted, or slightly convulsed. In other cases the seizure is less perfectly apoplectic, varying in the degree of coma or stupor, the paralytic symptoms becoming the most prominent. The eyelid of one eye is paralyzed, or the eyes are distorted; the mouth twisted. In some, only one limb is affected, which is commonly the arm. In many, complete hemiplegia exists, or gradually manifests itself as the seizure declines. In the majority of cases, the speech is either altogether lost or greatly impaired.

Termination.—The attack may pass off entirely and quickly, and leave no trace of its existence; or the paralytic symptoms may require

Nux vomica.

Severe headach, deeply seated in the brain, or violent pain in forehead, with nausea and vomiting; stupor, vertigo, tinnitus aurium, sleeplessness, and turgescence of the capillaries of the face; face and extremities cold, pulse weak; convulsions, tetanic rigidity, paralysis; anxiety, excitability; in three hours, stupor and loss of speech; at length violent tetanic convulsion, proving fatal in three hours. Very seldom loss of consciousness.

Morbid Appearances.—Serous effusion on the surface of the cerebellum, and softening of the whole cortical substance of the brain, especially of the cerebellum; congestion of the whole membranes and substance of the brain and cerebellum; and even extravasation of blood within the cavity of the arachnoid, over the upper surface of the former; softening of the spinal chord.*

Cocculus.

The action of this remedy somewhat resembles Nux vomica, and, like that medicine, most violent symptoms may be excited by it, and the patient still retain consciousness. Cocculus has more tendency to produce stupor than Nux.

Violent pains, especially in the forehead; headach, with vertigo, nausea, vomiting, and loss of consciousness; numbness, sometimes of

* Nux vomica has been found in ordinary practice to be injurious in paralysis following apoplexy, caused by extravasation of blood or ramollissement. Andral mentions a case of hemiplegia, where he considers it produced inflammation of the substance of the brain, which ceased on the medicine being suspended,* and Lallemand gave it in two cases of cerebral disorder, it produced convulsions, in the midst of which the patients died. On examination, the brain round the sanguineous clot was found disorganized and softened.† These effects are attributable to too large a dose, and such cases illustrating the action of this remedy, indicates in Homœopathic practice its employment in appoplexy, in paralysis, dependent on inflammatory action of the brain, &c.

* Bayle, Bibl. Ther. t. 11. p. 227.

† Recherch. Anat. Path. sur l'Encephal, P. 267.

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many months for their removal. In another variety, the patient recovers so far as to be able to speak indistinctly, and to walk, dragging his leg by a painful effort; and, after this, makes no further improvement. He may continue in this state for years, and be cut off by a fresh attack. In another variety, the patient neither recovers nor becomes apoplectic; he is confined to bed, speechless and paralytic, but retaining his other faculties, and dies, gradually exhausted, after several weeks or months.

Morbid Appearances.—1. No satisfactory appearance, or only serous effusion, often in small quantity; 2. extravasation of blood, of small extent, contained in defined cysts, in the substance of the brain, or under the membranes; 3. ramollissement of the cerebral substance; 4. inflammation, and its consequences.

Third Variety.—This form of the disease begins with a sudden attack of pain in the head, which is generally referred to one side of the head, accompanied with sickness and vomiting; the face pale, body the hands, sometimes of the feet, or transient fits; paralysis, chiefly semilateral.

Lachesis.

Pains deep in the brain, with congestion of blood to the head; more often vertigo, paleness of the face, violent pain in forehead, generally to one side, extending back to occiput, attended often with vomiting; weak pulse, stupor, loss of consciousness, lividity of the face.

Morbid Appearances.—Softening of the brain, and extravasation of blood.

Lachesis is much more apt to produce stupor, and less of paralysis, than either Nux vomica or Cocculus.

Aconite.

"Of all the narcotics, the different species of monkshood most readily occasion apoplexy, when taken by mistake. I was lately consulted by a young man, who had incautiously chewed some seeds of this plant; he was shortly afterwards seized with a sense of numbness of the face, soon followed by complete apoplexy, complicated with paralysis, from which he recovered with great difficulty, and with palsy of one side, with which he is still affected, now upwards of twelve months from the time of the attack."—(Dict. Pract. Med. P. 92.)

In many cases of poisoning by Aconite, there was no loss of consciousness.

The nature of this variety is of such a kind as holds out very little if any hope of remedies being useful; the medicines which might be tried are those already described under the other two varieties.*

* The division into, and description of these three forms, (viz., those which are primarily apoplectic; secondly, those which begin with a sudden attack of headach, and pass gradually into apoplexy; and those which are distinguished by palsy and loss of speech without coma,) I have taken from Dr. Abercrombie's work on the Brain. P. 203 *et seq.*

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cold, and the pulse very feeble; the patient falling down, in some cases, slightly convulsed. In other cases, he does not fall down, the sudden attack of pain being only accompanied by slight and transient loss of recollection. In both cases he generally recovers in a few minutes from the first effects of the attack, is quite sensible, and able to walk, but continues to complain of headach; after a certain interval, which may vary from a few minutes to several hours, he becomes oppressed, forgetful, and incoherent, and then sinks into coma, from which he never recovers. In some few cases there is hemiplegia.

Termination.—Almost invariably fatal.

Morbid Appearances.—Extensive extravasation of blood, owing to the rupture of a considerable vessel, the rupture arising from disease of the artery at the part which gives way.

Such is a brief description of such medicines as are indicated in apoplexy; in the choice of these, the attention would also be directed to the predisposing and exciting causes: the habits of the patient; the presence of a gouty or rheumatic diathesis; the existence of disease of the liver and stomach, the kidneys, and especially of the heart. Attention to such circumstances will naturally, at least in the after-treatment of an apoplectic patient, extend the choice to many more remedies than I have had space to allude to.

A small stream of cold water directed from a height for half a minute or so at a time, against the crown of the head, while the patient is supported in a sitting posture, may, in many instances be useful, especially in the first variety, and in the second, where there is suspicion of inflammatory action and ramollissement. Or pounded ice, contained in a bladder, may be kept applied to the head when there is fever, delirium and convulsions, symptoms which indicate generally the occurrence of inflammation of the cerebral structure or meninges.

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The application of the cold douche, however, requires very great discrimination in its use, especially in cases where there is any depressed state of the vital powers, when, instead of relieving, it may aggravate the complaint.*

ON THE TREATMENT OF APOPLEXY.

By J. OZANNE, M.D., Guernsey.

ON the question of the propriety of using blood-letting in certain cases of cerebral congestion or hemorrhage, as a palliative measure, several authorities have decided, that in some instances it is *necessary* to have recourse to depletion, in order to obviate the immediate consequences of serious congestion, (and amongst them I may name Dr. Curie, and Dr. Petroz ;) and in order that time may be gained to apply the remedies which should have been resorted to at a much earlier period of the disease.

As Schelling has remarked with much truth,—"There is not a philosophy of Plato, and another of Aristotle—there is but one true philosophy"—so may we with equal truth say, there is not a medical science of the old school, and another of the new—there is but one true medical science. Truth may have various phases and numerous applications, but in itself it is *one*, and immutable. Its manifestations may vary with a diversity of conditions, whilst it is, in its essence, ever the same.

If, therefore, the formula "*similia similibus curantur*" be the correct expression of a *law* of nature, and if this law govern all the reactions which take place in the living organization, with the view of removing disease, it follows that it must be equally true in every season, in every clime, and in every age, and can only present to our eyes a diversity of results where the various conditions involved in the problem

* Since the above was sent to press, I have had kindly communicated to me several cases of apoplexy treated homœopathically, but I regret that the want of space prevents their publication at present.

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are not the same. In order, then, to understand this law perfectly, and in order to ascertain the limits of its applicability—or, in other words, the extent of the class of phenomena under its government, we should endeavour to define it with more than usual precision, and in so doing, we shall at once exclude those cases to which we conceive it is unsuited, and which at present—as apparent exceptions to its generality of application where it is applicable—disfigure the beauty of its proportions.

I conceive the Homœopathic formula to be applicable to *all* the cases, without any single exception, in which there is an effort in the living frame to return to its previous state of harmony. Wherever there is reaction and activity, there we may apply the law. And let this be said in direct opposition to the erroneous opinion prevalent amongst those who, knowing nothing of Homœopathy, imagine that it is suited least to those cases where the vital reaction is at its highest pitch. In truth, it is there that it seems most successful; and in confirmation of this assertion, I appeal to the experience of all other Homœopathic practitioners, and ask whether it is not their unanimous belief that the diseases which present the greatest measure of success are those belonging to the class of inflammation. In these the reaction is powerful, its course is regular, and with but very few exceptions, its result is favourable; and these exceptions are so few in number, that they give an additional testimony to the truth of the law, being within the limits of what is to be ascribed to human fallibility, and a science as yet only in its infancy. Yet it is remarkable that a doctrine, which was proclaimed hardly half a century ago, should already have surpassed in its success the results of methods which have been handed down to us from the brightest period in the scientific days of Greece, and which have been added to and improved in every succeeding age! What a striking proof of the fruitfulness of the principle on which the doctrine is founded!

I will now proceed to the consideration of those conditions of the brain in which congestion, rupture of some of its blood-vessels, or of some portion of its tissue, extravasa-

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tion of blood, apoplexy, and paralysis form the various links of the chain of phenomena to be observed.

On examining the treatment usually resorted to in the Allopathic system, one would think that in this disease the only object in view is to divert the current of blood to some other part, or to lessen the pressure of its mass upon the parietes of the cerebral blood-vessels. But there is something more in the prevention and in the treatment of cerebral hemorrhage than the mere adjustment of the degree of pressure of the blood on the vascular parietes and tissue of the brain; there is something more involved than a mere question of hydraulics; there is, in fact, a triple system of relations, which form a circle so intimately connected, that each becomes alternately the effect of what precedes it, and the cause of that which follows in the chain of phœnomenal succession. And here we have to consider—first, the power of resistance of the vascular coats, and of the brain against the pressure of the blood; second, the amount of pressure itself; and third, the dynamical activity of the heart. Unless we keep in view these triple relations, we cannot attempt to prevent hemorrhage, or guard against its consequences.

If, in accordance with Allopathic notions, we should attempt to diminish the vascular fulness and impoverish the blood, we should, it is true, lessen the violence of the heart's action; but at the same time we should diminish the power of resistance of the brain; therefore, this treatment could only be applicable to a case attended with immediate danger. If, on the other hand, we should endeavour to strengthen the brain, to improve its tone and that of the blood-vessels which supply it, by the use of a tonic course or of stimulants, we should at the same time increase the action of the heart, and increase the tendency to congestion; or should we prescribe a full animal diet, together with a course of tonics? Such a treatment would, assuredly, not be approved of; and yet, if there be any truth in the results of organic chemistry, and if in apoplexy the blood is deficient in fibrine, we should only be adopting measures exactly the reverse of those recommended in an opposite condition of the blood—that is, where fibrine is in excess!

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It appears to me that much of these difficulties would have been spared, if, in all that has been written on the subject of apoplexy, the results of careful and accurate observation alone had been advanced. There is, in fact, in the views generally prevalent, much that springs more from theory than from actual clinical observation—and the large share in the production of the disease, usually ascribed to vascular fulness, seems to be dependent on this fault. So far as my own observation is concerned, I may state that I have often been surprised at the facility with which all the symptoms generally assigned to cerebral congestion with threatening of apoplexy, are removed by a proper course of Homœopathic treatment—whilst, on the other hand, apoplexy, whether from simple congestion, or from extravasation of blood, occurred in persons previously weakened by disease, and whose vascular system was certainly far from presenting that state of fulness which is thought to be the principal element of apoplexy. Of the five cases which are detailed below, and which are the only ones that have come under my immediate observation within the last two years and a half, only one was seized without any apparent cause, beyond a family predisposition, and whilst in the enjoyment, so far as I was informed, of a good state of health. Of the four others, one was just convalescent from a disease which had considerably weakened him, and which was attended by œdema of the lower extremities. The second and third were elderly women, making an habitual use of stimulating drinks, such as tea and spirits—the one a hard working woman, living in a low and damp cottage, who had only returned to her work a fortnight before, after an illness which confined her to her bed during four weeks: the other a midwife—often whole nights without sleep, and exposed to all the irregularities of habits common to those who follow her avocations. The last a healthy and intelligent lad, who, two hours before the attack of congestion of the brain, had a fall on his head, which stunned him for some minutes, but which must have given a fearful shock to the brain. In these four cases, then, the cause of disease acted directly on the brain—not primarily on the vascular system. It has often struck me on reading authors on apoplexy, that the impres-

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sion in their minds relating to the condition of the cerebral circulation, was mainly derived from the inspection of bodies of persons who had, it is true, died of apoplexy, but in whom the proximate cause of death was, that very condition brought on by oppression of the brain—asphyxia.

If, then, congestion of the brain, whether it be followed or not by extravasation of blood, supervenes, in most cases, upon some morbid condition of that organ, in which either the cerebral tissue itself, or the coats of its blood-vessels, have lost not only their healthy tone, but also their elasticity and power of resisting pressure,—(the former condition giving rise to simple apoplexy, the latter to congestion with extravasation of blood,)—it follows that the treatment adopted should be such as to restore, by degrees, these tissues to their previously healthy state; and no system presents a shorter or surer method of attaining that end than Homœopathy;—and that, far from keeping the patient on a low diet, and impoverishing the blood by evacuations of all sorts, we should, on the contrary, by a judicious dietetic combination, so improve the condition of the blood that it may at all times present to the brain fresh and healthy materials, wherewith it may be enabled to renovate its tissues;*—and, moreover, that every thing should be avoided which, either by stimulating the brain, might favour the production of local congestions, or, by acting on the heart, might cause an increase of the vigour of its contractions. Thus it would be necessary to forbid stimulants and tonics of every description, and guard against giving food in excess, and so regulate the functions of the brain and nervous system as to ensure a proper alternation of activity and repose. These conditions united, and this treatment persevered in for some time—if there were time to act—the state of the brain could not fail to improve, and the danger of apoplexy would thus be averted.

* It seems to me highly probable, if not a positive fact, that the *modus operandi*, of the so-called *antipsorics* and *alteratives*, consists, simply, in their inducing a change in the vital actions, such, that the mutations of tissue, by means of the absorption of old materials, and assimilation of new particles, are not only rendered more active, but are made to resume their primitive and healthy course.

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We cannot, however, but lament that the artificial state of society at the present day—the influence of habit in making us the very slaves of our acquired tastes—the heedlessness of human nature, which fears not a danger which is not yet at our very door—and, perhaps, the ignorance which often ascribes to a supposed derangement of the stomach or liver, diseases which have their seat in the brain itself, prevent the majority of those who have experienced the warnings of apoplexy—the symptoms, often very slight, it is true, of a morbid state of the brain—from resorting to a judicious series of measures, which at this period might very frequently be beneficial: and it is not only the ignorant that are thus careless about their lives, but the literate and the scientific, who, from the very nature of their occupations, are more exposed to this disease than other men, and who, in spite of every warning, will still resort to stimulating and aromatic beverages, which spur on their exhausted brain to efforts which are above its strength,—unmindful, perhaps, of the progress of age, and of the changes which it brings on in the structure and elasticity of the arteries which supply the brain.

It is thus that we meet but too frequently with cases which (debarring accidents) are not suitable for the application of our general principle, which, according to my definition, is applicable to cases only in which there is a vital reaction,—now in apoplexy there is none.

I have thought it proper thus to show, at some length, how an apparently exceptional case arises, and how this case is out of the boundaries of the province of the law, because some minds might imagine that, if not applicable to *all* the complaints of the human frame, the law cannot be a *general* law. It is perfectly true that no natural law can have any exceptions; for these are, as science progresses, found to be only apparent, and dependent on circumstances which our ignorance prevented us from taking into account, and which might have solved the difficulty. In respect of these apoplectic cases, I think it possible that as Homœopathy progresses, by adding new medicines to the Materia Medica, and by improving our knowledge of those already in use, it is

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possible that remedies may be found, or a mode of administration discovered, which will entirely remove the necessity of relieving the engorged venous system of the excess of blood which it cannot propel, by means of the lancet.

Case .I—*Hemiplegia coming on immediately after copious blood-letting.*

A healthy-looking woman, aged about fifty, who had always enjoyed good health, of whose sisters one had an attack of hemiplegia some years ago, and another partial paraplegia from disease of the spinal chord, walked two miles to town to consult me. The previous evening she had experienced a slight difficulty in articulating her words, and a numbness in the right hand, otherwise she felt herself quite well. I gave her some Belladonna 3, and sent her home. In the evening I sent a surgeon with instructions to bleed her, if it should seem to be necessary. He thought it was not advisable to abstract blood. The next morning I found her much the same, and judged that there was congestion of some portion of the brain. I bled her freely. What followed made a deep impression on my mind. Before being bled she could walk, speak, and use her right arm, although it felt rather benumbed; she brought me the basin, and wished to hold it herself throughout the operation;—after being bled, and before I had left the house, *the arm and leg were completely powerless.* This was a case first of congestion, then of effusion of blood, which suddenly took place, most probably by laceration of the cerebral tissue, for to this day she has not recovered the use of her arm or of her leg sufficiently to be able to dress herself. The blood-letting neither prevented nor lessened the hemorrhage. Might it have facilitated it? All those present thought so. I remained in doubt, and remain so even now.

Case II.—*Hemiplegia from extravasation of blood, extreme dyspnœa,—typhoid symptoms.*

An old charwoman, who had the reputation of being very fond of spirits, and of sometimes drinking rather too much—living in a low and damp cottage—was taken last winter with fever, pains in the left side of the chest, and cough. I first visited her when she had been in bed a fortnight, expecting day after day that she should be cured by nature's sole efforts; but, despairing at last, much weakened and unable to take any food, she was induced to send for

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assistance. In a few days she was well, but weak. In a fortnight, she undertook a laborious washing day's work—continued to do more work than her strength could well allow of, until one day, about a month after her convalescence, she was found lying speechless and powerless on her floor; the mouth drawn to one side; the right arm and leg paralyzed; medical assistance was sent for, and she was bled. For twenty-four days from her attack she remained in a most precarious state—she could take neither food nor drink from the impossibility of swallowing; fortunately the medicines could be given drop by drop. The breathing was for many days stertorous, much oppressed; frequent paroxysms of dyspnœa, with wheezing, coughing, and blueness of the face, generally worse at night, and during which it was necessary to keep her in a sitting posture, seemed day after day to threaten her immediate dissolution. In addition to this, she became delirious at times, especially at night; the tongue became very red, dry, crusted and dark, as in typhus fever, and continued so for three weeks, at the end of which it became soft, pale, and natural. She then improved very rapidly, and, at the end of little more than four weeks, I was enabled to remove her, in an easy carriage, to a more suitable residence, three miles off. The medicines given her were, at first, Opium 3, then Belladonna 2, and Hyosc. 3, (on account of the delirium,) afterwards Arnica 3, Nux vomica 3, and Lachesis 6. The two latter especially on account of the typhoid symptoms, and the probable cause—the use of spirits—of this complication. She has recovered as well as any patient I have ever seen, though the arm presents still some traces of paralysis.

CASE III.—*Hemiplegia, at first treated in an Allopathic Hospital, then at a Homœopathic Dispensary—frequent vertigo, from cerebral congestion.*

An elderly woman—in extensive practice as a midwife and as a sick-nurse—was seized with apoplexy. She was, so far as I could ascertain, insensible for some time; was taken to the hospital where depletion and derivation were resorted to by means of venesection, cupping, and strong purgatives. In three months she was discharged. When I first saw her, she could scarcely stand and walk a few steps across the room, even with the assistance of a crutch; this was a second attack. In a short time she was able to go down into the street, and before long came herself to the dispensary. The improvement of the limbs went on gradually, but she was constantly complaining of pains in the head, of vertigo, and of attacks

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of insensibility, when she first reclined her head on the pillow every evening. These symptoms improved, with the exception of the vertigo, which in the spring increased considerably. She frequently met with medical men, who advised her different things, and was induced twice to be cupped, against my consent, and without my knowledge. Some likewise advised her take no animal food, and she followed this advice; but she only got worse, and the vertigo, and sensation of determination of blood to the head became so bad, that on some days she could not walk out of doors at all, and frequently fell down in the street like a person intoxicated. As she is a corpulent person, with a full pulse, and ruddy complexion, it was natural that the advice to deplete more and more should be given. She then told me of these opinions of her acquaintances, and I had much trouble to persuade her, that so long as she kept on a poor diet, and attempted to impoverish the blood, she could not improve—at last she determined to try the plan I proposed. She felt very poorly during the hot days of last summer, but before the summer had been half expended, the vertigo had nearly disappeared, her strength had increased, and a great mobility of disposition, with a great tendency to weep and to laugh for the least word, and nearly at the same moment a peculiar irritability of the temper, and unusual vindictiveness—all indicating a morbid state of the brain around the laceration—had likewise considerably improved. Since about two months the head has felt quite well.

CASE IV.—*Apoplexy, Blood-letting. Death at the end of ten days, in a man previously exhausted by a chronic disease.*

A man, aged about forty-five, had been dyspeptic for some time, he took cold, had a catarrhal affection in consequence, and after a time his legs became œdematous. He was convalescent, when one morning he rose at four o'clock, but fell down speechless, and apparently unconscious by his bed-side. A few hours after the face was injected, breathing somewhat stertorous, no deglutition possible, right arm and right leg paralyzed; he was bled, as it was imagined that there was still much congestion of the brain: he did not improve; took homœopathic remedies, seemed to improve a little; on the tenth day then died. The *post-mortem* was not allowed.

CASE V. — *Congestion of the Brain in consequence of concussion from a fall.*

A healthy and lively lad, apprenticed to a cabinetmaker, fell a ladder eight feet in height, and struck his forehead on the

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angle of a log of zebrawood. His forehead was cut, and his lower lip perforated. It was supposed that, from the concussion, he had been insensible for a few minutes, as he was missed for a little while. He came to me to get his wounds dressed. Two hours afterwards he suddenly fell down, his face was turgid of a deep blue colour, he foamed at the mouth, the features were distorted, the eyes seemed to project out of the orbits, the pupils were dilated, the breathing became stertorous, and the extremities cold. He was bled within three or four minutes of the attack; whilst the blood was flowing he voided some urine. This circumstance, together with the foaming of the mouth, gave to the attack some resemblance to an epileptic fit; but this lad had never had any nervous complaint before; moreover the congestion threatened an immediate extinction of life, and I feel convinced, that without this timely aid he must have died immediately, of the effects of compression; indeed, the respiration was almost arrested. In about two hours he had completely recovered his consciousness, but remained weak for two days. After being bled he took Belladonna 2, for some hours, and was removed to the hospital, from whence he was discharged at the end of three days.

Unless I am greatly mistaken, the above cases confirm all the propositions I have advanced, as to the proximate causes of cerebral hemorrhage and congestion; and show, that in most cases, the disease arises more from primary lesion of the brain itself than from over activity of the vascular system, or from a want of balance between the arterial and the venous portion of the circuit of the current of the blood. As the disease proceeds from a vital, and not from a mechanical cause, the remedies must, if administered in time, be such as to produce an effect on the vitality of the brain, the mechanical portion of the disease need only be met by means of a mechanical character, where the disease has been allowed to proceed until it threatens an immediate annihilation of the cerebral power, or when an accidental cause, such as in Case 5th, has given such a shock to the brain, that, for a time, the venous circulation may be impeded either in the cerebral capillaries, superficial veins, or in the sinuses of the dura mater. If these be relieved, possibly the blood may resume its onward course, and the patient recover.

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ON THE MECHANICAL AND HOMŒOPATHIC TREATMENT OF SPINAL CURVATURE AND DISTORTION.

By Thomas Engall, M.R.C.S.

Read before the British Homœopathic Society, May 7, 1846.

Mr. President and Gentlemen,

I have, with your sanction, selected for this evening's consideration the subject of the Mechanical and Homœopathic Treatment of Spinal Curvature and Distortion, one, in itself, of vast importance to the health of the community; the increased prevalence of this disease together with its usual intractability and the hopes held out for its prevention and cure by the system of medicine which we practice, form additional reasons why this subject should receive our serious consideration.

The importance of preserving the integrity of the spinal pillar will be evident if we glance at the uses it subserves. Although a flexible column, it yet protects, by enclosing that important organ, the source or channel of feeling and motion to the body, the spinal chord,—attached to it we find the nutrient vessels of the system, the thoracic duct, conveying the chyle derived from the food; the aorta, diffusing the crimson flood over the system by its numerous radiating branches; the vena cava, bringing back the refluent purple tide.

In relation with, and influenced by, the state of the spinal column, we find the pneumo-gastric and sympathetic nerves, and those which pass through the intervertebral foramina—nerves which are the channels of nutrition, of feeling, and of motion to the body. Besides this, we find it the centre of muscular action and resistance, as well as the centre of support to the whole osseous fabric.

Any deviation from the object intended by the Creator for this essential part of our frame to fulfil, must, from its various uses, cause a corresponding amount of suffering. Curvature and distortion in the superior part of the *cervical*

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region, we find producing cephalalgia, epilepsy, and irritation of the brain, ending, in some cases, in fatal affection of that organ. When the disease implicates the origin of the phrenic nerve, we have an irregular action of the diaphragm, accompanied by hiccough; and if the disease progress, sudden death ensues, from paralysis of that nerve. Loss of voice is a very usual consequence, and where the disease involves the substance of the vertebræ in its effects, pressure on the spinal chord may cause instant death; or if the disease take place in the lower part of the cervical region, we have increased and uncontrollable action, or complete paralysis of the upper extremities, by it involving the brachial plexus, or the whole system may be affected by involuntary muscular action, or complete rigidity. When the distortion occurs in the dorsal region, not only are the vessels already alluded to, the thoracic duct, the aorta, the vena cava, deflected from their course, and the flowing of the different fluids rendered more difficult through them, thus giving rise to irregular action of the heart, aneurism, and deficient arterialization of the blood, but in consequence of the shortening which the trunk undergoes, the viscera become compressed, and lay the foundation for disease of the pulmonary structure.* Should the deformity take place lower, involving the

* I cannot agree with the conclusion of Rokitansky, that "tuberculosis, especially of the lungs, seems never to occur with curvature of the spine."—*(Vide Fletcher's Pathology, p. 425.)*—I have known several instances in which pulmonary phthisis has followed both lateral and posterior curvature; in one of the latter it was developed simultaneously with caries of the vertebræ, for which reason I cannot agree with the observation that, "in the kyphosis caused by the scrofulous carious destruction of the vertebræ, the diathesis favourable to the generation of tubercles becomes entirely and permanently annihilated." The observation of Rokitansky is, however, useful as directing the mind to the importance of attending to the constitutional condition upon which the development of spinal disease frequently depends. [Before admitting the validity of Mr. Engall's objection to the principle laid down by Rokitansky, we should like to see a detailed account of the cases to which he alludes. We cannot doubt but that among the vast number of cases examined by Rokitansky, some must have presented themselves to his observation similar to those seen by our author, and *apparently* contradictory of his theory; but, on a nearer inspection, deficient in some essential conditions. In these cases observed by Mr. Engall was the curvature of sufficient extent to impede the function of the lungs and produce that venous character of the blood, which is alleged to be incompatible with the existence of tuberculosis?—Eds.] No; the curves were slight. (This reply was inserted by Mr. E. while the above was going through the press.)

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superior part of the lumbar region, we have pressure and displacement of the abdominal organs; hence we may expect impeded action of the stomach, liver, spleen, pancreas, kidneys, and of the lacteal system. When it occupies the lower part of the lumbar region, we find connected with it morbid affection of the organs subservient to the urinary secretion to those of digestion, and to those of generation; also to those concerned in the production of motion and feeling in the lower limbs, causing in the latter contraction, paralysis, or involuntary activity of them.

The deviation of the spine from the natural standard will allow of being divided into two classes,—spinal curvature, and spinal distortion: such division is not useless, as it forms a well grounded distinction between two classes of the disease, which require separate modes of treatment.

By spinal curvature, I mean that state of the column in which it is incapable of resisting the action of the muscles attached to it to produce motion in other parts, or the effects produced on it by the action of the anterior and superincumbent weights, but it becomes unnaturally flexed in consequence. In which these forces being removed, it is able to resume its natural form, and where there is no loss of substance of the parts implicated.

By spinal distortion, I mean that state of the column in which the parts are misplaced from their natural positions, and where the removal of the forces acting on the spine is not sufficient to reinstate them, and in which there is a loss of substance of the parts implicated.

Spinal curvature being produced without loss of substance in the parts implicated must necessarily limit the extent of the curvature, and prevent sudden ones being formed; hence, the curvatures are always gradual, and comprise an extensive part of the spinal column. These flexures may take place backwards, forming a gradual arc, commonly called a stoop or laterally forming lateral curvature, or forwards, which is of very rare occurrence, causing anterior curvature.

Spinal curvatures have been considered to arise,

1st. From loss of power in the muscles supporting and flexing the spine.

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2nd. From relaxation of the ligamentous connexions of the spine.

3rd. From compression of the intervertebral substances, and consequent relative lengthening of the anterior and posterior common ligaments of the spine.

That loss of muscular power may permit curvature to take place, is true; we have evidence of it in the stoop of advanced age,—in that arising from over-exertion, and that induced by sickness. In these cases the erector muscles rather permit than cause the curvature, being unable to resist the forces which naturally tend to flex the spine, and which are, in truth, the active agents. By increased health and strength, the power to resist these forces is gained; and, as sickness vanishes, the spine is reinstated in its proper form and functions, if no other structure than the muscular is implicated.

As loss of muscular power is a cause of spinal curvature, it becomes a point of importance to know on what this loss *usually* depends: it has been attributed to want of exercise of the spinal muscles, but unjustly so, for in no position, except that of recumbency, are the muscles of the spine entirely free from exertion. That this is not inconsiderable, may be inferred from the consideration, that by their force, they overcome the tendency of the superincumbent and anterior weight to bend the spine, which force must be constantly in exercise; this they can only do by such an amount of exertion as shall be sufficient to bring the centre of weight under the centre of support; and, in order to effect this, a great power must be constantly used, because the opposing force is constant, and because the muscles act at as great mechanical disadvantage. The centre on which the anterior weight tending to bend the body forward turns, is the posterior spinal ligament; the arrangement, therefore, is that of a lever of the third kind, the centre of motion being the posterior ligament—the short arm of the lever, on which the muscular force acts, extending from it to the spinous processes—the long arm from it to the parietes of the abdomen on which the resistance acts—the proportion of the resistance to the force will, at least, be as eight is to two; hence, every pound weight anteriorly will require a

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muscular force of four pounds posteriorly to counteract its influence: but this is not the only force, great as it is, to which the spinal muscles are subject; the spine is the centre of the forces and resistances acting on the body, the tendency of which must be to deflect the spine from its proper form and position, but as on the preservation of these the efficacy of the forces depend, this tendency must be resisted, and is so by the true muscles of the spine; and, to do so, a force of resistance must be produced or endured by them equal to that which they have to oppose. That this latter force must be very great, we may infer from the number and size of the muscles attached to the spine to move other parts, the number and size always bearing a relation to the amount of force employed; these muscles having to resist forces acting on the head, anterior part of the body, and extremities, by acting either directly or indirectly by fixing parts to or from which motion is to be made; thus, the trapezius fixes and acts on the head, the scapulæ, and clavicle; the latissimus acts in the arm; the levator anguli scapulæ, rhomboidei major and minor, fix and act on the scapulæ. I need not particularize the rest; sufficient has been said to show that the muscles must exercise a wide and powerful range of action, and, in order that that action should be efficient, the spine must be capable of resisting the contraction of the muscles acting on it; this must give constant exercise to the true muscles of the spine, if its correct form be dependent upon them, and if it does not, gives a greater amount of resistance to be borne by the ligamentous tissue; but it is most probable that both these structures are engaged in opposing these forces, the muscles keeping the spinal column steady and firm, and the ligaments and intervertebral substances preventing the displacement of the vertebræ, which, without such connexion, would take place from the force exerted on them. The following facts furnish additional evidence of the correctness of this view. Curvature is very seldom found in the lower animals,—never when the animal is able to follow the dictates of its nature and repose frequently; it exists in horses, and arises from the animal being worked too young and tasked

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beyond its power; it is never found in dogs, which repose frequently. Again, the inhabitants of warm climates, in which recumbency is frequently practised, are more free from curvature than we are, although their muscular tissue is much less dense than ours: in our own country spinal curvature is more prevalent in females than in males; the latter are permitted to lounge and lean upon objects, and thus relieve their spinal ligaments and intervertebral substances, from muscular traction and weight, which, when constant, causes depression of the intervertebral substances, lengthening of the spinal ligaments, which, eventually becoming permanent, permit the bones to shift their positions, and thus lay the foundation for spinal distortion.

From the facts adduced, that the true spinal muscles are constantly in action—that they act at a great mechanical disadvantage—that the spinal column, being the centre of the osseous system, has to resist the whole of the forces acting upon the body, and to do this must require constant muscular tension—I think we are fairly warranted in concluding that, where spinal curvature arises from muscular debility, *in persons capable of the usual natural functions*, that debility is not the result of want of exercise, but arises from too much exercise of the spinal muscles,—a conclusion which the success of treatment, founded upon the above views, fully confirms.

This conclusion may derive additional evidence from considering the second and third causes of spinal curvature. The second cause of spinal curvature has been attributed to relaxation and lengthening of the ligaments connecting the parts of which the spine is composed: that this may be the cause of curvature is probable, from what has been already stated, and is agreeable to experience and analogy. We know that where ligaments are elongated, the joint which they ought to support loses its proper position, and the motion of the part becomes irregular and uncertain, although the action of the muscles is perfectly normal; if the action continue, and the ligaments become much elongated, the joint may become spontaneously luxated. Now the ligaments of the spine are particularly exposed to elonga-

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tion, as they have to resist the various forces acting powerfully on the spine, such as the action of the muscles and those of the anterior and superincumbent weight, all which are greatly resisted by the ligaments. Besides these forces, there is one position which is frequently assumed by persons when tired, commonly called that of standing at ease, in which the ligaments are particularly exposed to elongation in this position, one leg, usually the right, is made the fixed point, and the psoas-magnus acting powerfully from this, sustains the spine anteriorly, whilst the pelvis is sustained over the centre of support of the leg immediately under it by means of the glutei muscles, the erector muscles of the spine being relaxed; in this case the pelvis is raised on the right side by the resistance of the leg, and depressed on the left from want of support, and in consequence of this, and the necessity there is for keeping the centre of gravity over the centre of support, the spine is curved, the concavity of the curve being towards the right side, at the same time the lumbar hollow is increased so as to bring the centre of gravity rather behind the centre of support, the effect of which is to throw the resistance on the psoas muscle and the anterior common ligament, and this action takes place unequally on the ligament, the convex side of which becomes most subject to the force; the intervertebral substance is also subject to unequal pressure, but this takes place on the concave side: in this case the anterior ligament of the lumbar portion of the spine is subject to two forces tending to elongate it; the first is the weight of the trunk, which has a tendency to augment the increased lumbar curve, as its centre of gravity is rather behind the centre of support, and therefore is not counterbalanced by the true spinal muscles; and, secondly, the action of the psoas, which, from its being connected at its origin with the anterior ligament, has a tendency to elongate it whilst resisting the tendency of the weight and the action of the glutei to draw the trunk backwards; and the more protracted the muscular action is, the more liable is the ligament to become elongated. As the office of ligaments is to bind parts together and keep them in relation

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with each other, the tendency to stretch would not comport with this function; they have, therefore, little elasticity, and where the tone of the ligament is lost, it requires a period of time to regain it; hence we find it necessary, in reduced dislocations, to prevent the parts being brought into use until the tone of the ligaments is restored, experience showing that muscular contraction is not alone sufficient; and if the power of the ligament is overtasked, and the force continued, it never is regained.

The third cause of curvature I believe to arise from compression of the intervertebral substances, and consequent lengthening of the ligaments.

As the natural curves of the spine are chiefly due to the inequality of thickness of the intervertebral substances, it is reasonable to suppose that any inequality of thickness in them arising from disease or accidental circumstances, would produce a like effect. The intervertebral substances being elastic, are more likely to yield than solid bone; that they or it yield we know from the fact, that a person is shorter at night after being erect all day, than in the morning when he rises from the recumbent position: this shortening is supposed to arise from two circumstances; first, from compression of the elastic bodies; and secondly, from the anterior and posterior common ligament being by such compression relatively lengthened, and in consequence the natural curves of the spine are increased, and by their increase the body is shortened. That this is the case, may be proved by bending the human spine, when the compression of the elastic substance will be evident, and the ligament will be found to form small folds over it; that this is not the effect of decomposition, is proved by the same taking place in the spine of an animal recently killed. Now these increased natural curvatures are temporary deformed states, but such as are removed by mere recumbency, (nature here directing to the remedy;) were the cause persisted in, the effect would be increased until spinal distortion would ensue.

But the muscles by their contraction can cause curvature, we have evidence of it in being able to curve our backs at

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will; but curvatures from this cause can never be permanent, they can only exist for a certain time, as no voluntary muscle can remain permanently contracted. Hence I cannot conform to the general theory that lateral curvature of the spine is caused by the unequal action of the muscles of one side over those of the opposite; if this were the case, surely lateral curvature ought to be more prevalent amongst males than females, as the former use the right side more frequently, and in more powerful exercises, both of which tend to the development of muscular power, than the latter; and persons who have the curvature to the left in the dorsal region, should be "left-handed;" this I know is often asserted, but in every instance of the kind brought before my notice, the patients have been "right-handed." Again, in the case recorded in the *Lancet*, vol. 1, p. 356, 1841-2, how was it, that when the whole of the muscles were removed, the deformity could not be reduced even after death, when all muscular action must have ceased, but in which that of the ligament existed, being less dependent on the presence of vitality. Again, how is it that when the muscles of one side are removed, that curvature does not follow; for instance, when the arm is amputated, or when those of the whole side are affected, as in Hemiplegia, here we generally have no curvature, and when it does exist, it bears no proportion to the amount of loss of power? If unequal muscular action caused lateral curvature, these cases ought to be the most distorted of all, but it is not so; the muscles of themselves never can produce it; other structures must be implicated before permanent lateral curvature can take place, and then they may act as exciting causes. Indeed, in posterior curvature, I have frequently witnessed that the contraction of the trapezius has been sufficient to cause an increase of the existing lumbar projection, and believe that the contraction of this muscle is very frequently the exciting cause of this deformity, for you will frequently find that the last attachment of the trapezius is fixed to the highest bone of the arch, hence it is acted upon only on one side, but before this can take place, the other structures of the part must be affected, and from their proximity we

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can hardly imagine how the one can suffer without the other. But apart from this, the natural action of the spine will produce states favourable to the development of spinal distortion; thus it may take place from one or more of the causes above mentioned. That from loss of muscular power would, however, not produce lateral curvature of itself, but being unable to resist the action of the anterior weight, would permit the stoop. Compression of the intervertebral substances would cause lengthening of the ligaments, and the greater the compression, the more would the ligaments be relatively lengthened, and hence increased curvatures would be necessary to keep the spine a firm pillar, these increased natural curves counterbalancing, to some extent, the loss of the elasticity of the intervertebral substances; but if from constraint of stays, the usages of society, or the accidental circumstances of life, the spinal structures be overtasked, and an unfavourable position be assumed repeatedly, abnormal curvature of the spine may take place, which causing unequal action on the ligaments, will eventually produce curvature of the spine, whenever the natural forces act upon it.

With the late Dr. Edward Harrison I perfectly agree, that no permanent curvature can exist without relative, or actual lengthening of the ligaments; the loss of muscular power, its undue contraction, and the loss of intervertebral elasticity only acting as exciting causes.

In this artificial distinction of spinal disease I have considered curvature to be that state of it which disappears when the forces acting upon the spine are removed, and as this can be effected by a recumbent position, all curvatures which yield to this procedure belong to this class.

(To be continued.)

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EDITORIAL RETROSPECT OF THE PROGRESS OF HOMŒOPATHY IN 1846,

CONTAINING A REPLY TO DR. BALFOUR'S LETTER ON THE VIENNA HOSPITAL, &c.

We think it incumbent on us, with the commencement of a new year in our annals, and of our fifth volume, to take a rapid review of the events of the past year which are now historically connected with the progress of Homœopathy.

In our January number of 1845, we had the gratification of announcing the favourable advance of our system generally, and especially in Germany; we are now still more gratified in being able to speak of the satisfactory progress that has been made in England during the year that has just passed away.

Up to the commencement of the last year the medical periodicals of this country treated the subject of Homœopathy with silent contempt, or dealt only in ridicule or invective. The professors of the system were exposed to calumny and vulgar abuse, which originated in gross ignorance of the subject, in malevolent bigotry, or in wilful misrepresentation. Such means of assault, as might have been expected, entirely failed to damage our cause. The ponderous jokes on our infinitesimal doses are no longer scattered with lavish profusion on every side, and the injurious ignorance, of which we had most to complain, is beginning to be enlightened. A new era has commenced, and happily for the credit of medicine as a science, and of its followers as scientific men, a better spirit now animates the respectable portion of the medical press. The increasing numbers and the respectability of the homœopathic practitioners of this country; the adhesion of a professor of one of the three great medical universities of the three kingdoms, his public avowal and his published reasons for the faith that is in him on the subject of this reform; the untiring zeal of the adherents of Homœopathy; the appeal to facts; the patient biding our time; the conviction that a

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system supported by the evidence of such reputable practitioners, and of so numerous and important a body of trustful clients, must have some truth in it; these and other circumstances have conspired to bring about the favourable change we thankfully acknowledge.

During the last year various journals, some of them justly enjoying a scientific celebrity, have taken up the subject of Homœopathy with the avowed aim of carefully and dispassionately inquiring into its merits as a therapeutic system. An article by the gifted editor of the *British and Foreign Medical Review*, the most celebrated of our medical journals and journalists, has excited, however, the most attention amongst medical men. Dr. Forbes, in that article, displays a frank and honourable, and even a noble spirit in doing justice to the genius and learning of Hahnemann, and to the moral character and integrity of his disciples. The hurried manner, however, in which the paper was written, the noticeable discrepancies that occur in the statements of the writer, the inferences favourable to us drawn by his clear and sagacious mind at one time, and at another retracted, and the even ludicrous dilemma in which, notwithstanding his ingenious sophisms, he finds himself placed, lead us at once to the conclusion that our excellent friend-foe found his task much more pleasant at the beginning than at the end of it. With a degree of fairness, which we appreciate the more from its rarity as exhibited towards us by our opponents, he does not deny our clinical facts, and our successful results,—nay, he even admits that Allopathy can show no more, if so much; when, having got thus far, he fears that he has said more than he should have done,—that he has admitted too much. Not being yet in the psychological condition to investigate practically for himself whether it be not really an entity, in his haste to escape from his own admissions and the conclusions necessarily deducible from them in favour of Homœopathy, he actually damns the whole system of medicine, whether included in the accumulated experience of the two thousand venerable years that cast their shadows over so many minds, and from whose influence he obviously pants to escape, or in the more recent Hahnemannic history. This damnation he

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gently pronounces in the startling statement, that neither of these methods of practice, in the aggregate, is worth any thing in the cure of disease. To explain the success that has attended both methods, he does for Allopathy what we, in opposition, have never done—attributes its cures to the exploded *vis medicatrix naturæ*. What he means by this he has taken no pains to expound; but we suppose he does mean the mere reactive power residing in the living body.

How he can, as a philosopher, in his scepticism as to the existence of the old Allopathic deities, the *Lares* and *Lemures* of the schools, raise up for himself in their stead this more antiquated idol, is perhaps only explicable on the inherent principle of our nature, that men must have something up to which they may look, and down to which they may bend the knee. Is Dr. Forbes, as the enunciator of this doctrine, prepared fully to put it to the test of experience, to impress on the disciples of his new school of "Young Physic" that they should treat their pneumonic and meningeal inflammations, their apoplexies, and so forth, no otherwise than by the abstraction of the *lædentia*, by proffering cool drinks, and recommending pure air, good beds, and a regulated diet, *et cætera?* Are they on no account to draw blood by lancet, or leech? Must the poor calomel, antimony, and the other "heroes of medicine" be consigned to the lumber of forgotten things? Until he and his followers do this, and produce numerous cases so cured of the like kind as are daily cured by Homœopathy, to say nothing of Allopathy, we hold that this objections to what he admits is substantive treatment in the latter, and what we maintain is so in the former, go for nothing. The isolated cases of Skoda or Magendie furnish no real ground of argument; it is true that the heroic Allopathic practitioner may think nothing was done in those cases, but we deny that the treatment was negative. We speak that we do know, when we say there is no substance, unless alimentary, that can be offered to the organism without a medicinal effect. The practice in the cases just alluded to, was, in fact, an empirical attempt at a coarse sort of Homœopathy. Corrosive sublimate, for instance, and nitrate of potash, were given alone, in small doses, and none will deny that these can produce poison-

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ous, and therefore, therapeutical effects. Nor is the "*decoccum graminis*" to be scoffed at, as inefficient. What kind of grass was it? simple grass, or mixed with the leaves of other plants of an acrid nature? Such abound in most meadows, and many are in our list of Homœopathic remedies. But supposing that there was no admixture of any known or unknown specific, such as cannabis, in pulmonary disease, and the decoction was, in fact, inert, still it was given purely alone in very few cases, and these few favourable results may be considered as happy escapes for the unfortunate patients, rather than as warrants for such a mode of treatment. But let Dr. Forbes put his proposition to the test, and if the imbibition of half an ounce of pure water every two or three hours will cure pneumonia, as phosphorus of our second or third dilution, or as venesection and antimony, we will agree with him, that both the Homœopathic and Allopathic therapeutics are valueless, and the sooner we arrive at the purely negative treatment, the better for the patient and the practitioner.

We need not follow in detail Dr. Forbes in his arguments, for his own views or against ours. Our readers will remember Professor Henderson's temperate and satisfactory exposition of the fallacies of that learned gentleman: and in our present number another portion of Dr. Forbes' paper has been ably considered, and the fallacy of his scheme shown by Dr. Russell.

Dr. Forbes invited his medical friends to communicate to him their opinions of Homœopathy, and the present views of enlightened practitioners in regard to the ordinary treatment of disease. Letters in reply poured in from various parts of Great Britain, from the continent of Europe, and from America; and some of them have since been published in his journal. With the exception of Dr. Combe, all agreed in the condemnation of Homœopathy, but did not agree not to differ as to their own modes of treatment. A careful perusal of the published letters will convince any unprejudiced person that the old mode is on the brink of revolution and downfal, as much from the assaults without, as from the dissensions within, the camp.

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The Weekly Medical Press, not appreciating the conscientiousness of Dr. Forbes, but shrewd in the anticipation of that downfal, exclaims loudly against the learned Editor of the *British and Foreign Medical Review;* and while it neglects not its accustomed arms of abuse and vituperation against Homœopathy, stigmatizes as treachery the least expression of dissatisfaction with the present state of Allopathy, or the slightest wish for a better state of things. We cannot be supposed to regret this disarray and disorder in the ranks, no longer serried, of our opposites. They reel and waver to and fro, and may, ere long, still more injuriously for themselves, turn their arms against each other. From such rude shocks and uncivil collisions some sparks of truth must be elicited. When the hubbub has subsided, and the hurly-burly is over, even if Homœopathy is not generally embraced, its indirect influence on the treatment now in vogue must redound to the benefit of mankind—and in the end, *magna est veritas, et prævalebit.*

We cannot comment at length on this correspondence with Dr. Forbes, from want of space, and we therefore content ourselves with noticing more particularly the letters which appeared in his October number, more especially as it is professed that they contain facts as well as opinions. The first is from Dr. Mühry, of Hanover, who thinks that Hahnemann was a sincere believer in his own doctrine. His opinion of Hahnemann's honesty in that particular concerns us not; but when he says that our great founder had at least once deceived the world by "selling at a high price a nostrum under the name of *pnoeum*, which consisted of nothing but borax, a fact undenied even by his adherents," we are entitled to call on him for his authority for such a charge. If it is not denied by his adherents, it must simply be that such an accusation is now for the first time made by Dr. Mühry. From our knowledge of the early life of Hahnemann, and our personal acquaintance with that venerable man, and from our knowing what unmitigated calumnies and refuted lies were malignantly concocted by his enemies to destroy his influence by ruining his character, we have no hesitation in asserting that Dr. Mühry's accusation is false. We know nothing of

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this Hanoverian correspondent of Dr. Forbes; but we believe two of that name practise physic in Hanover. Both may be respectable; but we most decidedly object to the baseness of blackening the memory of an opponent by a charge till now unheard of, which, if true, can be substantiated by creditable evidence, which we demand, or else we brand his accuser as a malignant calumniator. We happen to know, however, that one of the Drs. Mühry has long been an avowed opponent of Homœopathy, and exhibited himself as a partisan of Allopathy, by writing against our system. A man, thus compromised, should have been among the last adduced by Dr. Forbes as unbiassed in opinion; but we suppose this circumstance was unknown to him, or he would not have taken his evidence regarding the extension of the Homœopathic doctrine and practice, and the scientific standing of its supporters and practitioners.

From the published remarks of Dr. Mühry on Homœopathy, we can only infer that his notions on the subject are very vague, and that, like most of our opponents, he does not really assail the veritable Homœopathy, but an imaginary system of his own, which he dignifies with that name, and sets up to destroy at his pleasure, as children do with their houses of cards. In his present remarks, he carries to a vicious extreme the German habit of generalizing every little peculiarity into a principle. Thus he states that Homœopathists in Germany are divided into different sects, because some give one dilution and some another; some giving the remedies more frequently than Hahnemann, others in accordance with him; he furthermore states that a fraction of the school call themselves followers of the system of specific medicine, as if all Homœopathists were not such; and on these statements he grounds an affirmation that there have been retractations and retrogressions in the original *doctrine* of Homœopathy. We marvel that such a man as Dr. Forbes should publish such puerilities, and still more as he seems disposed to set some store upon them as conducive to a settlement of the *quæstio vexata*. But hear our Hanoverian:—"If Homœopathy has taught us that our curative control over the course of disease is far below what we rated it at, it has *a fortiori*,

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though unintentionally, taught us that our '*apparatus medicaminum*' possesses less merit than we imagined, and that it need no longer continue as gross and rude as the instruments of an '*armentarium chirurgicum*' of old. It has, however, at the same time enabled us to mark with greater distinctness those diseases in which our remedies really effect the cure. Such are, for example, intermittent fever, scabies, syphilis. These it was that first showed the inefficiency of of Homœopathy; and you will find that in the statistic bulletin of Dr. Fleischmann these diseases are omitted." We should have laughed at this absurdity and taken no notice of it; but as it appears in the Review of Dr. Forbes, if left unnoticed, it may be supposed by those who are anxious to depreciate Homœopathy, that the Hanoverian has hit a blot. What do we find in Fleischmann's table? In eight years he treated 229 cases of intermittent fever, 227 were cured, one died and one remained under treatment, when his report was published.

He records the treatment of twelve cases of psoric eruption, of which ten were cured; two were dismissed uncured; but whether these were cases of scabies we do not pretend to say, nor do we think they were, for in a hospital of a limited number of beds, it is not likely that such cases would be admitted.

Syphilis is not mentioned by Fleischmann, and for a very good reason. Persons suffering from that disease could not be admitted into wards, where the nurses are ladies devoted to a religious life; and where the treatment of them as out cases could be as advantageously pursued as it is in this country by their admission into hospitals. In our own institutions, itch cases are never admitted, except inadvertently, and none but the most severe of the secondary forms of syphilis.

To take a part for the whole, however, in opposition to Dr. Mühry's statement, and from reference to the very table he says makes no mention of the disease, we may insinuate to him that the Homœopathic treatment of intermittent fever is most successful, and that we are happily not confined to the use of two or three remedies at most, and are enabled, by the right application of the law of specifics, to cure many

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cases incurable by these two or three remedies, and that would be materially injured by them. *

We now turn to the letter of Dr. Balfour, an ingenious young physician, who has been observing the practice of Homœopathy at the Vienna Hospital, that of the Sisters of Charity. He has confined himself to this hospital, as it furnished Dr. Fleischmann with the results he has given to the world, which have given great satisfaction to his Homœopathic brethren, and have caused a great sensation among the Allopathists. We consider this part of our subject to be the most important, as Dr. Balfour does not merely confine himself to an expression of his opinion, but professes to establish facts, which, if established, would certainly tend to throw considerable doubt on the truth of Dr. Fleischmann's statement.

Dr. Balfour's testimony, so far as it refers to the progress of Homœopathy in Germany, is in the highest degree satisfactory. His evidence being that of an opponent, cannot fail to be received as truth, though his statement flatly contradicts that of Dr. Mühry, and the assertions we hear, ever and anon, in this country, that Homœopathy has declined and is declining in Germany. He thus commences his report to Dr. Forbes:—

"I shall now proceed to lay before you the results of my inquiry into the practice of Homœopathy, prefacing them with a short account of its present state in Germany, where it is now become quite fashionable, and nowhere more so than in Austria. Even travelling physicians are now chiefly chosen from among its

* In 1839, a Dr. Mühry, of Hanover, published a paper in Casper's Wochenschrift, No. 29, entitled "Die Specifische Heilkunde und die exanthematischen Heilmittel." (The Specific Art of Healing and the Exanthematic Remedies.) Notwithstanding this title, the whole paper was entirely on Homœopathy, and an attempt to give it a death-blow. The writer professes to be intimately acquainted with it, and talks very learnedly, as in the above letter to Dr. Forbes, of the schism of the specific school, &c. To the essay thus smuggled in, Dr. Griesselich, of Karlsruhe, wrote an able and satisfactory reply, which the editor refused to publish, on the ground that it was against the rules of his journal to admit Homœopathic writings! It appeared, however, soon after, in another Allopathic journal of more liberal principles in this instance, namely, Sach's Central Zeitung, No. 39.—*Vide Hygea Bd.* xii, *p.* 337.

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followers, who are, consequently, far from being insignificant in numbers. No young physician, settling in Austria, excluding Government officers, can hope to make his bread, unless, at least prepared to treat Homœopathically, if requested; and many, after attempting to do so, return to Vienna to make themselves acquainted with this new method. Many older men also attempt, by thus conforming to the foible of the day, to recruit a failing practice."

Testifying in this manner to the progress of Homœopathy externally, he does not fail to allude to the internal development which the disciples of Hahnemann are aiming at.

"While thus, from force of circumstances, every where increasing their domains, Homœopathists are far from sitting idly down, content in following the footsteps of their first great master. Imbued with the progressive spirit of the age, they also strive after improvement, and while professing to retain *similia similibus* as their fundamental principle, are endeavouring to advance their method, and give it a more permanent and dogmatic character. Seeing, as it would seem, that the above-mentioned principle does not suffice for every case, they change the name of Homœopathy to *Specific Medicine*. These men are dissatisfied with Hahnemann's work on the Materia Medica, on account of the imperfect nature of the observations, and look upon it as an enormous and almost unreadable catalogue of symptoms, more fitted for the memory than the intellect, and thus not only rendering the practice of Homœopathy more difficult for his own followers, but throwing an almost insurmountable obstacle in the way of physicians who think otherwise, and often preventing those intellects best fitted to become leaders in the reformed practice from ever studying it.—(*Œsterreichische Zeitschrift fur Homöopathie, I Band, 1 hft., s.* 45.) Accordingly they have commenced a careful re-proving of all the medicines, with the view of obtaining, not a mere catalogue of symptoms, but a collection of medicinal diseases. A journal (the above-quoted) is also published in Vienna, with the view of giving publicity to these provings. This shows them to be in earnest in their endeavours to simplify their method, and render it more practicable, as any one will be inclined to confess, after having looked into Jahr's Codex, the best of the day."

This quotation is, of itself, sufficient to show the absurdity of those who affirm that Homœopathy is split up by sectarian differences. For the passage we have quoted contains the

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same fallacy that is expressed in Dr. Mühry's letter, inasmuch as a name having mere reference to Homœopathy in a scientific view, namely, "specific medicine," is put forward as a proof of the sectarianisms, yet it contains its own refutation, as the very men who assume to investigate *specific medicine*, and it is assumed by Dr. Balfour are dissentients from Hahnemann's views, actually publish their observations in a periodical, the name of which is given as the *Austrian Journal of Homœopathy*.

As the further remarks of Dr. Balfour on the history of Homœopathy are of little importance, we pass at once to his notice of the hospital. This we put under two heads: first, the evidence he adduces as to the existence of the hospital, and the nature of the cases treated there; second, an investigation of the inferences he has deduced from his observations.

We presume, then, in the first place, that it will now be believed, on the joint authority of Drs. Balfour and Forbes, in whose journal the confession is made, that there does actually exist in Vienna a Homœopathic hospital, where cases of acute diseases are treated in great numbers annually, a great part of whom get well with no other than Homœopathic medicines. Dr. Balfour commences his account with a concise and tolerably correct description of the size, situation, &c., of the hospital; but, as we have ourselves done this on former occasions, we think it needless to quote from this part of his report. He incidentally testifies to the success of Homœopathy in the treatment of cholera, in this sentence:—

"During the first appearance of cholera here, the practice of Homœopathy was first introduced; and cholera, when it came again, renewed the favourable impulse previously given, — as it was through Dr. Fleischmann's successful treatment of this disease that the restrictive laws were removed, and Homœopathists obtained leave to practice and dispense medicines in Austria. Since that time their number has increased more than threefold in Vienna and its provinces."

The medicines employed, the cautions to insure their purity, and the dilutions generally used, are referred to, and an account is given of the diet allowed in the treatment of acute disease, and during the period of convalescence.

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Dr. Balfour then proceeds to give an account of the various cases he saw treated, amounting to three hundred and twenty. He prefixes to this part of his report a motto from Stork, "*Non hypotheses condo, non opiniones vendo,* (query, vendito?) *quod vidi scripsi,*" a sentence little accordant with his remarks and opinions subsequently exprest.

The first disease he considers is typhus. During the months of May, June, and July, he saw thirty-two cases of typhus treated by Dr. Fleischmann; the average mortality was 21.4 per cent.; the average age, 21.5. Whilst during the same months he saw Skoda's treatment of the same disease at the General Hospital; the mortality was thirty-one per cent, the average age 26.4. Thus even with Dr. Balfour's small number, the statistical conclusion is decidedly in favour of the Homœopathic method. But on reference to a larger collection of cases, as seen by Dr. Fleischmann's report of cases, extending over a period of eight years,* we find that the average mortality was nineteen per cent.; whilst under all kinds of Allopathic treatment as given by Chomel, the average mortality was thirty-three per cent—thus giving a saving of life above ten per cent. in favour of Homœopathy. We here quote two of the cases given by Dr. Balfour:—

Case II.

M. M., a delicate-looking woman, aged thirty-five, admitted on Thursday, April 30th. Complained at visit next day of rigors, followed by heat, which, together, last from six to ten every evening, and have occurred daily for the last three days; they are followed by wakefulness, which lasts till the morning, when she has a little broken slumber; there is a constant headach, a bitter taste in the mouth; tongue coated, bowels open every third day, no appetite; slight pain in abdomen on pressure.

Bry., 3d. dil., four times daily.

The rigors left her; the fever increased somewhat, the tongue drying; otherwise her state was unchanged till May 9th, when she was covered with sudamina, having perspired a good deal during the night; the tongue moist and clearing; but on the 13th it was

* See Introduction to the Study of Homœopathy. London, I. Leath.

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again dry, covered with brown scales; diarrhea set in, the bowels having been twice opened, and continued more or less for three or four days. On the 20th a slight cough came on, with mucous expectoration; this was gone by the 25th; the medicine stopped on the 26th, on which day she was up, still feeling very feeble, but otherwise free from complaint. On the 2nd June she was discharged.

CASE VI.

N. K, a girl aged eighteen, admitted June 15th, stated that she had been ill for eight days, the illness commencing by attacks of cold and heat, accompanied by a continuous headach and pain in the abdomen. Has been during this period treated Homœopathically. The skin is hot and dry; the tongue dry, brown, and cracked; pulse fast, but rather feeble.

Arsenic, 4th dil., three times daily.

16th. Has been restless and feverish during the night; wandering occasionally in mind; tongue and teeth covered with black sordes; her face is pale. She continued in this low delirious state, with increase of fever at night, discharging her urine and fœces involuntarily, diarrhea having set in on the 20th till the 25th, when her pulse improved, becoming quieter, and her tongue moister. On the 26th she was livelier, and answered questions more readily.

28th. She had relapsed; tongue dry; skin hot; pulse accelerated,

June 1st. Pulse weak, scarcely perceptible; respiration hurried; face pale and deathlike; four stools.

2nd. Skin cool; respiration more regular; tongue moister; pulse quieter; her mind wanders still occasionally; the tongue now began to clear; she lost her wandering, and gradually became more lively in appearance; pulse became quiet and gradually improved in strength—in short, from this time she steadily improved till the 26th, when she was discharged.

We give at length, and without comment, his remarks on intermittent fever.

Intermittent Fever.

There were, during the three months, forty-one cases of intermittent fever treated; the average age of the patients being from twenty-two to thirty-eight. All but a very few receive medicine at once on entering, without waiting to see whether they had a fever or not; a few had it once slightly, and it never returned. In seven

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or eight it never came on at all, and thirty had it repeatedly; the average number of attacks being 4.7. One had as many as thirteen; in one case the fever from a tertian became quotidian, and grew so much worse that the patient was discharged at his own request; the remedies employed were China, 2nd and 3rd dil. three or four times daily; Ipecacuanha, the 1st dil., and Nux, the 3rd, alternately, three or four times in the course of the day; and Ipecacuanha and Nux alone in the 2nd dil., more rarely Arsenic, the 4th, or Aconite, the 3rd dil. China was only twice employed last time in the 2nd trituration.

Skoda's cases of ague at the General Hospital are treated in the following manner:—Each patient, on complaining, gets some *extract; centaurii or taraxaci*, or some such thing, and one attack is observed—if that come about the time specified, good—the further treatment is proceeded with; if not, a second attack is waited for, so that the time about which the fever may be expected may be known; then supposing it to come at nine o'clock, the patient gets two grains of Sulphate of Quinine; at six, at seven, and at eight o'clock, at each hour, two grains. The fever, if it be a regular one, may come slightly once after this, but never oftener; so that in regular cases, three times is the oftenest, generally only twice, and in rare and irregular cases, four times—never oftener; but it also very frequently remains away altogether under the use of the bitter extracts, even where it has been of six weeks' duration, as I have myself seen; the powders are continued for three or four days after the last attack in the same manner; a recurrence of the fever during the residence in the wards has not yet been seen, though this residence is sometimes, from the nature of the hospital regulations, protracted.

To return to the Homœopathic Hospital. In one case the fever returned after three weeks' absence, during the girls' residence in the wards; after two attacks it again left; two of the patients I have seen in the cold fit of the fever, and can testify as to its severity; and two or three I have also seen in the hot fit. A boy who had one of the severest fevers, returned after six weeks' absence on account of bronchitis; he was looking much better, but as he spoke nothing but Bohemian, I could not interrogate him as to his fever.

It is to be remarked here, that he does not give the number of Skoda's cases, but loosely states the number of attacks of the patients to have been three or four.

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We have always considered dysentery one of the diseases, the Homœopathic treatment of which must, of necessity, satisfy any honest inquirer of the direct action of the medicines. Three cases of cure of the disease are noticed by Dr. Balfour. We transcribe the third, which certainly can admit of no cavil, and append to that a case of colica pictonum, which needs no remark of ours:—

Case III—*Of Dysentery.*

A. S., a woman, aged 45, admitted July 14, stated that for six days she had been suffering from bowel complaint, having had thirty stools in the course of each day. Each stool consisted of watery mucus, mixed with blood, and was accompanied by straining and griping. She has headach, feverishness, and sweats much, sleeping little; the pulse is full and accelerated; the tongue coated and moist. (*Sublimate, 3d dilution every third hour.*) 15th. Has had only one stool since admission, and that without blood, free from pain and more natural; slight pain in the abdomen on pressure. Her bowels were not again opened till the day before her dismissal, when she had a natural stool: the pain in the abdomen had entirely disappeared. She was dismissed on the 20th July.

Case III—*Of Colic.*

H. B., a stout man, aged 42; admitted Thursday, July 16. He stated that he had been for years a painter; had previously had colic four or five times, for which he had been treated in the general hospital here, and this was his first trial of Homœopathy. He had intermittent pain in the abdomen, twisting about the umbilicus, and relieved by pressure; obstinate constipation; cramps in the calves of the legs and arms; loss of power in the hands; the edge of the gums where they join the teeth is of a blue colour; pulse quiet. (*Opium 1st dil., four times daily.*) 17th. During the night he got a clyster, which brought away some fæcal matter, and he is now easier. 18th. The pain has returned somewhat; he again got a clyster, which again brought away fæcal matter and afforded relief. On the 20th, the attack was again worse, but it got better spontaneously by the 21st. He says himself, that it is his worst attack, and that he has been more speedily relieved than at any former period After this the pain and cramps remained entirely away, his hands were restored to their wonted condition, but his bowels were not opened since

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the 18th till the 27th, when they spontaneously and copiously relieved themselves. He was discharged on the 28th.

Dr. Balfour saw nineteen cases of pneumonia. He observes,—

"These cases of pneumonia give an average age of twenty-four, an average treatment of 12.6 days, and a mortality of fifteen per cent., three out of the nineteen having died. Skoda's cases of pneumonia, during the same time, amount to forty-five, his deaths to three, giving an average of 6.6 per cent."

This comparison, we think, is incorrect, as we cannot consider case VI to have been a case of pneumonia at all, which being omitted, there would be eighteen cases and two deaths, or 11.1 per cent. Such small numbers, however, give no correct idea of the real mortality, as on a larger scale the results obtained have been 6.70 per cent. under Homœopathic treatment, whilst the mortality under all modes of Allopathic treatment is found to be 23.32 per cent.*

Dr. Balfour has reported nearly all of these cases at full length, we do not, therefore, consider it necessary to transcribe any of them; but we may state that the cases bear out what we contend for, that under Homœopathy, the average duration of treatment has been under a fortnight. On his own showing, too, taking the whole of Skoda's cases during three years, the mortality has been 13.3 per cent. The recoveries have been said to be very quick, but no specific time is mentioned.

We do not think it necessary to say any thing more with respect to the individual cases, as we consider that those which are published argue much in our favour; but there is another circumstance to which we must refer, as it is, to a certain extent, brought against us by Dr. Balfour, though we view it as being favourable to us. He writes,—

"Dr. Fleischmann's usual number of drugs is not very extensive, one drug serving for a great many diseases, but chiefly because the diseases principally consist of a few standard ones, are constantly repeated. Gastricismus, typhus, and pneumonia; and in treating these, he employs almost always the same remedies, only

* See Introduction to the Study of Homœopathy, p. 234.

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varying when some one unusual symptom is very predominant. This uniformity is a cause of complaint from his fellow-practitioners, who say, that by seeing his practice, you merely get a glimpse of what Homœopathy can do; as Dr. Fleischmann, satisfied that his returns are superior to those of any Allopathic hospital, gives himself no trouble in trying to suit the remedy to the disease, but is content if occasionally the disease suits the remedy—when it produces those miraculous effects which are the boast of Homœopathy."

This is, no doubt, to a certain extent, true; and we have heard Hahnemann himself make a similar complaint, and, more especially, regretting that a minute record of the symptoms of each case, individually, was not made, as is usually the case in Homœopathic private practice. Dr. Fleischmann does not employ the whole of the remedial agents which might be available to him; but if his success, even so, be considerably above the average of the most successful Allopathic treatment, we have a right to infer that even more satisfactory results would have been obtained, had he adapted his medicines more carefully to the special symptoms of each individual case; in other words, had he followed out the Homœopathic principle to its fullest extent. We do not wish to blame Dr. Fleischmann. All who have any professional connexion with public institutions must know that it is next to impossible for any man, however great his industry, to devote to each case the attention that would be desirable. It is so in Allopathic practice, and must even sometimes be the case in ours.

An occasional error in diagnosis, in the hurry of a visit to an hospital of any extent, can surely never be brought against Dr. Fleischmann, as damnatory of his skill. A case of this kind has been detailed by Dr. Balfour, under the head of intermittent fever; and as it seems to be the only one published, and is ostentatiously paraded, we take it for granted there were none others to exhibit, and that such errors were not more frequent at the hospital of the Sisters of Charity than at any of our own hospitals. We are acquainted, too, with many better authorities than Dr. Balfour as to Dr. Fleischmann's skill in diagnosis, who rate it highly; we say

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better authorities, not invidiously, but necessarily from their greater age and general acquirements, from the greater length of time spent by them at Vienna, carefully watching and keeping notes of the cases all the time, or from their previous practice of Allopathy. Against such we conceive Dr. Balfour's evidence of three months can weigh but little.*

From his detail of facts Dr. Balfour draws these conclusions:—

"I think you will see by what I have stated, that the strength of the Homœopathists lies not in the greater rationality or practical superiority of their treatment, but is founded on the weakness of Allopathy; that is, they not only do not help their patients, but, if they are strict Homœopaths, are for ever shut out from helping them; that in the treatment of acute diseases—simpler, at least, if not better than that of their opponents—their success depends entirely on the hitherto unrecognised powers of nature; all the magic influence of their infinitesimal doses of phosphorus, &c., being emulated, if not excelled, by the heroic virtues of Extractum Graminis."

These conclusions as to the nullity of the Homœopathic doses are of no great weight, in themselves, as a matter of mere authority; but if they were legitimately deduced from the facts he saw, many of which he has reported quite correctly, they would be of importance. We are, however, at a loss to conceive by what process of reasoning he arrives at his conclusions, especially with the data he has himself furnished. Witness the cases of intermittent fever, thirty of which he admits to have been severe, which were all treated by minute doses, the average number of attacks being the same as that

* Amongst those now practising in England who have each spent many months or longer in the careful study of Fleischmann's practice, we may mention Dr. Willis, of Cheltenham; Dr. Drysdale, Liverpool; Dr. Russell and Dr. Macleod, Edinburgh; Dr. Dudgeon, London; Dr. Madden, Brighton; Dr. Hilbers, Norwich; Dr. Hamilton, London; Dr. Marsden, Exeter; and Dr. Fisher, of Montreal, in Canada.

Dr. Wilde, also, the editor of the *Dublin Quarterly Medical Journal*, who visited the hospital frequently, thus speaks, at page 277 of his work on "Austria and its Institutions:"—"Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a Homœopathic practitioner, that the cases I saw treated by it in the Vienna hospital were fully as acute and virulent as those that have come under my observation elsewhere."

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under the best Allopathic treatment, in a disease notoriously under the influence of remedies.

In the cases of colic and dysentery we have transcribed, it appears to us to be quite impossible to explain away the curative action of the remedies. He saw also sixteen out of eighteen cases of pneumonia recover completely, without any of the usual remedies resorted to by our Allopathic brethren,—a result to which, on the supposition that it depended on strictly negative treatment, we firmly believe no one actually engaged in the practice of medicine would give credit practically by repeating the experiment.

Dr. Balfour's conclusions being thus so palpably and even ridiculously unwarranted by the facts, we can only regard him as a prejudging witness, nor can we admit his decisions as a judge of the merits and success of Dr. Fleischmann's practice, the results of which are undeniably most favourable to Homœopathy, not only as demonstrating its existence as a system, but even its superiority to Allopathy.

Dr. Balfour now, in no candid spirit, tries to do away with the whole merits of Dr. Fleischmann's cures; which he does, by stating, on the one hand, that the cures he saw and cannot deny are attributable to certain circumstances of position, which explanation, as a conjecture, is worth nothing, because some Allopathic hospitals in Vienna enjoy equal advantages in this respect. But not content with this, and seeing that this argument cannot be used *ad infinitum*, he most disingenuously, on the other hand, has recourse—to us known as a stale trick often resorted to and often exposed—to insinuations against the character and moral credibility of Dr. Fleischmann, and prating, parrot-like, from his text, of an error in diagnosis here, and of a carelessness in prescription there, he covertly hints that the assumed diseases, and, therefore, the presumed cures, in many cases had no real existence; and that where they were of the nature they were stated to be, they were shuffled out of the hospital to avoid the exposure of unsuccessful treatment, or of the increase in the ratio of deaths.

He states, for example, that the Homœopathic Hospital is at a greater distance from the town, and possesses a loftier and

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more airy site than the General Hospital, insinuating that the recoveries at the former are mainly due to this superiority of situation. We can certify, from our personal knowledge, that the suburb of Gumpendorf, in which the Homœopathic Hospital is situated, is the reverse of healthy, and Dr. Wilde, the editor of the *Dublin Quarterly*, says of the General Hospital, "The site of this building is airy and convenient, and although surrounded by a crowded suburb, healthy." *

We hear it insinuated again, that the tendance of the patients, being that of nuns, whose attention is devoted, and whose spiritual consolations inspire hope and cheerfulness, is an all-important adjuvant in the cures made at the Homœopathic Hospital. We do not deny that this is an advantage, but we do not admit it to be an all-important adjuvant, as the same spiritual consolations, though in a less degree, are afforded in the General Hospital; and it must be borne in mind, that patients of all creeds are admitted into the Homœopathic Hospital, to many of whom the religious observances are distasteful, rather than agreeable.

Again, he tries to make it appear that a difference in favour of successful results arises from the age of the patients admitted: this seems to us to be the same average age as in all hospitals where acute disease is treated, and corresponds simply to the number of people alive at the respective ages given, and also to the ages at which the diseases treated are most prevalent; this is especially the case in typhus, which generally assails persons between the ages of 18 and 24.

Here is a passage showing the *malus animus* towards Dr. Fleischmann, as attempting to throw discredit on his good faith:—

Page 572.—"Again, the patients are admitted and discharged by the physicians, without any control, so that, to say the least, it requires a man to be very conscientious to decide impartially between temporary improvement, and perfect cure, especially when he recollects that the fate of his creed and his institution may depend on the nature of his returns to Government. These returns are made monthly, with a weekly resumè. Some of the following

* Wilde's Institutions of Austria, page 123.

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cases will be found to have been discharged too early to enable us to be positive as to the ultimate result."

Again,—

"These cases, or others discharged apparently cured, may apply for re-admission, and be, under some pretext or other, refused; while, to disarm suspicion, a few whose relapses seem more manageable may be readmitted. Such may not be the case in point of fact, still it is very possible."

Then again,—

"There are, I may say, hundreds of trifling cases admitted here which would not have been admitted into any hospital in England. Many of the patients get no medicine; a few a single dose; and even of comparatively trifling cases many remain for weeks, nay months, in the hospital; while more acute or more interesting cases are hurried out too often with the cure incomplete." "The whole process of the admission and discharge of patients is mysterious. Still, so much is certain, that most of those admitted have been previously visited at their own houses by the assistant. Many cases not improving, or not likely to improve, are got rid of very summarily. During most of the time, I visited in the morning along with Dr. Fleischmann, and latterly for some weeks in the afternoon along with his assistant, it not being then permitted to visit in the morning. I was told the cause of this restriction was that the student might have an opportunity of taking a course from the assistant. I feel convinced that the secret of Dr. Fleischmann's seeming great success lies in the fact of the admissions and dismissions being entirely uncontrolled, and there being no check on the diagnosis. Rarely other than well-marked cases have their diagnosis written on the board at their bed-head, the others being left blank, and entered in his book, of course, as he pleases."

Thus again,—

"These, like the latter, seem only to be admitted occasionally, by way, I suppose, of attempting a bold stroke."

In these quotations we find nothing straightforward enough to grapple with, nothing that we should have condescended to notice, had this report not appeared in the Journal of Dr. Forbes. But as these injurious and unwarrant-

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able insinuations, calumnious because unfounded, have been sent forth in that Journal, and some persons may *therefore* think them true, we are anxious that they should be summarily dismissed, once for all. From our own knowledge of Dr. Fleischmann, and of the general mode in which his hospital is conducted, we are quite assured that no such practices could exist. But, to make "assurance doubly sure," we wrote to our own correspondent at Vienna; and our friend, Dr. Hilbers, of Norwich, wrote about the same time to one of his friends in that city. Dr. Fleischmann, himself, promptly replied, and we are indebted to the kindness of Dr. Hilbers for permitting us to publish his letter, which we think is the best refutation of the charges so recklessly brought against him.

DR. FLEISCHMANN TO DR. HILBERS.

ESTEEMED FRIEND AND COLLEAGUE,

Dr. Rothansel has shown me the letter which you have written to him, and as I believe that I can, in the truest and most satisfactory manner, answer your queries, I now do so with great pleasure.

1st. As a rule, Dr. Rothansel does not visit any patients before their admission, or with a view to their admission. There are people who are well off, who might pay for their servants or poor relations in the "Allgemeine Krankenhaus," but who prefer to bring them to my hospital. As they know that the poor have habitually the preference, they send to the physician *ad captandam benevolentiam*, to try if their admission can nevertheless be accomplished. As I, however, never go, Dr. R. does. Years, however, often elapse without this happening, but, occasionally, it has occurred, at most four or five times in a year.

2nd. The patients are admitted by me if I am present, and by Dr. R. if he is present. As we, however, are both generally absent during the arrival of the great majority of the patients, they are mostly admitted by the Sisters.

3rd. No patient is dismissed without my approval; but I merely say that he is ready to be dismissed. The Sisterhood often keep him a few days longer, should there be room, if he is either very poor, or is not sent for.

4th. With regard to the diagnosis, it stands thus:—Should I either be alone, or be accompanied by medical men only, and by no

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pupils, I do not generally write any thing on the tickets regarding the slighter cases, such as rheumatism, anginas, &c. This is also the case should I not be quite certain as to the nature of the malady, as I prefer seeing blank tickets for three or four days, rather than change a diagnosis already written. I may also state that out of fifty-four tickets, only from eight to ten—sometimes fewer—are blank.

5th. I cannot say how many patients had been previously treated Allopathically without benefit.

6th. I am the sole physician; I have no one over me, or under me; Dr. Rothansel only acts as my assistant during my pleasure. All medical reports to the Government proceed from me: all Government medical queries are made to me. No one has a right to interfere with me.

The superior of the convent appoints, and also dismisses the physician; but it is customary, in Vienna, for the physicians in the hospitals which are not maintained by Government, and of which there are four or five, not to be called head physicians, * but ordinary physicians.

7th. Neither during the last six months, nor during the whole twelve years, in which I have taken charge of the hospital, have I ever given even one purgative, unless an enema be so termed. I have, however, during these years administered an emetic eight or ten times, but only in cases of pneumonia, in the stage of hepatization, when the patients could not expectorate. This occurred only during the first period of my hospital services.

8th. The hospital is for patients of all religions. They are never questioned as to their religion on their admission, and each year a great number of different religions is to be found among the patients.

9th. I know not how many patients Dr. Rothansel visits besides the hospital ones. Should this question, however, refer to the reception of patients, it is already answered in No. 1.

I know, dear friend, that I have enemies on all sides. The Allopaths, *par principe*—the Homœopaths, from envy and jealousy, seek after my situation. I do not trouble myself about either. I give myself all possible trouble to promote the well-being of my patients and the interests of Homœopathy. The rest I leave to Providence; and if all medical men, with their much greater talents and knowledge, were to act conscientiously, without self-interest,

* Sich nicht *Primar Aerzte*, sondern nur ordinirende oder Physici nennen.

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and with as moderate wishes as I do, medicine would take a higher place, and the honour of the profession would be seldomer compromised.

Struggle on further in Homœopathy, and always with honourable weapons, and victory must attend you.—Your friend,

FLEISCHMANN.

Vienna, 17th October, 1846.

The letter of our own correspondent gives merely the same information as is contained in Dr. Fleischmann's, and it is therefore unnecessary to transcribe it here.

We now take leave of Dr. Balfour, as obviously a very young man in this kind of observation, as well as in years, who has shown his anxiety to distinguish himself as a partisan in the cause of what he conceives to be legitimate medicine, but is still too much under the influence of names and authorities to be an impartial observer. He has not yet felt the difficulties and responsibilities of practice, and is still, no doubt, under the impression that the Allopathic method contains all the powers of medicine, and is as constantly effectual in the cure or relief of disease, as systematic works lead the uninitiated to believe. We venture to predict, that when he is fairly embarked in practice, and sees some case he is anxiously watching, to be no better, but rather the worse for his appliances, used according to the rules and precepts of his Allopathic teachers and authors, he will not fail to recollect that he had seen some such case getting well (for he would not say cured) under some infinitesimal dose of a Homœopathic remedy.

Dr. Forbes, like the gallant chief of a retreating army, or like a brave sea-captain who is the last to leave the deck of his foundering or rock-stranded ship, is the last in the field on the present occasion. He fires the last shot, and gives breath to the last shout, in the form of a series of numbered paragraphs, which comprise a compendious summary of the opinions advanced in his own review, and of those of Drs. Mühry and Balfour, to which we have replied, sufficiently, as we think, in this article.

In conclusion, it is evident from the statements even of those opposed to us, that there exists an hospital where many

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thousands of patients have been treated without any of the hitherto conceived necessary Allopathic appliances; and after carefully sifting these statements, nothing has been elicited to shake our confidence in what we deem the fact, that the result is more favourable than the average in Allopathic hospitals; whence flows the inevitable conclusion, either that *Homœopathy is a positive means of treatment*, or that *Allopathy is worse than nothing*.

On the whole, then, the events of the past year in respect to our system of therapeutics may be justly regarded in the light of a triumph, and we are entitled to an ovation at least. The importance and extent of the claims of Homœopathy have been acknowledged with some degree of impartiality; but still each writer, in words at least, expresses his conviction that it is quite impossible the Homœopathic medicines can have any action, and therefore Homœopathy has no positive, but only a negative existence. This very easy mode of arriving at the solution of a question which is only to be determined by experience, is, of course, nothing new to us. But while these gentlemen positively deny the action of Homœopathic medicine, they indirectly furnish a strong proof of it in the awkward and irremediable dilemma in which they are self-placed. The leader, unable to explain away the fact that the statistics of Homœopathy are as favourable in the results of treatment or more so than those of Allopathy, with a startling suddenness, like another Alexander, cuts the knot he cannot resolve, and has recourse to the bold and even audacious denial that either method has any merit, and asserts that Nature does all. While he records his *ipse dixit* that Homœopathic medicine has no action, his followers, becoming alarmed in spite of it, and interpreting truly his arguments and facts, and deducing their legitimate conclusions, remonstrate, and say that his article is in favour of Homœopathy: he, in his turn alarmed, but unable to gainsay his own arguments, has no weapons in his armoury but *bruta fulmina*, assertions (unsupported by experience) of the nullity of Homœopathy. Then a young friend is brought forward as an eye-witness, to explain away the results of the Homœopathic hospital, but with no happier effect; for his *autopsy* has only a "most impo-

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tent conclusion," and necessarily, because he glanced, as he thought, at a subject lifeless and inert, having only a show of being, whereas he was looking, however unconsciously, at a thing of life and beauty, of order and proportion. A very few errors in diagnosis and treatment, proceeding (if the statement be correct) from hastiness and want of time on the part of the physician, are discovered, and insinuations of dishonesty in the admission and dismission of patients are wantonly made; but, even so, the mortality and duration of illness cannot be brought down to the comparatively unfavourable level of Allopathic hospitals in those respects.

We are unceasingly surprised that, though we have again and again declared that nothing but the personal experience of individual cases convinced us, and nothing but experience can gainsay our assertions, yet men will not cease to ransack libraries, write volumes, and travel over continents to prove the falsity of a matter which they could at once set at rest (in their own minds at least) by having recourse to the test to which we have so often invited them, and now invite them again,—that of experience.

When *we know* the truth of the Homœopathic principle, and the consequent necessity of the proving of medicines, and of the administration of small doses and of one medicine at a time, how can we refrain from warning Dr. Forbes that his well-meant call for the reform of medicine cannot be of any avail, so long as these essential truths are left out of view? When they are admitted, it is obvious at a glance, that in the adoption and working out of them, is involved, *incidentally*, all and far more than Dr. Forbes can expect to achieve, even if his scheme were fully carried out. But that man has surely ill-read the human heart, and the history of human progress, who believes that they could be carried out, or that any considerable reform could be accomplished, from such negative motives as are held out by Dr. Forbes. It is only from a positive faith that any great change is to be expected in a body of men, even though the good effected be only incidental to the movement. We fear, therefore, that if Dr. Forbes could succeed in training up a generation on his sceptical principles, and his disciples were successfully taught

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to reject the results of the experience of a thousand years, he would find to his mortification they had learned their lesson but too well when they refused some of his own first fruits of Young Physic.

Scepticism is a bad teacher, and a bad reformer. Nothing noble, nothing worthy, nothing of good report ever came of it. Pyrrhonism of every kind is a blank thing. To it, as to the owls and bats, belongs a dreamy love of obscurity and darkness, while it thinks itself enjoying full light. All the morality in the world produced merely by the lessons of negative philosophers scarcely deserves mention in comparison with that which we owe to the introduction of Christianity, and which is merely incidental to faith. Faith, as a living principle, is at all times to them that cherish it, "a sure confidence in things hoped for;" so we hope on; and now, with fresh alacrity and buoyant expectation, we encourage our readers to join us in the hopeful anticipation of the good we look for from the successful progress of what we believe to be our righteous cause.

REVIEWS.

1. *A Concise View of Homœopathy, and Refutation of the Objections commonly brought forward against it. Published by the Irish Homœopathic Society.* Dublin: J. Fannin and Co. 1845.
2. *Homœopathy: Its Principle, Theory, and Practice.* By M. B. Sampson. *Published under the superintendence of the English Homœopathic Association.* Samuel Highley, 32, Fleet-street, London.

These are two good books after their kind: the first especially, for little serious objection can be made to it as a popular book, meant for the indoctrination of the non-professional public. The second is open to some objections, which we will state when we come to notice it.

We should greatly prefer, if it were possible, that the medical reform should be from the profession to the public, and not that

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it should be forced on the profession by the public. We must, however, be content to take things as we find them, giving an impulse, when and where we can, in the right direction. There can be no doubt that popular treatises exercise a beneficial influence when they are done in a right spirit, not for gain and the recompense of reward, nor as mere advertisements of their authors, which is the low aim of the majority of such publications. Whatever contributes to break down an old and seemingly inveterate prejudice, and to throw light into the obscurity that veils any truth as yet but partially recognised, is useful and commendable. The public mind did not receive illumination on the subject of political economy direct from Adam Smith, but through the popular expositions of orators and of writers in reviews, magazines, and newspapers. The wiser interpretation of political justice was not received by the public from Beccaria and Bentham, but through the same channels. The Dublin treatise and Mr. Sampson's book may do a like service to the Hahnemannic doctrine and the practice founded on it. Herschel has deigned to popularize "Natural Philosophy," and even medical philosophers may think it worth while to make their art intelligible to the public, as to its general bearing at least. Those of our school may say with the Tyrian Queen:

"Res dura et *regni novitas* nos talia cogunt
Moliri, et late fines custode tueri."

This is a subject common to all countries and tribes; it is irrespective of time; for, if ours is a law of nature, it belongs to all ages, and must apply as long as children are born into the world, and as the human race is subject to disease. Such discussions should therefore be undertaken and conducted in a truly catholic spirit; there should be no predilection and no party. We should, each of us, be able to say:

"Tros, Tyriusque mihi nullo discrimine agetur."

Treatises of the kind we mention, designed to indoctrinate the public mind with beneficial truths as yet not diffused, and as yet only set forth in technical and recondite forms, must not be confounded with ephemeral guide books and other modes of advertisement which are left on the tables of the authors, and trumpeted by their zealous clients, the "*ad captandum vulgus*" expedients of the smaller fry. Such little things, like honey in a saucer, no doubt catch many flies. But if the better and worthier authors obtain neither gain nor fame, they have the consciousness of time well spent, of talents well applied, and of the desire to do good for

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its own sake, and not for a selfish consideration. In this sense, too, is realized the saying of the wise man—"Cast thy bread upon the waters, for thou shalt find it after many days."

There were many glimpses of the power of steam, as applied to man's compassing by its means earth and sea, before Black's exposition of "latent caloric," and before his pupil Watt invented the steam engine; and many a day passed between Watt's first model, and the entrance of the first little steam vessel into the waters of the Mersey, and the opening of the Manchester and Liverpool Railway. Glimpses of the Homœopathic law are found in the medical writings of antiquity as well as in those of times nearer our own. More than half a century has passed since Hahnemann's enunciation of the law of healing: in most European countries the practice founded on that law has made great progress, but in these kingdoms the vast majority of medical men still refuse even to inquire into the subject. They refuse to receive the testimony of more than two thousand witnesses of their own profession; and yet will not examine into the truth for themselves. But many must, ere long, follow in the track of the pioneers who are busily at work in letting daylight into the obscurity, vagueness, and uncertainty of the medical practice of our national schools—

"Quale per incertam lunam sub luce maligna
Est iter in silvis:"
"Dim as the borrowed beams of moon and stars
To lonely, weary, wand'ring travellers,"

has the light of medical theories been, and a most *malignant* light, if we consider the mischief that has been done by it. Dr. Forbes, in his manful article, has so plainly confessed this on the part of his Allopathic brethren, that we need not press the point. As they have now been taught by their own great authority,

"Quantum Religio potuit suadere malorum,"

we may encourage the hope that many of them will turn from their superstition to a purer and more enlightened faith.

We have selected these two books for a brief notice, because they are not medical advertisements of their authors, and because they are well-written popular treatises on the medical reform we have so much at heart. Though we should recommend our medical brethren to study the writings of Hahnemann himself, it may be that some even of them may be induced to that study by a perusal of such essays as these. Unenviable surely is the condition of that man's mind which is closed against the admission of facts, of evidence, and of experience.

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The "Concise View" consists of three parts and an appendix.

The first part gives a sketch of the origin and history of Homœopathy; defines the fundamental law; shows how Homœopathy ascertains the effects of medicines on the healthy subject as a necessary preliminary to the use of them in the treatment of disease; sets forth the reasonableness of the minute doses, and the absolute propriety and necessity of giving only one medicine at a time; and lays down as postulates—

1st. That Homœopathy considers every disease to be an essentially individual deviation from health:

2nd. Attaches no practical importance to the determination of the proximate cause of disease:

3rd. Does not recognise the existence of merely local diseases, apart from mechanical injuries:

4th. Is much more conclusive and satisfactory in the management of chronic diseases than any other method of treatment:

5th. Exacts of the practitioner a close consideration of the disease itself, its previous history, its predisposing and occasional or exciting causes, and the totality of the present symptoms in their most minute manifestation, their peculiar character, and mutual relation; and exacts of him no less the most rigid care in the selection of the remedial agents:

6th. insists on a well adjusted *regimen* in the treatment of disease.

The second part treats of the points of difference between Allopathic and Homœopathic practice, of which these are the chief:—

1st. Homœopathy is founded on a law of nature—"*similia similibus curantur*,"—which law is of general applicability, and secures, to a great degree, unity of opinion and practice among its well-instructed followers, so far as the law itself is concerned: Allopathy has no such supreme law, and cannot pretend to any thing like unity of opinion and practice among its adherents.

2nd. Homœopathy follows certain or fixed rules for the investigation of the effects of medicines, and arrives at a clear and distinct knowledge of those effects: Allopathy is very defective in such investigation, and has not arrived at any clear and distinct knowledge of the pure effects of medicines.

3rd. Homœopathy uses only one medicine at a time: Allopathy jumbles several or many together. With the former there is clearness and precision in arriving at an opinion as to the effect of the remedy; with the latter there can be no clearness, nor precision on this point, from the jumble of several or more active remedies.

4th. Homœopathy prescribes its medicines in minute doses, which experience has shown to be sufficient to affect the body in diseases, and not large enough to do harm, when improperly selected: Allopathy prescribes large doses, which are apt to injure the patients, and do injure them most materially in very many cases.

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5th. Homœopathy maintains that every disease is an essentially individual deviation from health, and ought to be treated as such: Allopathy is too frequently influenced by the mere name of the disorder, and thus often treats in the same manner diseases which are essentially different.

6th. Homœopathy attaches no practical importance to the investigation of the proximate causes of disease, as being a thing impenetrable to the human understanding; but investigates what may be known, the predisposing and exciting causes of the disease, and on the knowledge of these and on the totality of the symptoms founds the treatment: Allopathy considers the investigation of the proximate cause as necessary for a scientific treatment, and thus leads to proverbial divergencies of opinion on the nature of diseases, and their appropriate treatment.

7th. Homœopathy does not recognize, apart from simple mechanical injuries, the existence of merely local diseases, and holds, therefore, that diseases, falsely so called, should be treated by remedial agents that act on the whole frame: Allopathy does recognize merely local diseases, treats them by local means, and rarely arrives at a radical cure.

8th. Homœopathy is guided by a certain law in the treatment of chronic diseases, which aims at, and often effects a radical cure: Allopathy has only in its power means that are merely palliative, and are never, strictly speaking, curative.

9th. Homœopathy is, philosophically speaking, a *system* of practical medicine; it has a supreme law to guide its practice, on which all the different parts of the doctrine necessarily depend; these parts again are in necessary relation to, and interpenetrate and vivify each other. This harmonious *ensemble* deserves the name of a system: Allopathy does not satisfy the logical postulates of a system.

Again, there are other points of difference between the two. Homœopathy disapproves of bleeding, as unnecessary, as unsafe, and frequently attended with dangerous, and even rapidly fatal consequences, as disadvantageous and injurious in regard to disease itself.

Homœopathy disapproves of the whole derivative method, because such means are unnecessary; put the patient to needless pain and torture; are frequently unsafe; are often uncertain in their effects, and in most cases are only palliative; are disadvantageous with regard to the disease itself, and are frequently decidedly injurious.

Homœopathy disapproves of all external medicinal applications for outward symptoms of disease, because they are unnecessary, because they cannot effect a radical cure, and often become the indirect cause of other complaints.

Homœopathy supersedes the necessity of a great number of surgical operations.

Homœopathy disapproves of artificial salivation, of the continued use of so called tonics, of emmenagogues, of antibilious and aperient, and other palliative medicines.

Homœopathy disapproves of the indiscriminate use of mineral waters and sea bathing.

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The third part is engaged with the refutation of the objections generally brought forward against Homœopathy, such as these:—

1st. The minute doses can have no effect.
2nd. The Homœopathic medicines are powerful poisons, and very dangerous.
3rd. Homœopathy uses one medicine for all diseases.
4th. The cures are attributable to Nature only.
5th. The cures are due to the faith and imagination of the patient.
6th. The cures are due to severe regimen.
7th. The Homœopathic treatment cannot be depended on in acute diseases.
8th. The cures are only effected after a severe aggravation.
9th. Homœopathy is quackery.
10th. Many persons have been treated Homœopathically and have not been cured.
11th. None but young unknown practitioners have ever adopted Homœopathy.
12th. Medical men have tried Homœopathy, and have found it not to be true.
13th. Homœopathy is going down every where.

These objections are met, *seriatim*, and we think are fully refuted, though some of them are so palpably absurd as to require no notice.

The Appendix gives an account of the progress of Homœopathy in Germany, in Italy, in Hungary, in the United States of America, in South America. It furnishes statistical accounts of some public Homœopathic institutions, which are extremely valuable, as showing the practical superiority of the Homœopathic to the Allopathic method of treatment: it furthermore registers, with too great condescension, some of the most scurrilous and abusive attacks on Homœopathy. We consider the "Concise View," of which we have given a very rapid summary, to be a very able performance, and recommend it to those who wish to get a general view of the subject, and to see what can be said in defence of much abused and little understood Homœopathy. Those who abuse it the most, are precisely those who know nothing at all about it. There are some points in which we think the author has not expressed the opinion of all Homœopathists: but while there is, to a remarkable degree, unity of opinion and practice with respect to the law, uniformity is not to be expected, and, indeed, not to be desired.

Mr. Sampson is evidently a man of great abilities, his style is clear, and his zeal great; and in the notice we are about to make

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of his book on Homœopathy, we wish to speak of him with the respect due to an enlightened non-professional advocate of our system of medical treatment.

We are, nevertheless, surprised that the English Homœopathic Association, which has on its committee eight* gentlemen with the title of M.D. added to their names, one M.R.C.S., and one M.R.C.S.E., should have appointed a non-professional member to write for them their book on Homœopathy, its principle, theory, and practice. They, however, not only selected him, but selected him "as one to whom, without reserve of any kind, the execution of a work on Homœopathy might safely be intrusted." With respect to a subject so practical, we should have preferred one who was conversant with physiology, pathology, and therapeutics; for medicine cannot be known by instinct, and Homœopathy, though its law is simple, requires for its fair exposition not only a writer of clear intellect and strong understanding, but one who has the medical mind, and that mind disciplined by the appropriate medical studies, and informed with practical knowledge. We conjecture however, that the materials, more strictly medical, for this treatise, were provided for our author by one or more of his medical friends, and that his task was to put them into shape and good English. Our objections lie not to him as an author, for his statement of the general argument is logical and perspicuous, but chiefly to those parts of his work in which his office was more that of editor than of author. The first chapter on the *claims* of Homœopathy to investigation, is worthy of attention; the second chapter on the *importance* of that investigation is very good; the argument is masterly, the conclusion inevitable. We cannot commend the third chapter, on the *evidences* in favour of Homœopathy. The attempt to prove too much is injurious to any cause, however just and righteous. The untoward table, at page 71, would not satisfy any "unprejudiced mind;" it does not satisfy us, who are ready and eager to receive any testimony that may be relied on in favour of our reform. It could not fail to provoke the unbelief of our Allopathic brethren. We see recorded, for example, seventy-five cures of phthisis at the Homœopathic Institution, of tubercular phthisis, we presume. In looking at the Appendix B, which contains the report of the cases treated at that institution, from October, 1839, to the 1st of May, 1845, we find that, during that

* We refer to the list of the Committee, prefixed to Mr. Sampson's book.

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period 224 cases of phthisis are reported to have been treated. The deaths of only seventeen were ascertained; seventy-five had discontinued the treatment, and, we may suppose, departed this life; twenty-three were still under treatment; four were relieved; fifteen improved; fifteen much improved; nine nearly cured; one not accounted for; sixty-five are said to have been cured. We presume the one not accounted for, and the nine nearly cured, added to the sixty-five, make the total of seventy-five cures. This extraordinary success in the treatment of a disease, which is the *crux medicorum*, is, indeed, startling. But we know, even supposing that there was no error in diagnosis, that this complaint may be *suspended* without being cured, and that a few cases are spontaneously cured. We are far from thinking that no specific nor specifics for this scourge will ever be discovered; we hope always; but we are certainly not prepared to admit that we have at present any remedies, that are decidedly specific in phthisis, as Belladonna in scarlatina, Sulphur in scabies, &c.*

We find again in that unfortunate table "cutaneous, scirrhous, and cancerous affections" lumped together, and ninety-seven cases of cures recorded. What a return for a military surgeon to make: died of excoriations, syphilis, and gun-shot wounds, so many! On referring to the Appendix, we find the same classification, "cutaneous diseases, scirrhous and cancerous affections;" but there ninety cures are recorded out of 179 cases, and only one death. How many of them were cancerous affections? We need not specify any more particulars of this strange report. We do not, of course, blame Mr. Sampson for it, for he gave it, we presume, as it was furnished to him; but we hardly think any medical man would have ventured to publish such a table.

We lose sight of the logician in the remarks that are made on the treatment of moral disorders: we invite the attention of our author and our readers to the remark of one of the most philosophical of the critics on Shakspeare: "A feigned perversity of temper was become

* On this subject we may quote a note by Dr. Fleischmann, who is as yet by far the highest authority on Homœopathic hospital practice:—"We may praise up and administer any medicine we like, Hepar or Mercury, Stannum or Phosphorus, A. or Z.: as yet all cases die, and we are yet very far from the hope of curing a fully-developed case of Phthisis. Would we could only always succeed at least in retarding its course for any considerable period! How they contrived at Munich, that *of nineteen phthisical cases thirteen were cured*, I should like much to know!"—See *Report of the Vienna Homœopathic Hospital in Vol. II, p. 31 of this Journal.*

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the medicine of a real disease; and the drama itself, founded on psychological observation, is a representation of a Homœopathic treatment of the mind." This is said in reference to the "Taming of the Shrew," where the feigned violence of Petruchio is the medicine to cure the violent temper of his *cursed* Kate. This is a hint which may be of some importance in the treatment of some forms of mental disease.*

Neither can we commend the fourth chapter, on the Homœopathic theory. The idea of an amateur promulgating a theory of medicine reminds us of the schoolmaster that wished to instruct Hannibal in the art of war, and of Madame de Stäel who aspired to give lessons of government to Napoleon.

A theory is here stated without the slightest attempt to criticise other theories; the attempt is not very modest, nor is the execution very brilliant. The writer evidently thinks his the best of theories, and plumes himself upon it accordingly—

> "As blind men use to bear their noses higher
> Than those who have their eyes and sight entire."

The remaining chapters on the practice of Homœopathy, and the opposition to it, are well-written. But, from the perusal of the whole book, we conclude that it is written by an advocate whose information as to the facts of the case has been furnished him by one or more attorneys. His own mind is clear, and his argument, so far as he understands the case, is sound; and he may not hold himself accountable for the fairness or accuracy of those who collected his materials for him.

We conclude, then, that it is a well-written book, but too pretentious for its certain amount of merit; not modest, considering that it is professedly a treatise concerning medical doctrine and practice by a non-medical man; and in some parts neither fair, nor accurate.

New Manual of Homœopathic Veterinary Medicine. By F. A. Gunther. *Translated from the third German edition, with considerable additions.* London: H. Bailliere, 214, Regent-street.

A good work on Homœopathic Veterinary Medicine has long been a desideratum in this country, and this, as far as we can judge, seems calculated to supply the want. It treats not of the diseases of horses alone, but of those of cattle, sheep, dogs, swine, and

* Ulrici's Shakspeare and the Dramatic Art," p. 297.

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goats, and, in most instances, the semeiological details are given with great care, and the therapeutic directions precise and lucid. The arrangement of the work, however, might have been better, and the nomenclature of the diseases treated of is far from good, but as the Homœopathist's guide for treatment is not the nosological name of the disease but its precise character, as indicated by the whole morbid picture, this is a fault of minor importance. We have little doubt that this "Manual" will prove of excellent service to those having the management of domestic animals, as it offers a more rational and scientific, as well as a more efficacious mode of treating their diseases, than the ordinary empirical system of firing, drenching, bleeding, and dismembering, by which our four-footed auxiliaries have been so long martyrized. Besides the therapeutic instructions this book contains, we find in it excellent directions for the hygienic management of the several kinds of domestic animals.

MISCELLANEOUS.

CASE OF POISONING BY ARSENIC,

In which a whole Family was affected. Communicated by J. Hakes, *Esq. Read (with Remarks) by* R. H. Brett, Ph. D., F.L.S., *Lecturer on Chemistry and Medical Jurisprudence at the Liverpool School of Medicine.*

The family in which the fatal accident occurred consisted of six individuals and a maid-servant: the mother, Mrs. Gilton, three boys, and two girls. They all lived at home except the eldest son, who was away the greater part of the day. It appears that the manufacture of certain mineral colours was carried on at the premises, and that arsenic was employed as one of the ingredients in this manufacture. It further appears that there was a well in the colour-house where the operations were conducted, and that this well furnished water not only to the works, but also by pipes communicated with the house, where the water was used for ordinary domestic purposes.* All the family partook of the water on the premises, as did also a cow belonging to them. The workmen employed in carrying on the business did not take their meals at the house, and therefore took little or none of the water.

Mr. Bickersteth was first called to West Derby, where the family resided, on Monday, February 16, and found the mother in a dying state;

* A short time previous to the first person being taken ill, a quantity of arsenic had been thrown down a drain, which was subsequently found obstructed, and it is probable that rain water percolating through this had carried a portion into the well.

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unconscious, surface cold, the arms being in continued motion about her head. She died in a few hours, but before death consciousness returned for a short time. He was told that the youngest son had died a week previous, as it was supposed, from hydrocephalus. The symptoms, however, of both mother and child appeared to have been bilious vomiting and purging, with great thirst and head affections. On this visit the rest of the family looked rather ill, but did not make any complaint. Two days after, viz., February 18, Mr. Bickersteth was again sent for. The eldest son and one of the daughters were then suffering from bilious vomiting and purging, with great thirst, not, however, accompanied by pain or tenderness of any part. The daughter felt some curious sensations in her lower limbs; in both the pulse was very quick.

Mr. Bickersteth suspected that some poisonous substance had been taken, and finding the water which they used came from a well in the colour-house, he thought it probable that arsenic was present; he prohibited the use of the water, and took samples away, which were subsequently delivered to me for analysis by the brother of the deceased lady. Upon analysis the water was found to contain arsenious acid, or white arsenic, in the proportion of four-tenths of a grain to the imperial pint.

The following day, February 19, the eldest son was better, and so was his uncle, who had only been there one day, and was seized after taking tea in the house. The two daughters and the youngest son were now suffering. The vomiting had ceased in the one first attacked under the administration of prussic acid, and had given way to nervous symptoms. There was great restlessness, indisposition to answer questions, numbness of the lower extremities, whilst the arms were in continual motion in the air, as if picking at something above the head; the skin was hot but not dry, and did not exhibit any discolouration; the tongue was dry and brown, and there was great thirst; the throat seemed dry, and the breathing was quick and audible; the pulse was very quick, 125 or 130, but not hard; the heart acted forcibly, but without friction sound, or murmur. The girls did not complain of pain on pressing the abdomen, but the youngest son slightly moved when this was done, though he said it gave him no pain. They had all uncomfortable feelings, which they could not describe, but were at this time conscious.

On the following day, the 20th, they were much worse. The breathing and pulse very rapid; the tongue and lips dry, cracked, and covered with blood and sordes. The eldest girl was unconscious, throwing her arms, legs, and body about in every manner. The other two exhibited the same symptoms as yesterday, only in an increased degree, and consciousness was fast departing. [There had been no purging or vomiting in the girls since Wednesday the 18th.]

On Saturday the 21st the youngest boy died at 4 P.M.; the peculiar movement of the arms continuing up to the time of his death. Between that period and Sunday night the two girls died. The servant early at this period was taken ill and went home; at a later time the cow was

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affected. The workmen, with one exception, were not sufferers. A short time after the servant was admitted into the fever hospital with symptoms purely nervous, and after a few days was discharged cured.

Post mortem examination of the youngest son twenty-four hours after death.

There were no peculiar appearances noticed on the skin, and the muscles of the trunk were of their usual colour.

The lungs were adherent on both sides by old adhesions posteriorly; both were congested with bloody serum, especially the right. The bronchi were red and injected, and covered with red mucus.

The heart and pericardium were both healthy looking; and the blood in the body was dark and fluid generally, though there were coagula in the heart.

The trachea and epiglottis presented marks of inflammation.

The liver was slightly enlarged, presented exteriorly many yellowish green patches, and was internally of a uniform slate or ash colour. Its consistence was normal; and the bile in the gall bladder was copious and dark.

The œsophagus was healthy-looking. The stomach was contracted, contained some greenish fluid and mucus, but, with the exception of punctiform and ramified redness at the splenic and pyloric ends, presented no unusual appearance. The rugæ were red and vascular; the mucous membrane was not softened or ulcerated.

The commencement of the duodenum was red like the stomach. A few patches of redness existed in the jejunum, and the lower part of the ileum was discoloured for about twelve inches, where the solitary glands appeared unusally large and numerous.

The cœcum was dark-coloured and congested. The rectum and colon were also discoloured here and there, but no ulceration or softening had occurred. The intestines contained a large amount of fæces. Spleen and kidneys were healthy.

Head.—Sinuses and veins congested; about a tablespoonful of serum existed at the base of the brain, and the same quantity in the ventricles; no softening or formation of false membrane was observed.

Remarks on the Fatal Cases of Poisoning by Arsenic, by R. H. Brett, Ph. D., F.L.S., *Lecturer on Chemistry and Medical Jurisprudence at the Liverpool School of Medicine.*

The above recited cases of Arsenical poisoning are interesting in a toxicological point of view. They are clearly cases in which the poison is completely in solution, when it always exerts a more powerful influence than in lumps or in powder. With regard to the quantity taken in any one of the cases, only approximative results can of course be obtained. It would appear from a statement made to me by the brother of the deceased Mrs. Gilton, that she was suffering about a week before her death; and as intense thirst was a prominent symptom with her, she probably did not consume less than from four to six pints of water during the twenty-four hours in different ways. Taking, therefore, four-tenths of a grain of enic in the pint as the average quantity, this lady, in all probability,

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took not less than two grains of the poison in a day, and in all, perhaps, not less than fourteen grains. It is not easy to understand how the other members of the family failed to be affected earlier than they appear to have been, considering that they must have been using the water before and during the illness of the mother, and yet no marked symptoms made their appearance until two or three days after her death. Had the mineral been accumulating in the system for some days before virulent symptoms were ushered in? Such could not, however, have been the case with respect to the lady's brother, for he had only been in the house one day, and was seized shortly after taking tea. It does not appear, however, that his symptoms were of a very formidable nature, for he speedily recovered. Moreover, the use of the water was entirely prohibited on the 10th February, two days after the mother's death; nevertheless, the two girls and the youngest boy died; either therefore fatal results occurred in their case from the Arsenic received in the water during two days, or they must have been swallowing the poison for some time previously without manifest symptoms. It is quite impossible, therefore, to say how much altogether of this substance they took before the use of the water was discontinued.

With regard to the symptoms recognised in these cases, they were rather of a nervous kind, than referable to irritation or inflammation either local or general. It is true, that in all the cases there was vomiting, purging, and great thirst, with a good deal of arterial action, but then there was almost entire absence of pain. The symptoms which appeared towards the close of life were clearly referable to the brain and nervous system. It might have been expected, considering that the patient survived some days, that more marked symptoms of irritation of the stomach and intestines would have been present, together with pain on pressure; nor do the *post mortem* appearances in the only case examined lead to the conclusion that active inflammation was a prominent symptom. The nervous symptoms were like those which have in several instances been observed in Arsenical poisoning, as supervening upon symptoms of high irritation, with pain in stomach and bowels. The above cases also differ from those on record, from the fact, that there was, so to speak, a constant repetition of the poison, until the state of the water was suspected; it is impossible to say how many times during the day and night small quantities were taken into the stomach in the various forms in which water might be used. No doubt, much of the poison was rejected in consequence of the vomiting, which appeared to be a prominent symptom in all the cases; but still, as the mineral was completely in solution, it is highly probable that much more rapid absorption of it into the system took place than would have been the case had it been taken as a powder, or merely suspended in a liquid. It perhaps will not be unreasonable to attribute the absence of marked local irritation to the rapidity of absorption, by which the system generally became impregnated; and probably the quantity at any time present in the stomach was extremely small, and in consequence of the repeated vomiting not

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detained there for any considerable time. That there was a certain amount, however, of irritation, not to say inflammation of the stomach and bowels, the earlier symptoms in these cases certainly seem to indicate, and the nervous symptoms which followed were pretty well marked. Upon the whole, therefore, these lamentable cases may perhaps be classified with those in which symptoms of irritation, by no means well marked, were first observed, followed by nervous symptoms, such as have been frequently before noticed in cases of poisoning by Arsenic, where circumstances favourable to its absorption existed.—*(From the Report of the Liverpool Pathological Society in the Edinburgh Medical and Surgical Journal*, No. 168, p. 43.)

DR. HAYLE'S LETTER ON SELF-SUPPORTING DISPENSARIES.

TO THE EDITORS OF THE BRITISH JOURNAL OF HOMŒOPATHY.

GENTLEMEN,—The best mode of founding and supporting Dispensaries and Medical Institutions in general, is a subject of such great importance that I trust you will allow me space in your pages for a few remarks upon it. I am the rather induced to take up the subject, in that the Dispensary at Newcastle-on-Tyne, with which I have the honour of being connected as its physician is founded, partially at least, upon the self-supporting principle, which, in the following observations you discountenance:—

"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 for 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."—*British Journal of Homœopathy, No. XVII, p.* 325.

These remarks, exercising, as they will, much influence on the plans adopted for the formation of new dispensaries, induce me to offer you some arguments in favour of the self-supporting system, of which I have now had some experience. I believe, then, that the position of Homœopathy, as a new principle of treatment, is such as frequently to force upon its adherents the adoption of the self-supporting system. I am sure that this was the case with us. At the time I came to reside at Newcastle there was, I think, but one convert to Homœopathy in the town; there might have been three or four families in the county; and though through the influence and exertions of one gentleman who had long been a convert to Homœopathy, and of one or two others converted ce my arrival, we were enabled to commence with a subscription

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of £25 per annum, yet this, although a large sum in proportion to the number of subscribers, was, of course, far from meeting our expenses, and it was, therefore, in the face of a risk of pecuniary loss that its supporters established the institution. It was not, however, to be expected, that a deficit of at least £30 per annum should be met by a few friends, however generous; and the plan suggested in the columns of the *British Journal*, that of applying to other dispensaries, or to the supporters of Homœopathy in other places for help, is so unpleasant in itself, and from the position of Homœopathy at the time, would so certainly have proved ineffectual, that we did not think of resorting to it. I believe, indeed, that such applications would be useless still, having been lately informed that many of the London dispensaries are at the present moment themselves languishing for want of funds. However this may be, I know not what we should have done had not the ready appreciation of the benefits of Homœopathy shown by the working class, and the comparatively easy circumstances of a portion of that class suggested the idea of making that appreciation work out its own gratification. This we did by requiring from those in circumstances to pay it, a monthly payment of two shillings and sixpence, a plan which we have found to work admirably; the sum thus raised, together with the subscriptions, sufficing not only for the expenses of the treatment of those who paid it, but for those of an equal number of gratuitous patients, and we now find for a very considerable extension of the establishment. We find ourselves in a position to offer to a house-surgeon, apartments and a salary of £100 per annum. From this statement it will be perceived that our institution is not solely self-supporting, but is dependent in some measure on subscriptions; also that payments are not required from all, but only from those in a condition to make them without inconvenience; so that, in fact, the charity of one class directly, and the interest of another indirectly, combine to give relief to the destitute. It will also, I think, be conceded, that in our case the self-supporting principle was absolutely necessary, even to give effect to the charitable, a case that, in the present position of Homœopathy, must occur frequently.

But I believe that the self-supporting principle is not only necessary in some cases, but is the best in all. It appears to me more suitable to man's moral character, as developed by proper education, than the charitable, and thus more capable of being made an important element in that education. It is more suitable, because it is in harmony with a feature in man's character, which is, in my opinion, essential to his taking his proper position in the scale of creation,—I mean the spirit of independence, of which Thomson has not said too much, when he calls it

> "Heaven's next best gift
> To that of Life, and an immortal soul;
> The Life of Life."

But better than poet's praise, is religion's sanction and recommendation; and the spirit of independence comes to us sanctioned by the examples, and recommended by the precepts of the Founder of Christianity, and of his most distinguished follower,* who, by intertwining it with the spirit

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of humility, exhibited to the world a combination of graces and nobleness which it has been contented hitherto, as it were, hopelessly to adore, without endeavouring to imitate.

Happily we live in a country where the beauty and fitness of the spirit of independence needs little proof; it is the pride of a great portion of our race; yet I cannot refrain from adding, for the thought is one which gives me inexpressible pleasure, that the education from external objects which man is at present receiving at the hands of his Creator, rests upon and presupposes free agency, the development of which would seem to be so precious as to be at once worth, and the secret of, a very great part of all the perils that surround us.

Now the self-supporting principle harmonizes with this spirit, gives man an opportunity of tasting the sweets of its exercise, and thus cheers him on to seek out other opportunities and other gratifications of the same kind.

The charitable principle, on the contrary, is not only opposed to the development of this spirit, but would, if fully carried out, altogether annihilate it, substituting in its stead a spirit of reckless extravagance, dependence on others, and, consequently, of servility and degradation. This unfortunately needs no proof; the ordinary occurrences attendant on giving and receiving are known to all. The almost unconsciously assumed license, the short question, perhaps shorter answer, the abrupt dismissal on the part of the person applied to; and the servility, humiliation, and wounded feeling of the applicant, have, unfortunately, only to be mentioned in order to be remembered. Christian feeling may do much to soften this intercourse; the acknowledgment of mutual dependence on a common benefactor goes far to restore the equilibrium; yet still the consciousness on both sides, that a right has been surrendered by one who has worked for it to one who has not, has an almost inevitable tendency to produce corresponding feelings of condescension and obligation, which it is a pity should exist.

True it is that much of the unpleasant and degrading part of the application for charity depends on the probability of the applicant's being unworthy; the suspiciousness of the case obliges you to sift it, if you would not throw away your money, and thus, when the heart should be warm, and the hand be open, a necessary suspicion chills the one and closes the other. The application for a dispensary ticket or gratuitous medical adivce comes not, however, in such a questionable shape. It need not be viewed with such suspicion. Sickness, under the present circumstance of the race, is an evil, whose advance no precaution can always arrest, and which, therefore, in general brings its victim into no suspicion, and, however induced, it must be relieved.

Your charity, too, can neither be abused nor increase the evil it was meant to cure. People will not induce or feign disease in order to get medicine. Here then, at least, has charity the fewest drawbacks. Yet drawbacks there certainly are. If the remedy be not so pleasant as to

* The precept "owe no man any thing but to love one another," comes with peculiar propriety from the lips of one whose life abounds in passages which make a man's blood run warm.

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induce men to qualify for it, its being placed within their reach by the exertions of others is apt to induce indolence; and thus the man whose providence might have been exercised, and whose spirit of independence gratified by the train of ideas and actions leading to the investment of his savings in a benefit society or other, the most efficient mode, is tempted to weaken his character by improvidence, or debase it by depending on others for that aid which his own exertions might have supplied. There are also but too many associations of an unpleasant kind connected with an application for relief in any form not to lead us to deplore its necessity, even in this almost exceptional case. That necessity, however, I admit, whilst I deplore it. Hunger must not pass into starvation, nor disease into death, whilst there exists the power to check their progress. Life is more than its graces, and not that which is abstractedly the best, but the best possible is the only rational rule of conduct.

Yet may we confidently expect that this necessity will one day cease to exist. As the human family increases in intelligence and matures its organization, measures will, doubtless, be taken to train up its members to support themselves, and to put them in circumstances to bring out their training. The earth is fertile, even to exuberance, in articles which would furnish ample nourishment and occupation to the human race, were it vastly more numerous than it is. The means and appliances of education are all-powerful to mould man's mind, and one of its easiest triumphs would be to fit him for profitable occupation, and to lead him to value and desire it. Here, then, are the elements of independence, and there needs but little knowledge of the Saxon race, at least, to convince us that in their case that which is good and feasible will most surely be accomplished.

In the meantime, I contend that institutions partially self-supporting are steps in the right direction, and tend to teach those who have acquired the power of self-support, the pleasure of using it.

It may be remarked that there is nothing in the nature of these institutions which requires a different mode of management from that which obtains in the purely charitable institutions, or which necessarily lays them open to the suspicion of being capable of perversion, to the pecuniary advantage of the medical officer. The appointment of a committee and treasurer will be a guarantee for the proper disposal of the funds, and remove all ground for such suspicion.

There are, however, two grounds of abuse of a diametrically opposite nature which may be noticed. In the first place, the monthly payments may become oppressive for want of a proper discrimination. In the Newcastle Institution this abuse has, I think, been in most cases avoided. Wherever in the course of treatment the head of a family became incapable of work, his monthly payments have been declined, and when payments offered under such circumstances have, through inadvertence, been two or three times received, they have, on a discovery of the fact, been returned. This abuse has, I think, only to be noticed in order to be avoided—the remedy is at hand in the gratuitous list. The other abuse

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arises in an opposite way: the advantages of the Institution may be claimed by those who are able to pay the usual charges of medical attendance. Thinking that the monthly payment destroys for them the gratuitous character of the Institution, and therefore robs the application of all degrading associations, they apply without scruple. This is an abuse which has prevailed to some extent in the Newcastle Dispensary, and my own receipts have consequently suffered proportionably. It is, indeed, an abuse that might have been very naturally expected. When we consider the number of persons who labour under chronic disease requiring lengthened treatment without the means of meeting its expense, we shall not greatly wonder at there being a frequent application for the advantages of such an Institution. Still it is an abuse; for it is opening a door to the avaricious and mean-spirited that cannot be closed without the most indecent and unpleasant inquiries. It may be met by admitting only certain classes—the working class, and the small retail dealer, and excluding all the rest, all unpleasant and minute inquiry into circumstances being thus avoided, and no injury, consequently, done to the feelings. Persons in a higher class, but of reduced circumstances, will generally meet with the kind consideration of their medical attendant, who will omit to record all his visits, or lay hold of some excuse to make no charge, or avail himself of any other, the best way that may occur to him of being the least obtrusively serviceable. This is a more delicate and, therefore, a kinder way of meeting the case than that of compelling such persons to blazon their reduction of circumstances by driving them to an institution not meant for their class, and it has the additional advantage of leaving the indulgence to the discretion of the medical man, and of thus putting it out of the power of the avaricious or mean-spirited to make one step towards claiming it as a right.

On reviewing what I have written, I find, Gentlemen, that my remarks have grown to a greater length than I had at first intended. I would, however, yet request insertion for them, if you have space in your pages, hoping that they may lead to a full investigation of the subject by other and abler minds.

I have the honour to be, Gentlemen,
Your obedient Servant,
THOMAS HAYLE, M.D.

3, *Jesmond-terrace, Newcastle-on-Tyne.*
Nov. 16*th*, 1846.

[We observe the same opinions expressed in the otherwise admirable Dispensary Report of Dr. Irvine, of Leeds, which we have just received. We shall take an early opportunity of returning to the subject of Self-supporting Dispensaries, and we shall, we think, not have much difficulty in showing that the system, though plausible enough at first sight, is, in reality, one of gross injustice to the medical profession, and a reproach to the public.]—EDITS.

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MEDICAL INTELLIGENCE.

HOMŒOPATHY IN BAVARIA.

The following communication we have just received from our esteemed correspondent, Dr. Buchner, of Munich :—

"In no country of the world have the laws regarding Homœopathy undergone so great changes as under the direction of the medical authorities of Bavaria, who did not in the least appreciate the new system, either in its theoretical or practical aspect. My mention of this does not arise from any spirit of hostility, but for the sake of liberty in science and art. In 1832, the Government not only sent Dr. Roth to travel, for the sake of inquiring into Homœopathy, but even allowed him to lecture upon it in the University of Munich. Unfortunately our learned colleague was not able to avail himself of this permission so much as could have been desired,—at first on account of being overwhelmed with practice, and afterwards on account of the infirmity of his health. As his practice increased, so did persecution, and to such an extent, that his medicines were seized and confiscated; they were returned to him, however, two days afterwards. Upon this there followed an unconditional permission to physicians to dispense their own medicines. This was on the 30th of November, 1834. At the time of the cholera an hospital was founded, for the support of which 3000 florins were allowed by both Chambers; but the Crown gave nothing, influenced (it is rumoured) by a court-physician, who found the results of the treatment at the hospital (which still exists as a dispensary) far too favourable, as compared with those of the old school. The mortality was only two to three per cent., notwithstanding the prevalence of the cholera. On the 5th of February, 1837, the practice of Homœopathy was forbidden country practitioners, and it was prohibited in all judicial cases, (Legal-fällen.)

In the General Hospital a trial was given to Homœopathy; but that the person who made the trial could have known nothing of Homœopathy, was clearly shown by Heinrichsen. On the 27th January, 1842, appeared the notorious apothecary act, which, without repealing the irreversible decree of 1834, forbade physicians to dispense Homœopathic medicines, and contained the famous "*Taxa pro Medicamentis sic dictis Homœopathicis*," according to which the price of one drop or one grain of Homœopathic medicine is fixed at six kreuzers, (three-halfpence,) exclusive of the cost of preparation; while a drop of Allopathic medicine, inclusive of its preparation, cost only one kreuzer, (a farthing.) A guarantee of any kind was not even spoken of; so that the whole thing looked like a jest. Upon this there followed a prohibition of the use of Homœopathy in jails and hospitals; and no one would have been surprised if, some day, what was forbidden to rogues and paupers, should also be denied to the honest and wealthy. But, as the simplest understanding

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might have foreseen, the laws enacted were not obeyed; and, in consequence, on the 30th of June, 1842, a commission, including a Homœopathic physician, was appointed to examine whether the powders and globules in the different laboratories contained arsenic. This was followed, on March 15th, 1843, by a peremptory repeal of the edict forbidding physicians to dispense, and, on the 17th November, by the introduction of Buchner's Pharmacopeia into the laboratories.

For our parts, we regret the judgment of the medical authorities in Bavaria upon this question, and declare their decision not only insufficient and groundless, but even an infraction of natural rights and liberties; and we consider the whole mass of prohibitions as morally null and void. The same view has already been taken by the Supreme Board of Medical Control, so that Homœopathy is again reinstated in its primitive rights: The generous patron of arts and sciences, King Louis himself, cannot fail, as a profound thinker, to look favourably upon our science, since, by the reception of Paracelsus and Haller as guests in the halls of the Walhalla, he has chosen the most ennobling way of inscribing Homœopathy in the great memorial tablet of future ages.

The following are the chief Homœopathists of Bavaria:—The estimable Medical Counsellor Widnmann, Physician to the late Duke of Leuchtenberg, the eldest of our Homœopathic physicians; Counsellor and Professor Reubel, Physician to the Dispensary; Dr. J. J. Roth, whose conflicts in the cause have not been without good results; Dr. Mahir, Lecturer on Mental Diseases at the University of Munich; Dr. J. Buchner of Munich [our worthy correspondent;] the indefatigable Dr. John Nusser; Dr. Krafft of Ingenheim, in Augsburg; the industrious Dr. F. A. Ott, District Physician in Mindelheim; Dr. Kunstmann, Physician to the Prince von Reuss at Ebersdorf; the learned Dr. Schrön of Hof, near Bayreuth; District Physician Ohlhauth of Wurzburg; Prosector Fleischmann of Erlangen; District Physician Reichel of Naila, Physician to the Baths of Steben; Dr. Reuter of Nuremberg; Dr. A. Pemerl of Heideck; Dr. Kuchler of Wollnzach; Dr. Gerster of Ratisbon; Dr. Schwab of Gemersheim; Drs. Schupp and Hasslocher of Landau (Palatinate of the Rhine;) Dr. Lechner of Dürkheim. Besides these, there are not a few physicians who practise Homœopathy, not from conviction, but because their patients wish it. I am convinced that in the course of three years he number of medical and lay converts to our, the only true, system of medicine, will have doubled itself."

HOMŒOPATHY IN BRAZIL.

[We find the following "Curiosity of Medical Literature" in the *Medical Times*, of the 12th December, 1846, in a letter from a Dr. de Grumbleton Daunt, in Brazil. We thought we had already gone

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the round of all the possible calumnies against Homœopathists, but it seems we must now add to the list assassination of our opponents!—EDITS.]

"The constant burden of the *feuilletons* of this journal, in the recent numbers, is the condition and progress of quackery in Rio. The Academy of Medicine has at last been aroused from its customary apathy, and has addressed an expostulation to the Government on the subject, whose intervention it is to be hoped will be obtained. The Homœopathists have now established a school in Rio where their doctrines are taught to a few needy and lucre-hunting individuals, who procure a short and easy way to enrich themselves at the expense of their fellows-creatures' simplicity. A recent fact, which is most expressive of the nature of charlatanism, is, that no pupil of the legal School of Medicine is now allowed to enter the Homœopathic lecture-room; nor, indeed, any other individual *who does not* PREVIOUSLY *bind himself by oath never to treat disease according to any other than the Homœopathic system.* Unfortunately, as the leading Homœopathists, though men devoid of all ideas of morality and decency, are in the possession of medical diplomas or degrees, no effectual suppression of Homœopathy can, under our present legislation, be hoped for. Much sensation was lately caused in Rio, by the attempted assassination of a physician who had distinguished himself as a writer against Homœopathy, and whose life was sought in vengeance (as it was supposed) by some satellite of the Arch-socialist and Homœopathist Doctor Mure. As Homœopathy in Brazil has found a freer field of action than in Europe, it has been encouraged to assume a bolder tone and a more hostile attitude than hitherto, and so its true aims are here more unmasked, and, consequently, it has an aspect more repugnant to persons of correct judgment and moral feeling; and, whatever may be the result of the contest in this country, between legitimate physic and quackery, the conductors of the "Archivo-Medico Brasilerio" will, at least, be able to enjoy the consciousness of having deserved the approving sympathy of their colleagues in every land where our science has a home.

"*City of Campinas, Province of San Paulo,*
Brazil, July, 1846."

HAHNEMANN'S MONUMENT.

Extract from a letter from Dr. Rummel, Magdeburg, to Dr. Rutherfurd Russell:—

"I have received the £20 which you sent me, (the amount of additional subscriptions noticed in a late number—EDITS.) for Hahnemann's monument, and am the more thankful for it, as there are yet 1000 dollars required to make the monument what it should be."

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CORRESPONDENCE.

DR. GUINNESS TO DR. DRYSDALE.

My Dear Sir,—Should you think the accompanying cases* worthy a place in your highly interesting and useful journal, you will oblige me by inserting them. They are only short notes of the cases as they occurred, as at the time of taking them in my case book I had no intention of publishing them. However, I think it is a good plan to make known the result of our practice in Homœopathy: I trust it will be more generally adopted. Dr. Quin has set us a good example in this respect, his cases are highly interesting and instructive. I take this opportunity of expressing my firm determination not to allow the solicitations of any of my patients (not as yet converts to Homœopathy) to induce me to practice Allopathy, as I fear it is likely to injure the cause of Homœopathy, and gives an opportunity for the opponents of this system to say that I practice both indiscriminately; these reasons, together with a greatly increased experience, having the care of three large parishes comprising a large population, have led me to make this avowal, and I have the pleasure to add that the more I practice Homœopathy the greater confidence have I in it, more particularly in acute cases, for which there is here an extensive field of practice, and it is very remarkable what an increasing faith people are evincing in Homœopathy, particularly the lower orders. Scarcely a week passes that patients do not apply to me from Dublin and other places, recommended by the poor of these parishes. Our Institution in Dublin is going on very well, and Dr. Luther informs me that a large nunnery in Dublin is now under his care, and that all the nuns are converts to Homœopathy. Amongst some members of our profession here I perceive a spirit of inquiry, and some of my medical friends are reading on the subject, and have been much struck with the success of the treatment.

I am, dear Sir,

Faithfully yours,

ARTHUR GUINNESS.

Clontarf, Dublin, Nov. 9, 1846.

[We gladly give publicity to Dr. Guinness' opinions and his cases, as it is gratifying to find that mature reflection and more extensive experience have induced him to renounce his partial for complete adoption of Homœopathy. His frank avowal is highly creditable to him, and cannot fail to have a beneficial influence on others who are entering the stage of belief from which he has just advanced.]—Edits.

* See page 19.

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THE CATTLE DISEASE.

[We have not been able to obtain sufficiently extensive and accurate information upon the subject of the disease now prevailing among the cattle in the south of Scotland to enable us to present our readers with a full statement of the nature of the complaint, and the application of Homœopathic medicines to it, which we hope to be able to do in our next number. In the meantime, we have much pleasure in giving a place to the following letters which appeared in the *Edinburgh Weekly Chronicle* and *Scottish Pilot.*]—EDITS.

TO THE EDITOR OF THE CHRONICLE AND SCOTTISH PILOT.

SIR,—In reference to your inquiries respecting my treatment of cattle affected with the prevailing epidemic, I shall gladly communicate to you the exact history of the whole affair.

Some time ago, (about the end of July,) I was applied to by a cow-feeder in Edinburgh, to know if I could suggest any thing that would be useful for the cows which had been taken ill of this fatal affection of the lungs. In consequence of this, I consulted some of the Homœopathic physicians here, to know what medicine they would recommend. From them I found that the medicines best suited to the disease were Aconitum and Bryonia. Accordingly, to the first person that applied I gave a bottle of the first attenuation of each with written directions, thus:—Twenty drops from each bottle (separately) to be put into two quart bottles of water, and a wine-glassful to be given alternately every two hours; the result was the improvement and recovery of the cattle. I was soon asked to go and see more cows similarly affected, and found the leisure time I had fully occupied in visiting the different byres (as I am manager here for Mr. Headland, the well-known Homœopathic chemist.) I did not think of taking down the statistical results for some time, being quite satisfied with the acknowledgments of the different cow-feeders that there was a large proportion of cures in the cattle I had treated, and having no intention of attracting public notice. Latterly, however, being struck with the great success that had attended the treatment with Mr. Headland's medicine, I began to note down the number of cows I treated, and the consequence of the treatment. I find the average number cured is seventeen out of twenty; and the success, I am satisfied, would have been greater but for the circumstance that many of the cows were in the last stage of the disease before the treatment was commenced; all of these cases, however, did not die, a good many having recovered which had been ten or twelve days ill before the medicines were given.

I shall be happy to give any further information on the subject.

I am, Sir, &c.,

G. E. ALLSHORN.

63, *Hanover-street, Edinburgh, October* 12, 1846.

[We have seen certificates, signed by the owners of the cows, in proof of the above.—E. W. C.]

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TO THE EDITOR OF THE WEEKLY CHRONICLE.

SIR,—In your columns I perceived a letter from G. E. Allshorn, for Mr Headland, Homœopathic chemist, Hanover-street, concerning the treatment of cattle, labouring under *pleuropneumonia*, which did not a little surprise me. Mr. Allshorn must certainly have been labouring under an idea, that he had several infants placed under his charge in place of cattle. Mr. Allshorn states, that he gave to the first person that applied, a bottle of the first attenuation (Aconitum and Bryonia,) with written directions, thus:—Twenty drops from each bottle (separately,) to be diluted with two quarts of water, a wine-glassful to be given every two hours alternately; such treatment Mr. Allshorn asserts resulted in the recovery of the cattle. Lately, however, Mr. Allshorn (being struck with the *great success* that had attended such treatment) began to note down the number of cows he treated, and the consequence of the treatment. He finds the average number is seventeen out of twenty. Now, Sir, Mr. Allshorn's twenty drops, and wine glasses, are very well in their places; but I am of opinion that the cow byre is not a proper locality for them.

I was sent for about five weeks back to examine two stots, the property of an extensive farmer in East Lothian: I found them labouring under pleuropneumonia, one considerably worse than the other. I felt convinced that the right side was principally affected. I asked the owner if they had been subjected to any treatment prior to my visit. He said they had; that a Mr. Headland, a chemist from Edinburgh, had been there a day or two before, had examined them, and left two bottles of medicine, with instructions to give a wine glass of each bottle alternately every two or three hours. I asked to see the medicine, which was produced in two common wine bottles, and marked No. 1 and No. 2. I put my nose to each of them, but could find no smell. I next applied my tongue, and could feel no taste. I remarked to the proprietor, this is strange medicine; it has neither taste nor smell. But when I was informed that Mr. Headland was a Homœopathic chemist, I said, it cannot be any thing more than pure water, being void of taste, smell, and colour. However, feeling anxious to know if there was any medicine in it, and thinking a drop on my tongue not sufficient to test it, I procured a wine glass and took it half full from each bottle, and even then I could not detect the slightest taste; nor have I from that day to this found any effect whatever from it. The stot in which the disease had made most progress, was slaughtered the next day, and, according to my expectations, I found the right lung most enormously enlarged—hypatisation and extensive adhesions having taken place—the bronchial tubes and air passages being completely blocked up with lympth. The right cavity of the thorax contained a small portion of serum, with large floculi of lympth floating in it. I think if Mr. Allshorn had been present at that *post mortem* examination, he would at once have acknowled the absurdity of his treatment. The other stot was destroyed a few days afterwards; but being from home at the time, I am sorry that I had not an opportunity of seeing it. I have been since informed, however, that it was in a similar state. Mr. Headland's

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twenty drops had a fair trial, with the exception of the wine glass, which I drank. The bottles which contained the medicines for the two stots, held ten wine glasses and a half—that was allowing scarcely two drops of the medicine to each glass of water. If Mr. Allshorn undertakes to cure seventeen or even ten out of twenty cows (labouring under pleuropneumonia,) with the same quantity of bryonia and aconitum, it is high time that the Veterinary profession was entirely excluded from cattle practice. But I will never believe that Mr. Allshorn's medicine in those proportions will cure the average amount of cattle to which he alludes. I attribute the recovery of the seventeen cows to which he alludes, more to the efforts which nature would necessarily make to remove the disease and restore the organs to their proper tone, than to any of those superfluous remedies made use of by Mr. Allshorn. In conclusion, I would advise Mr. A. (before again making his remedial means known to the world) to make himself thoroughly acquainted with the seat of the disease, its causes, symptoms, and treatment.

EDWARD FLINSOFF, Veterinary Student.

TO THE EDITOR OF THE EDINBURGH CHRONICLE.

SIR,—Allow me to make a few observations in reply to a letter from Mr. E. Flinsoff, veterinary student, which appeared in your paper on the 14th November, commenting upon a previous communication of mine.

Mr. E. Flinsoff seems utterly to have misapprehended the purport of my former letter. All I said was, that, at the request of numerous proprietors of cattle, I had given them the Homœopathic medicines recommended by the physicians, to whom I had stated the nature of the case, and that the result of the administration of the medicines was, that seventeen out of twenty of the cows had recovered.

Mr. E. Flinsoff narrates that he was sent for to East Lothian, and there he saw two stots afflicted with pleuropneumonia, and having satisfied himself of the fact that the medicine given for them by me had neither taste nor smell, awaited the slaughtering of one of the oxen, which happened next day, and, as he expected, found the lung "hypatized' (meaning probably hepatized) and "enormously enlarged," while he was not gratified by a view of the lung of the second ox, which was likewise killed a day or two afterwards, from which important facts, that is, my medicine having neither taste nor smell, and that two diseased oxen were slaughtered and found to exhibit the usual symptoms of disease, he sagaciously concludes that the Homœopathic medicines can be of no use in the disease, and kindly advises me to study pathology. He does not deny that seventeen out of twenty of the cows to which it was given got well, but ascribes this, not to the medicine, but to the "efforts which nature would necessarily make to remove the disease, and restore the organs to their proper tone." Now, if Mr. Flinsoff be right, and the Homœopathic medicines do nothing at all, and yet when it is given, and nothing else is done, more than four or five cows get well; while under the treatment of the most distinguished veterinary surgeons four out of

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five die; that is, while out of twenty cows treated with what Mr. Flinsoff considers nothing, seventeen recover, and only three die, and out of twenty treated according to the rule of veterinary art only four recover and sixteen die; if such be the state of matters, I entirely concur in that gentleman's statement, that "it is high time the veterinary profession was entirely excluded from cattle practice," as, by their own shewing, the only effect of their active treatment is to anticipate the hardly more certain and more professional efforts of the butcher.

As to Mr. Flinsoff's recommendation that I should study pathology, I have hitherto acted entirely under the guidance of those who are believed to be pretty well acquainted with that science, and if the only advantage which it gives Mr. Flinsoff is being able to know before hand that if a stot have pleuropneumonia it will be found, when killed, that its chest contains fluid, and its lung is hepatised, I think I shall be of more use in the meantime in continuing to administer my medicines to those who wish them, and leaving to your correspondent and other scientific gentlemen the examination of the carcases of those that are killed. In exchange for the advice Mr. Flinsoff has given me, I should venture to hint that it might be well for veterinary students instead of drinking Homœopathic medicine to know whether it has a taste to try its effect in cases which otherwise they would consign to the slaughter-house—as the medicine has neither taste or smell, it is not likely to impair the quality of the meat.—I am, Sir, your obedient servant,

G. E. ALLSHORN.

63, *Hanover-street, Edinburgh, November 20th*, 1846.

NOTICE TO CORRESPONDENTS.

We have just received from Dr. Buchner an interesting paper, containing an account of the various Homœopathic establishments and physicians in different parts of Germany. We regret that it has come too late to enable us to publish it in this number of the journal; but it will appear in the next.

BOOKS RECEIVED.

The Comparative Merits of Allopathy and Homœopathy, by Dr. Rosenstein. Montreal: 1846.

Hahnemann's Chronic Diseases, translated by Dr. Hempel, with a Preface by Dr. Constantine Hering. Radde, New York: 1846.

New York Tribune, No. 194. This contains a full and very favourable review of the above work.

Homœopathy: Its Principle, Theory, and Practice. By M. B. Sampson. London: 1846. Samuel Highley.

Report of the Leeds Homœopathic Dispensary, 1846.

PRINTED BY SMITH, ROGERSON, AND CO., 44, LORD-STREET, LIVERPOOL.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HISTORICAL NOTICE OF THE HIGH DILUTIONS.

"'Tis above reason,' cried the doctors on one side. 'Tis below reason,' cried the others. 'Tis faith,' cried one. 'Tis a fiddlestick,' said the other. 'Tis possible,' cried the one. 'Tis impossible,' said the other."—*Tristram Shandy.*

In the eleventh tome of the *Archiv für die Homöopathische Heilkunde*, Herr Von Korsakoff, a noble landed proprietor in the neighbourhood of Moscow, and, what is more important to us, a *dilettante* in Homœopathy of no ordinary enthusiasm, furnishes a paper entitled "Experiences on the Propagation of the Medicinal Power of Homœopathic Remedies, together with some Ideas on the Mode in which this Propagation takes place." With the "ideas" we have nothing to do, as they savour too strongly of the amateur, so we may dismiss them at once without further notice; but not so the "Experiences," as they are the commencement of a new—era in medicine, some would say—step in posology, let us call it in the meantime. Herr Von Korsakoff's paper is appropriately headed by the motto—

"There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy."

The hitherto undreamt of things, but now not only dreamt of, but become matters of experience to the zealous Russian, are the alleged facts of the almost infinite divisibility of Homœopathic remedies, without loss of power; the com-

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municability of medicinal power by one dry medicated globule to an almost unlimited number of unmedicated globules; and the equal, if not superior efficacy of these infinitely infinitesimal doses, and of these infected globules. So much for Herr Von Korsakoff, whose paper bears the date of 7th June, (O. S.) 1831. Him follows Hofrath Hahnemann in postscript fashion, to whom the above "Experiences," though they are scarcely supported by what we would deem satisfactory proof, do not appear by any means incredible, but are, on the contrary, esteemed worthy of belief, as they are corroborated by some "experiences" of his own, though not carried to quite the same extent as those of Herr V. Korsakoff. He seizes the opportunity to impress on his disciples some truths he thinks have been somewhat forgotten by some of them, namely,—1. "That the development of the powers of medicinal substances by the peculiar Homœopathic process may be considered *almost illimitable.* 2. That the higher the dynamisation (unsubstantializing, *Entstoffung*) is carried, the more penetrating and rapid will be the action of the medicine. 3. That action, however, so much the more quickly ceases." "No doubt," proceeds he, "the enemies of our doctrine will smile incredulously at this, as they did some thirty odd years ago, when I proposed the millionth dilution of Belladonna against scarlet fever. Their Beotian smiling, however, will not stay the eagle flight of the new healing art, but its blessings are lost to them, and serve them right. I might apply Goëthe's words to these gentlemen:—

> 'In this I recognise you learned men,
> What *you* feel not, is far beyond your ken;
> What *you* grasp not, you think it cannot be;
> What *you* can't count, you deem a falsity;
> No weight has that which *you* yourselves don't weigh;
> What *you* don't coin, no value has, you say.'"

Notwithstanding this, Hahnemann rather discourages the employment of these very high dilutions, and advises his followers to stick to decillionths, at least for the present.* And truly the "experiences" of a Homœopathic *dilettante,*

* Korsakoff's paper appears again in the 12th vol. of the *Archiv*, with another postscript by Hahnemann, a mystery of editorship we are at a loss to unravel.

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not very highly approved of by the founder of Homœopathy, were not likely to meet with much regard from the bulk of the profession.

The case is altered when the indefatigable Gross takes up the theme, and publishes his experiences, which he properly designates "his *newest* experiences," for Dr. Gross has had many new experiences in the course of his industrious life, in other matters connected with Homœopathy besides Posology, as in so-called *Isopathy*, &c., whence the careful inquirer may learn that Dr. Gross is disposed to draw general conclusions from somewhat limited data, and will be put on his guard against receiving his deductions as irrefragable truths until he have carefully examined the evidence in support of them. Dr. Gross's "newest experiences" are to be found in the first volume of the *Neues Archiv*, thirteen years after Herr Von Korsakoff's paper appeared, to which, indeed, Dr. Gross refers rather cavalierly, as though he were unwilling that another should share the honours of so notable a step in Posology. Unlike the destiny of the Russian nobleman's suggestions, which were met on all hands by a contemptuous silence, this second edition by Dr. Gross creates a vast sensation in the Homœopathic world, and raises an acrimonious paper war, with much shedding of ink, and destruction of useful foolscap. Not alone the power of the high dilutions has become the subject of controversy, but the exclusive efficacy of those dilutions as prepared by this or that chemist has been forcibly insisted on, as we shall hereafter see. Let us, in the meantime, turn to the evidence brought forward by Gross and others, and try if therefrom we are warranted in assigning medicinal powers to the high dilutions; and if so, whether they offer any advantages over those hitherto in use.

"Your model cures," exclaims Gross, in his first article, "are as nothing at all in comparison with the results gained by the high potencies! I know what you will say, you sceptics; you will say 'Gross has gone mad,' *(Gross ist verrückt geworden,)*" and hereupon he perpetrates a heavy pun, untranslateable, of course, but to the effect that he has

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escaped from the thraldom of vulgar opinions, which, like the sand clouds of Sahara, threatened to engulph him, and has gained the free and peaceful oasis of pure observation and experience, whence he now proceeds to promulgate his newest notions. He induced Herr Jenichen of Wismar, a zealous Homœopathic amateur, (of whom more anon,) to prepare 317 dilutions of the usual remedies, varying from the 200th to the 900th and even 1500th.

From the partisans of novel doctrines we naturally look for a little exaggeration in language; they generally, though no doubt unwittingly, colour their facts rather highly, and are disposed to make mountains of molehills. But, abstraction made of the exaggerations which are sufficiently obvious in the writings of the high-dilutionists, we still cannot help seeing that they must have met with a something in their experiments which has stirred them up to the pitch of enthusiasm in which they write, and it is our duty to ascertain, if possible, the exact value of this something.

The dubiety of medical facts is proverbial, and accordingly we look for other evidence for the efficacy of a particular method of treatment than the mere records of cases which have recovered under it. The actual observation of cases treated by such a method is, no doubt, in many cases sufficient to convince the observer of its real merits,—but when cases come to be recorded by the partisans of a system, they are almost invariably, though insensibly, so coloured as to bear out the views of the recorder,—circumstances which others might think of no moment obtain an undue prominence, and important points are often slurred over; hence it is that records of cases are invariably looked on with suspicion, and, unless they deal in positive and definite statements only, must be rejected as insufficient evidence. There is, however, in the history of the high dilutions one point which ought to weigh much with us, that is, the testimony to their superiority of so many of the most eminent among the Homœopathic physicians of all countries: for, if we consider the adherence of so many sound-headed and talented men to Homœopathy a proof in favour of its truth, in like manner we must admit

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that the adoption of the high dilutions by men who have hitherto occupied the foremost place among Hahnemann's disciples, is powerful evidence in favour of their value. Indeed, we are inclined to consider this by far the most important point to be attended to in judging of the merits of the controversy, for most of the cases recorded by the high-dilutionists are knocked off in such a *veni-vidi-vici* sort of style, as to detract very much from the value they might possess if detailed in a more particular and careful manner; and the arguments of their opponents are little better than a leaf taken out of the anti-homœopathic writings of Allopathists. We find them repeating those dogmas, so well known and so oft refuted, (not indeed logically, but practically):—"Indivisibility of matter beyond a certain point,"—"Impossibility of such minute doses having any action,"—"Impurities of sugar of milk,"—"Pathogenetic action of alcohol,"—and interspersed with these, the usual amount of abusive epithets, which it were useless to repeat. It is to be regretted that statements respecting points of posology are so often attempted to be combatted by an appeal to chemical analysis and the microscope, as if the discovery of an atom of this or that elementary substance could account for the cure of a disease by a remedy, or the revelations, by the microscope, of certain round or angular bodies could give us any information respecting the mode of action of a medicine. It cannot be too strongly insisted on, that the only test for medicines, as such, is the animal organism in health and disease;—this is our only microscope and test-tube.

Of some hundred records of cases treated by the high dilutions, which we have before us, we can select but few as indubitable evidences of the action of these doses; we do not, however, deny that all these cases may have been actually influenced by the treatment to which they were subjected, but, either from the curt and unprecise manner in which they are recorded, or from the circumstance that we see similar cases improve and recover under any and every mode of treatment, we do not consider them available as evidence when the question is to authenticate statements which at first sight

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appear so extravagant. Isolated cases of slight acute disease tending to spontaneous recovery, are utterly valueless as evidence; it is only by a comparison of the different duration of large numbers of the same disease under different modes of treatment, such as may be afforded by the impartial statistics of large hospitals, that the records of such diseases can be serviceable in enabling us to judge of the merits of any peculiar therapeutic question. From the results of the treatment of individual cases of chronic, and, in some instances, of severe acute disease, however, we are often warranted in drawing conclusions respecting the efficacy of the means employed. There are many instances of the more or less rapid recovery of such diseases subsequent to the administration of a remedy, which cannot fairly be included in the chapter of coincidences, to which, if we were invariably to refer them, as some would have us, we would be transgressing the legitimate bounds of probability. To such cases we must confine ourselves in our examination of the alleged powers of the high dilutions.

And first let us see if can obtain any positive evidence in favour of their action from the published cases of their reviver, Dr. Gross. Out of a formidable array of sixty-three cases, the first fruits of Gross's experience, few comparatively are detailed with sufficient accuracy, or are of a sufficiently striking character to admit of being received as undoubted proof of the positive effects of the exalted attenuations. Here are a few of the most unexceptionable:

1.—A young man of twenty, servant to a nobleman, had been affected from childhood by fetid perspiration on one foot only. *Baryta carb.* (200) removed this affection completely in four weeks, so that his master, who was about to part with him on account of it, was glad to retain him in his service, where he still is.

The next is an example of an apparent aggravation of the disease caused by the medicines, followed, however, by relief:—

2.—A stout butcher contracted a gonorrhœa before Christmas. He paid no attention to it, but let it run through the inflammatory

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stage without medicines. I saw him for the first time on the 27th January. He then felt comparatively little pain whilst making water; the prepuce could only be retracted with the greatest difficulty. I found the internal surface of the prepuce considerably corroded, and very painful to the touch; the glans was covered with yellow mucus. From the urethra there was also a discharge of yellow matter. I gave him *Mercurius*, (200,) and on the 6th of February he informed me that the pains grew intolerable after taking the medicine, and that for a few days he could scarcely walk. This was followed by progressive amelioration. He had still some phimosis, and some scalding whilst making water, and the discharge had not quite ceased. I allowed the mercury to act, and in eight days he was perfectly well.

The following is a case in which a result was obtained after taking the high dilutions, which the ordinary dilutions had failed to effect:—

3.—A young married lady, who had aborted twice successively, was again pregnant fourteen days, and sought my advice on the 24th of September last. The previous year I had treated her under the same circumstances with *Sepia* (30) and *Sabina* (6), but could not prevent miscarriage. I now gave her *Sepia*, (200,) as she had a discharge of bloody mucus. Her catamenia had always been very profuse. Immediately after taking this remedy the discharge became more copious, and lasted four days, so that I was alarmed, and sent her *Kali carb.* (200); in the meantime, however, the discharge lessened, and the *Kali* was not taken. On the 8th December I was informed that she had drawing and burning in the bladder, and labour-like pain, especially in making water, which was of a dark colour. It was now the dangerous fourth month, so I allowed her to take the former dose of Kali, whereupon the above symptoms gradually ceased. In January the motions of the fœtus were perceived. In February she again complained of bearing down in the bladder and frequent call to urinate, especially when the fœtus moved strongly, whereupon she experienced pain. I now gave her a dose of *Sepia*, (400,) whereupon all the morbid symptoms went off, and she was safely delivered at the proper period.

4.—A stout innkeeper, of thirty years, had caught cold five months since on the railway. Thereafter he was affected periodically with a pressure, burning, and feeling of weight in the precordia, as

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if every thing were forced downwards, with general uneasiness. The whole abdominal parietes felt tense and hard, without apparent cause; his breath was occasionally short; evacuations hard and knotty. He had been affected from childhood with a fœtid perspiration of the feet. He had been subject to profuse nocturnal perspiration, which, however, had lately yielded to Allopathic treatment, but at the same time the strength was much diminished, and he had grown thinner. I gave him *Plumbum aceticum*, (200,) and in six days the patient was much improved. In fourteen days he had no trace of the disease; even the ancient fœtid sweat in the feet had changed into an inodorous transpiration.

Here is a case which may or may not be a coincidence:—

5.—A young girl had not had her catamenia for six weeks. She complained of painful shootings in the head, especially in the forehead, and the eyes looked smaller than usual. I gave her in the evening *Belladonna*, (800,) and at night her catamenia came on and the headach went off.

Allowance made for a little natural exaggeration, the following is a very remarkable case:—

6.—Herr Von B., aged about forty, with well-marked phthisical habitus, who had frequently suffered from affections of the windpipe, fell ill in consequence of a chill. His ordinary physician called his disease an inflammatory catarrh of the trachea, and treated him for eight days. During this period, however, the condition of the patient grew so much worse, that the physician declared he was suffering from galloping consumption, and would scarcely live a week longer. The violence of his patient's temper, increased by his illness, was such, that he was not displeased to be dismissed from attendance on him; whereupon I was called in. As the patient resided in a neighbouring town, and it was impossible for me to visit him every day, he engaged an Allopathic physician, a friend of mine, to conduct the treatment under my direction, and communicate with me constantly. This gentleman did not conceal from me his opinion that it was too late to effect a cure of a case so far gone as this. I, however, undertook the case, and found the following symptoms:—Tickling in the throat and incessant cough, especially in the morning and forenoon, with profuse, thin, yellow,

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tasteless expectoration. The spittoon was filled in the course of the day. Speaking caused coughing at other periods of the day. He was forced to sit in a stooping posture in order to breathe properly. The pulse was about 100 in the minute, urine dark and hot, bowels constipated; no appetite; tongue furred white; profuse nocturnal perspiration. I gave *Stannum* (200) one gl.; on the fourth day the expectoration was diminished to one-half, but the perspiration had increased. A water enema had procured an evacuation of the bowels, slimy, greenish, and foetid. The tickling in the throat was still considerable, and the cough distressing. I gave *China* (200) one gl. The sixth day he coughed less in the morning; he had little expectoration, and some difficulty in detaching it, and he sometimes vomited masses of viscid mucus. The tongue had become cleaner, but there appeared a quotidian intermittent fever, of which he had a paroxysm every morning, first rigor, then heat, and in the afternoon and evening slight perspiration, without particular thirst. I now gave *Calc. Carb.* (200) one gl. In the night the tickling in the throat increased, with cough, and much perspiration; but in the morning he had only a slight trace of the fever. Bowels regular, and appetite good. The expectoration had a salt taste. The improvement was very evident, but on the tenth day he had a violent attack of toothach in a hollow tooth, which appeared to him too long. He could not take any thing warm into the mouth, was very irritable, and I dreaded a relapse of the chest affection unless the toothach was relieved. So I resolved to give *Cham.* (200) one gl., which was followed by the formation of a gumboil, and relief to the pain. On the thirteenth day I found the cough very inconsiderable, no fever, a natural pulse, more strength, good sleep, the tongue again slightly furred, although the appetite continued good and the bowels constipated. I gave *Bry.* (200) one gl., whereupon the tongue became clean, the bowels regular, and the appetite excellent. I saw my patient again on the eighteenth day, and found him well, all except a short, rather dry, morning cough, which induced me to give him another dose of *Calc.*, but this time one gl. of the 400th. He got no more medicine, and all his morbid symptoms completely disappeared.

This striking case, Dr. Gross informs us, had the effect of directing the attendant Allopathic physician's attention to the subject of Homœopathy, at which we do not wonder.

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The next is a case, not of cure, but illustrating the primary effect of a high dilution of a medicine:—

7.—A dyer's apprentice came to this neighbourhood with ague, and was sent to me to be treated for his disease. I found him pale and miserable looking, with a yellowish complexion, and extremely weak. He had been attacked a fortnight ago, at first with quotidian, which had subsequently changed into tertian fever. The attacks were becoming more retarded. At present they appear in the morning—rigor, heat, and sweat, all with thirst and headach. Before the paroxysms, great weariness and then headach, especially on moving the head, as if the brain were loose, and moved. I gave him that evening one globule of *Arsen.* 400, but I should probably have done better had I given him 800, for the same night he was taken very ill; felt as if he would be choked; complained of great pain in the tongue—in short, he was so ill that he and those about him thought he would die. His landlord, thinking he had been poisoned, sent, unfortunately, not for me, but for two Allopathic physicians, so that I had no opportunity of ascertaining his exact symptoms. The younger of the two considered it a case of poisoning by arsenic, but in this opinion the elder did not coincide. Between the two the case was completely spoiled. Had they not interfered, olfaction of *Nux vom.* 400 would have allayed the storm.

This case, which Dr. Gross details, not without indignation, is remarkable, and reminds us of some cases of medicinal aggravation observed under the employment of less exalted dilutions.

In a later number of the *Neues Archiv*, Dr. Gross furnishes twenty-two additional cases treated by the high dilutions, from which we select the following as most notable. The first case of all in the new series is the following:—

8.—The father of a young man consulted me respecting his son, who had for years been addicted to drinking, and was unable to master his fatal propensity. His constitution had been ruined by it, and his digestive organs were in a very bad state. He promised me that his son should not taste a drop of liquor during the treatment. I gave him three doses of *Lachesis*, one to be taken every ten days. The first contained a globule of the 200th, the

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second of the 400th, and the third of the 800th dilutions. At the end of the year, I heard that, after taking the medicine, he lost all inclination for spirituous liquors, and has become a useful and healthy member of society.

How much the paternal objurgations and the constrained abstinence from spirits for twenty days may have had to do with the cure of this sot, we are not prepared to decide; but we may safely say, it would be hard to find a rational man who would venture to affirm that the *Lachesis* deserves the slightest credit in the matter. We do not, of course, give the above case as illustrative of the action of the high dilutions, but merely to show the lax nature of the evidence occasionally brought forwards by their advocates. The next case is somewhat better, though meagre in details:—

9.—H., a sickly boy about four years of age, could not retain his fœces, after having previously suffered from constipation. The fœces were neither thin nor watery, but quite firm, and yet they fell from him involuntarily, and he was unable to prevent them; they frequently came away whilst he was playing about. A dose of *Colocynth*, 300, completely removed this complaint. The very next day he was able to retain his fœces.

10.—Overseer W., a stout man of forty, had been long plagued by a cough. It came, without perceptible cause, at all times, but especially after vexation, joy, or any mental emotion. It always took away his breath, caused a troublesome itching in the middle of the chest, and a violent pain from the loins and hips down into the thighs, and finally heat and perspiration. It did not cease until expectoration took place. In the morning the sputa were gray, in the day-time white. Respiration was accompanied by loud wheezing sounds. The patient was rather disposed to perspire, and his disposition was rather irascible. He had tried many means without effect, and latterly had used the Russian baths. I gave him *Ars.* 900, one gl. to be mixed with six spoonfuls of water, and one spoonful taken every evening. Immediately after taking the first dose the cough became worse, and was so much aggravated by every succeeding dose, that he assured me, on the fourth day, he could take no more. I made him discontinue its use, and wait the result. On the fifth day the cough ceased, and for several months he has not had a trace of the complaint.

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11.—A scrofulous country girl, who had not yet had her catamenia, and had from childhood suffered much from ophthalmia, came to me, after having been long treated allopathically, under which she had become completely blind. I found considerable corneitis, with red swollen conjunctiva, little pain, but almost total loss of vision. In the right eye, the pupil of which was almost completely covered, all except a very small portion, by a white cicatrix, she had still a faint perception of light. The spot that was uncovered by the cicatrix was slightly dim. The pupil of the left eye was, on the contrary, quite obscured, so that it could not be seen at all, and with this eye she had long ceased to have any vision. Not being at this time acquainted with the high potencies, I gave *Sp. vini Sulph.* (0.) I moistened a drachm of milk-sugar with some drops of it, and gave her daily about four grains of this in water. After four weeks there was not the slightest change. I then gave undiluted solution of *Hepar Sulphuris* in alcohol, one drop morning and evening. There then seemed to be a slight improvement in the vision of the right eye, but the old state soon returned. On giving daily a drop of *Tinct. Euphras.*, (0,) the sight of the right eye improved a little; the uncovered space on the pupil became clearer, and increased in size. No improvement was observable on the left eye. After a fortnight's use of one medicine, I generally paused as long to see the effects, and if no progress was made at the end of the fortnight, or if the improvement ceased, or if aggravation took place, I then resorted to another remedy. I now gave *Sp. vin. Sulph.* (30) in the same way as before, and, though the former low dilution produced no effects, this higher one did, and the patient was enabled to read large print with the right eye, and even the left attained some perception of light. When the improvement ceased I again gave *Tinct. Euphras.*, a drop daily. There was very little improvement effected, and during the seven months I had had the case under my care, I must confess I had not been able to effect much. About this time I became familiar with the high dilutions, and gave the patient *Calc. Carb.* (200) one globule; then the same of *Sulph.*, (800;) then *Silic.*, (200;) then successively *Lyc.*, (200,) *Calc.*, (400,) *Nitr. Ac.*, (200,) *Cann.*, (200.) Each remedy was allowed to act for from five to six weeks: the best effects were obtained from *Nitr. Ac.* The right eye now sees equally well near and distant objects; the pupil is bright and clear; there is only a slight trace of a spot remaining on the external border of the cor-

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nea. The pupil of the left eye is very little obscured, and the patient can with it easily read ordinary print, but cannot yet see distant objects very well with it. I shall, however, continue the treatment a little longer, and give next *Sulph.* (900.) The remedies seemed to act more efficaciously when dissolved in water, and one or two teaspoonfuls given daily for five or seven days. I must mention that after the first dose of *Calcarea*, the catamenia appeared, and have flowed normally every month since.

Although we do not, in general, put much confidence in Gross's diagnosis, which is almost proverbial for being very obscure, there can be no mistake in a purely objective case like the foregoing, which, we must confess, is very satisfactory in every respect; for, although we do frequently see a tendency to inflammation of the eye in girls eradicated on the appearance of the catamenia, we doubt whether this function ever has the effect of dispersing an opacity of the cornea such as that here described. This case, then, must be looked upon as a very favourable specimen of the effects of the high dilutions.

12.—Bertha B., eighteen years old, of slender figure and sensitive nervous system, has long suffered from headach, chiefly before and after the catamenia, which were normal, but rather scanty; subsequently, the headach came on every week. Great burning in the forehead, so that she could get ease in no position; commencing on awaking in the morning, and gradually increasing, attaining its greatest height in the afternoon, with nausea, vomiting of food, and bitter bile; but slight vertigo. Carriage exercise generally brings on the nausea. She is rather subject to diarrhœa. On the 24th of April I gave her *Phos.* (200) one gl. She improved considerably until June; the headach became less frequent and slighter, and only for a few hours in the afternoon, and soon went off on lying down, unaccompanied by vomiting. During the whole time she had only once vertigo. As the improvement seemed to have ceased, and the symptoms were still the same, though much slighter, I gave her another dose of *Phos.*, but this time 300, on the 13th of June. This repetition of the same remedy produced an aggravation, the headachs became more frequent and violent, generally in the afternoon, more of a shooting than burning character, with nausea. Once only vomiting ensued, with relief to her sufferings. In the

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morning much fatigue, so that she was forced to lie in bed, with bitter taste in the mouth and complete anorexia. This state of things continued until the 18th of July, when I gave a globule of *Asarum* (200) in spring water, of which the patient was to take two teaspoonfuls every evening for a week. Eight days after taking the last dose, there occurred headach, with frequent vomiting; eight days later, vomiting without headach, and on the 16th of August contraction in the stomach, and flow of water from the mouth, followed by vomiting, first of mucus, then of bile. This was accompanied by drawing in all the teeth, especially in the front teeth, and chiefly after eating. I now gave *Bryonia* (200) in the same manner as the last medicine, on the 19th of August. She now improved greatly after two more attacks of severe headach, but without vomiting, and once as formerly before the catamenia. This last circumstance induced me to give *Cupr.* (300) in the same manner as the other remedies, on the 5th of October, since when she has not had the slightest trace of her complaint.

Here is a case of acute disease, but sufficiently striking to warrant insertion:—

13.—F., a maid-servant, of nineteen years of age, was attacked with acute rheumatism going from one joint to another, with redness, swelling, and impossibility of moving the affected joint. The slightest touch or motion occasioned the most exquisite pain. On the 28th July I gave *Cocc.* (300) one gl., in three tablespoonfuls of water, one to be taken every four hours. On the 29th, great improvement had taken place. On the 30th, the knees and right elbow were free of pain, but the left elbow was still painful. On the 31st, the left arm was quite well, but pain had returned during the night in the right knee, which, however, again went off by eight in the morning. On the 1st of August she had no pain any where; could use her hands, and even knit. In consequence of a chill about a week subsequently she had a relapse, for which I again employed *Cocc.* (300) in the same manner, and on the following day all traces of the rheumatism were gone.

14.—The wife of a clergyman who had had several easy labours, but had two years before had a difficult delivery, where it was necessary to use instruments, and a laceration of the perinæum was the result, was near the term of gestation. While going about her domestic duties two days before, the membranes had burst, and the

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liquor amnii escaped. The attendant midwife found very little dilatation of the os uteri, and was of opinion that, as there was a complete absence of labour pains, the delivery would be greatly retarded. On being consulted, I gave a globule of *Secale corn.*, (200,) to be dissolved in three tablespoonfuls of water, and one taken every hour. I was informed next day, that there was no time to give all the medicine, for immediately after the first dose powerful pains came on, and a strong female child was born feet foremost. I have seen the same results in several instances.

We give another acute case, where the cessation of the disease was certainly rapid enough:—

15.—L., a peasant woman of strong constitution, about fifty years old, was suddenly attacked with a most severe erysipelas of the face. The whole countenance was swollen and frightfully disfigured, the eyes closed up; there was an exudation of acrid fluid, and the forehead was particularly red, and yielded much exudation. I dissolved one gl. of *Rhus* (200) in water, and ordered a spoonful to be given every hour. The following day the swelling had fallen, the eyes were opened, and scabs formed especially on the forehead; the third day the scabs had increased, and I repeated the *Rhus*, (200;) the fourth day the scabs began to fall off; the fifth day I repeated the *Rhus* in solution; the sixth day the face was pretty smooth and very slightly red; on the seventh day she exposed herself, against my orders, to the open air, when the weather was very bad, but, fortunately, without any bad effect. She was perfectly well.

Here is a case where an aggravation was apparently produced by the medicine administered:—

16.—Burgomaster K. had suffered periodically for many years from pressure and great uneasiness in the pit of the stomach. He had, at the same time, boring and shooting in the back, from one part to another, at one time more, at another less violent; sometimes behind, sometimes in front, so severe that he thought he would die, especially when in bed, where he could find no relief to his tortures in any position. This was followed by vomiting of his food, then of mucus, which was so sour as to set his teeth on edge, and thus the paroxysm ended. Nothing relieved him but external warmth, and that only for an instant. After such an attack some days passed over without any pain. The day previous to an attack

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there was always great irritability of temper, and at night the attack invariably came on. I prescribed a solution of one gl. of *Ars.*, (900,) a spoonful to be taken every morning, an hour before breakfast. After the first dose the attack came on the same night, and recurred every following night with such severity that he declared, on the fourth day, he would take no more of the medicine, and sent to me for further advice. He was now only free from pain in the forenoon, every afternoon the attack came on, preceded by dyspnœa, then pain, as from fulness and constriction in the pit of the stomach, and as if thrusts of knives along the short ribs through the chest to the spine. I advised him to wait patiently the issue without more medicine, and shortly afterwards the paroxysms ceased and never returned.

One more case, and we have done with Dr. Gross:—

17.—Postmaster S., about seventy years of age, had been accustomed to have his bowels opened by using Morison's pills. He had used them for years, and entertained a high opinion of them. All at once, however, they failed to produce the desired effect, and the more he took the more uncomfortable he became. He called in his ordinary medical attendant, who sought to afford him relief by giving him Cream of Tartar and Carbonate of Potash, and applying leeches to the abdomen, but without any good effect. After eight days, (the 20th of May,) I was consulted, and found the following state:—Burning and excessive sensitiveness of the abdomen; frequent convulsive contractions of the abdomen, with pain whilst awake. After each evacuation of the bowels, which consisted of merely a spoonful of mucus, and to which he had very frequent calls, there was violent burning in the rectum. The clyster pipe, on being introduced, touches a painful place, and the fluid injected slowly passes off again immediately. If injected suddenly or forcibly, it causes much pain in the gut, and remains there, and only a little mucus is discharged. I gave *Arsen.* (400) one gl. Thereafter the convulsive movements came once again, with less pain, and the patient could now sneeze without discomfort. On the 23rd, I found the abdomen quite free from pain; a hæmorrhoid had appeared at the anus, which caused burning pain. The evacuations were very thin; much inclination to sleep; great weakness; coldness of the body. The patient was very wayward, and put all around him to great discomfort. One globule of *Chamomilla*

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(200) removed this abnormal affection in a few hours. I then gave a globule of *Veratrum* (200.) On the 25th, the general state was much improved; he had an extraordinary desire for beer, sour milk, and sugar-water, which I allowed him to gratify. He felt comfortable in the warm air out of doors, and was out for a short time in a garden chair. The extremities were only occasionally cold. The sleep was short; evacuations thin, whitish yellow, and could only be passed in a standing posture. He complained of pain in the back; had fixed ideas of a troublesome character, about which he wept. He got *Causticum* (400) one gl. On the 27th, the bowels were moved without difficulty in the sitting posture; the motions consisted of only white and yellow mucus; during the evacuation great pain in the loins. He could only pass his urine after the bowels had been moved, and then with such excessive pain as compelled him to scream. The urine was limpid; restless nights, with great excitability; lachrymose humour. I gave a globule of *Puls.* 300. On the 29th he was much better; he could almost walk alone. The motions consisted of yellow, thin fœces, without mucus, and he had several daily. No medicine. On the 3rd of June he was quite well.

18.—The first trial I made with the high potencies, says Stapf, was on my own son, an otherwise healthy man of thirty years of age, of great physical power, who had for four weeks suffered from violent pain in the small of the back. Being absent from home, he resolved to employ no remedy for his complaint, and on his return home he was extremely ill. On a particular examination, I found *Sulphur* to correspond to his state, and gave him a globule of the 400th. An hour after taking it, the pain became much more acute, but the following morning it was almost gone, and in a few days he had not a trace of this very severe complaint, which seemed to be deeply-rooted in his system. Would Sulphur I, IV, VI, or X, have been equally efficacious?

Dr. Stapf furnishes some more very good cases illustrative of the action of the high dilutions. Here is an eye case:—

19.—Schelling, eighteen years old, a tradesman's apprentice, of delicate constitution, otherwise not unhealthy looking, was, in his fifth year, attacked by natural small-pox, of which his scarred face still bears evidence. At that early period, as a sequela of the small-pox, an affection of the eye commenced, which not only did not

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get better up till his 18th year, but grew sensibly worse. When first I saw him, on the 1st of June, and minutely examined the eye, I found the following state:—The right eye is alone affected. The conjunctiva is bright red, inflamed; the cornea very dim, of a dirty dusty appearance, as if it were covered by a membrane; the vision very imperfect; he sees every thing indistinctly, as if through a thick cloud; the eyelids are very much injected, with burning pains, secreting a viscid fluid, whereby they are often closed up at night. A very marked symptom is an extremely copious flux of tears, of such an acrid nature, that they corrode the surrounding skin. This lachrymal flux is always present, but is greatest in damp weather. The disease had now been present for thirteen years, without the slightest amelioration from all the Allopathic means used to combat it. On the 2nd June I gave *Sulph.* (400) 2 gls. In eight days the eye was much improved; the redness of the conjunctiva was much diminished; the dimness of the cornea less observable; the disagreeable burning pains much less; the lachrymation less, and not so acrid or corrosive; the vision more free, and clearer. I allowed the sulphur to continue its action, and had the pleasure to find the patient improve from week to week, so that on the 10th of August all trace of this chronic ophthalmia was gone, except some lachrymation which still remained, and for which I gave, on the 17th of August, *Euphrasia* (200) 2 gls. After this the lachrymation completely ceased. He got afterwards a globule of *Sulph.*, (400,) and is now in possession of perfect health, the eye being quite free from all disease, and the vision quite normal.

Here is a still more striking case:—

20.—F. P., a robust person of thirty-six years of age, who had suffered much from gonorrhœa, and had undergone all sorts of treatment for that disease, whilst suffering from another gonorrhœa, was attacked by extremely severe strangury on the 15th August, probably in consequence of a chill. He had used tepid baths and copious draughts of milk to combat the great pain in the neck of the bladder, and the constant urinary tenesmus, during which the urine only came away by drops, with the most agonizing burning pain in the urethra. But as towards evening the pains still increased, and the urinary tenesmus became still more distressing, and the discharge of urine at length ceased, he sent for two celebrated Allopathic medical men, who sought to relieve him by fomentations, embrocations,

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and the like, but in vain. They afterwards attempted to empty the bladder by introducing the catheter, but this they could not succeed in effecting, and their attempts only irritated the parts, and rendered the patient's condition worse. They at last declared, that, to save his life, an operation was indispensable. Frightened by this decision, and dreading such an operation, the patient resolved to send for me at six o'clock in the morning of August 16th. On approaching his residence, I heard his groans and lamentations in the street. On examining him more particularly, I found the following state:—Almost total suppression of the flow of urine, with constant exquisitely painful calls to urinate; if even a few drops are discharged, it is only with the most violent burning pains in the urethra, especially towards its orifice, where there is always pain as of excoriation; it is at the same time inflamed and swollen. The urine discharged is opaque and mucous. In the vesical region there are constant violent burning pains, and there is there a perceptible swelling, painful to the slightest touch. The gonorrhœal discharge, which was lately present, has now ceased. Pulse full and hard. He is extremely restless and despairing. In this dangerous affection I was at first undetermined whether to precede the true Homœopathic remedy, *Canther.*, by a few doses of *Aconite*, or to give the former at once. I at length resolved to give the *Cantharis* without delay. For this purpose I dissolved *Canth.*, (200,) 2 gls. in half a wineglassful of water, and ordered a spoonful of this to be given every hour; besides which he was to take nothing but milk or gruel. This was at 7 A.M. When I saw him again at noon, I found the whole scene changed most agreeably. A few hours after taking the first spoonful of the solution, the pains and straining had much diminished, some urine had been passed without the previous pains, and the patient felt relieved. Still his condition was even now bad enough. I now ordered a spoonful of the solution to be given only every two hours, and when I paid my evening visit I found that he had obtained a profuse and tolerably easy passage of urine. The pains, as well of the bladder as of the urethra, were much diminished; the patient, who, an hour or two ago, had been in a state of despair, was now quiet and cheerful. I now ordered the medicine to be discontinued, and enjoined quiet alone. When I visited my patient in the morning, I found him in high spirits; he had slept well several hours during the night, had passed a good deal of urine with very little pain, and was otherwise well. The

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painful tension in the vesical region was quite gone; the urine discharged was pretty clear. The recovery now went on rapidly, so that on the 18th of August he was quite free from all his symptoms, and paid me a visit at my own house. I found some gonorrhœal discharge had returned, which, however, ceased in a few days, after a dose of *Cannabis*, (200.)

The next is a case of chronic gastric affection of a kind very frequently met with, and generally remarkable for its intractable character:—

21. Schlehhahn, a farmer, sixty-three years old, came to me for advice in July, 1844, having suffered for upwards of a year from the following symptoms:—After taking the smallest quantity of food or drink, often before it has reached his stomach, he is attacked by severe choking feeling, when he vomits what he has swallowed, and afterwards viscid mucus and bile. At other times, also, he is subject to violent eructations of some bitter fluid, followed by mucus and bile. He has in the region of the stomach a violent burning pain, which is sometimes so violent that he is forced to bend double, at the same time indescribable anxiety and restlessness; almost constant thirst. The abdomen is somewhat swollen; the hepatic region not particularly so. Bowels moved once in twenty-four hours, sometimes not so often; evacuations hard. About every other day he has a transient febrile rigor, even in hot weather, followed by heat and prespiration, with great faintness and nausea. About every other night he has very restless sleep, with anxiety, dreams, and prespiration. He was formerly robust and stoutly made, but is now weak, emaciated, and pale; disposition despairing, anxious, depressed. No remedy corresponded so well with these symptoms as *Arsenic*, of which I gave him two globules of the 400th immediately, on the tongue. No essential change had to be made in his diet and regimen. In four weeks the patient came again to me in his appearance so altered for the better, that I scarcely recognized him. He told me, with joy, that a few days after he had taken the remedy his state grew perceptibly better; the disagreeable burning in the stomach had diminished, and, by and by, completely ceased. The troublesome nausea and choking sensation had likewise diminished, so that he could now eat and drink without vomiting, although during the first fortnight the vomiting was occasionally present, though in a much less degree;

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but now he was quite free from it, as also from the periodical rigor. He felt much stronger; his spirits were cheerful; he was full of hope: his appearance, if not blooming, was at least well enough. In order to eradicate the remainder of this chronic disease, I gave him now (four weeks after the first dose) a second dose of the same remedy, but this time of the 800th dilution, after which, as I had an opportunity of observing for several months, he enjoyed perfect health.

The next is a case, to all appearances, of a very serious character, the issue of which is certainly surprising, and almost magical:—

22.—Reinhold Franz, a healthy, robust, and lively child, of three and a half years old, after complaining for some days of indistinct headach, was attacked in the night of the 1st of August, 1844, without apparent cause, with violent vomiting, after which he fell into a sort of comatose slumber. When I visited him at six in the morning of the 2nd of August I found him in a very precarious state, which I could not fail to recognise as indicative of inflammatory affection of the brain. He lay in a deep snoring slumber, from which he could scarcely be roused. Occasionally convulsive spasms agitated his frame; his head, which was drawn backwards, was glowing hot; the cheeks now burning red, now pale and swollen; eyes fixed, glassy, slightly injected, frequently half open, and directed upwards, sometimes very sensitive to light, but generally insensible; pupils very much dilated; rapid, deep, difficult, burning hot breath; hard, full, sometimes again small and contracted pulse; temperature of the skin much raised, burning and dry; complete loss of consciousness, sometimes delirious muttering and starting in his comatose sleep, which was occasionally disturbed by vomiting of mucous fluid. It was evident that the vomiting was a consequence of the cerebral affection. Having before experienced the beneficial effects of the high dilutions in slighter cerebral disorders, I made no scruple of employing them in this case. I dissolved *Belladonna*, (400,) three globules, in half a glassful of pure water, and caused a teaspoonful of the solution to be given every hour. When I saw him again at one o'clock, (that is, six hours afterwards,) I found him considerably improved. The morbid picture was still the same, but the symptoms were all diminished in intensity, and less marked; the burning heat was less; the eyes clearer, less fixed; the breathing

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freer; the sleep less comatose. I now caused the administration of the *Belladonna* to be discontinued, and allowed the amelioration to go on without interference. At my visit at nine o'clock that evening, the parents told me that in the course of the afternoon the state had hourly improved; I found the child tolerably conscious, complaining of some headach; the breathing was quiet; the heat much diminished; the eyes pretty natural. He had asked for something to eat. When I saw him next morning, his parents informed me that he had slept quietly all night, and awoke in the morning cheerful and fresh. I found him sitting up in bed, playing, without any trace of his serious complaint. The following day he left his bed and room in perfect health, to the amazement of all who had seen him the previous day.

The next is a comparatively slight case, but scarcely less strikingly illustrative of the curative power of the high dilutions:—

23.—Frau A., a rather robust woman, of about thirty years of age, had suffered for a long time from very violent pressure in the stomach and epigastrium, much aggravated by roughly touching these parts. Her urine was at the same time as white and almost as thick as milk. She complained of nothing else. I gave her, on the 30th November, two globules of *Acid. Phos.*, (200;) and, when I saw her again, on the 3rd December, she informed me that the pressure in the stomach had ceased two days since, and the urine had resumed its natural appearance.

Dr. Stapf relates two more cases, both of chronic ophthalmic affections, highly interesting from the advanced state of the disease in both, the unfavourable circumstances in which the patients were placed, the failure of other methods, and the great success of the high dilutions. The details of neither are complete; but yet we should have no hesitation in giving them, would they not occupy more space than we can afford, as they are recorded with great minuteness. Pass we now on to Dr. Von Bönninghausen's experiences, which are detailed in the same number of the *Archiv* as those of Dr. Stapf, but with much less accuracy and care. He gives seven cases, from which we select two only:—

24.—Th. B. of C., a farmer, came under my care in July, 1842, after having been from seventeen to eighteen years under Allopathic

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treatment for a chronic cough, which had increased to such a degree, that medical men, as well as his friends, pronounced him consumptive, and gave him up for lost. My journal contains the ominous words, "There seems to be no hope for him," and proceeds to detail the seventeen years' duration of the cough, the white, viscid, sweetish, unconcocted nature of the expectoration, the dyspnœa preceding each attack of coughing, the aggravation by all movement, and, as secondary symptoms, stoppage of the nose every morning, much itching in the anus, much flatulence after partaking of sour crout, and amelioration of the symptoms towards evening. From this time he received, every two or three months, a dose of *Phos.*, *Sulph.*, *Ars.*, *Lyc.*, (for an ulcer on the knee, which was cured,) *Sep.*, *Natr. Mur.*, all in the 30th dilution, two globules of each, some of these twice, and *Phos.* thrice, without other result than that he still lived, and had at least not got worse. Towards the end of September, 1844, however, he began to grow much worse, and I gave him a dose consisting of two gls. of *Phos.* (200,) to be dissolved in a cupful of water, one tablespoonful to be taken for five successive nights. After the third dose there was such a violent aggravation, that his friends hourly expected him to die. I discontinued the medicine, and gave him *Sac. Lac.* He now grew better, and in six weeks this patient, who, eighteen months since, had been pronounced dying of consumption by his Allopathic attendants, was so completely cured, that he is now one of the healthiest persons in that part of the country where he resides.

It is to be regretted that the physical signs afforded by the stethoscope are not given in this and other cases, but this seems to be a field not generally cultivated by the high dilutionists.

In the other case there was also, apparently, a violent aggravation.

25.—H. H. B., of Hanover, twenty-three years of age, an otherwise robust young man, sought my advice on the 23rd May, 1840, for epilepsy, with which he had been afflicted upwards of five years. The attacks came on every four or five weeks. Before each fit, he has shaking and flexion of the left arm, and loss of consciousness; afterwards, headach and bilious vomiting. When well, he frequently vomits after partaking of carrots, sour crout, beans, &c. He got a dose of *Sulph.*, (30,) two of *Calc.*, (30,) and be-

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tween these a dose of *Lyc.*, (30;) after which the fits ceased until the end of October, when he contracted a typhoid fever, which (he being a distance from me at the time) was treated Allopathically. A dose of *Calc.* (30) sufficed to keep off the fits until the 17th of April, 1841, when, after indulging too freely in spirituous liquor on the occasion of some fête, he had two more fits, which were, however, kept off for another half year by a dose of *Agar.*, (30,) followed by one of *Calc.* (30.) He did not, however, after this period feel quite right, and I had to send him, every five or six months, a dose of *Calc.* or *Silic.*, (30,) according to circumstances. At length, on the 30th of March, 1844, I gave him a dose of *Silic*, (200;) after which he had a violent aggravation for eight days, so that he had daily one or two uncommonly severe fits, always worst at night; since when he has had no return of his disease, as he himself assured me last November, and as I was recently informed by a neighbour of his.

Here are some cases from the practice of Herr Tietze, surgeon, &c., of Ebersbach, which look most suspiciously like itch, a disease in which we cannot, most of us, boast of such rapid success. Tietze furnishes nineteen cases of various diseases corroborative of the action of the high dilutions; but these appear to us the most remarkable of the lot:—

26, 27, 28.—S—'s daughter, seventeen years of age, had for two days a violent itching eruption on one side of her arms, and chiefly on the elbow joint; it consisted of small vesicles the size of a millet seed, containing a watery fluid, and burning much after scratching. A few days before a journeyman-apprentice had been staying at the house, who had unmistakeable symptoms of itch. Immediately after his departure the girl had taken his place, and might thus have become infected. She got, on the 24th December, 1844, 3 globules of *Sulph.*, (400.) The following day, possibly in consequence of scratching during the night, the whole forearm was inflamed and red, and the burning pain especially severe. I did not disturb the action of the *Sulphur.*—On the 30th December her brother, a boy of fourteen, also got itch vesicles on the wrists and between the fingers. I gave him, too, 3 globules of *Sulph.*, (400.)—1st January, 1845. The burning pain is less in the girl, as also the inflammation of the forearm. The eruption is not sensibly diminished; no more new vesicles have appeared. I again gave her *Sulph.* (400.)—3rd Ja-

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nuary. The father of the two children has discovered, since yesterday, several itching vesicles on his hands and wrists, which I judged to be itch vesicles. He likewise got the same dose of *Sulph.* (400.)—6th January. All the three patients are getting on well. In the girl the eruption has much declined, and the itching and burning are no more felt by the father and son.—19th January. In all three, not only the eruption, but also the smarting itching and burning have disappeared completely.—Was this really itch? I cannot understand it. I never before witnessed such a rapid cure of itch.

Some might be inclined to ask, Why not search for the acarus, Mr. Tietze? but we have formerly shown, *(British Journal of Homœopathy, vol. III, p. 421,)* on the authority of Professor Hebra of Vienna, no mean authority on such a subject, that the acarus may not, and generally does not, appear until after the eighth day of infection, so that the probability is the acarus was never present in these cases, supposing they were really itch, and this may probably be the cause of the rapid cure effected; our own and others' indifferent success may depend on the fact that we seldom get a case of itch for treatment until after it has existed a week or two, when half-a-dozen generations of acarus may be present to frustrate our curative designs.

Several other contributors to the *Archiv* detail their "experiences" of the high dilutions; and in the *Journal de la Medecine Homœopathique*, for November last, Dr. Nunez of Madrid, in a paper on the same subject, out-Herods Herod by propounding the following extra-Gross assertions:—1. That in certain exceptional cases, we may use dilutions below the 2000th. 2. That the most suitable dilutions for acute diseases are those above 2000. 3. That in most chronic complaints it is preferable to employ still higher dilutions. 4. In chronic diseases with organic lesion, the 2000th dilution almost always produces aggravation; in these, therefore, we should ascend much higher than the 2000th. In proof of these assertions, Dr. Nunez details several cases, but, as is by no means unfrequent with the facts of the high dilutionists, they fail to warrant the writer's deductions; from

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this we find, that the high dilutions employed by Nunez were generally below 2000, and only in one instance above.

But let what we have given suffice as evidence *pro.*; we shall, by and by, glance at the evidence *con.* A careful perusal of the above must satisfy every one that there are among them some very striking and successful cases, picked, indeed, but still sufficiently notable to command our attention, if we are assured of the veracity and observing powers of the authors; but when we find such men as Stapf, Gross, Hering, Rummel, Bönninghausen, &c., earnestly advocating the superiority of the high dilutions, men whom we have been accustomed to reverence as apostles of our faith, whose names occur in almost every page of Hahnemann's Materia Medica, the most zealous coadjutors and esteemed friends of our illustrious master, how could we be justified in rejecting, without examination, the evidence they present to us, and inconsiderately denouncing as absurd what they so ardently advocate? To be sure *experientia fallax*, and the mere authority of a name, should never allow us to receive evidence unexamined, however much it may induce us to examine the evidence it offers. The impartiality we profess compels us to be, to a certain extent, eclectics, and from contending opinions to adopt what seems to us the best; from conflicting evidence to endeavour to extract the truth; hence, we can no more reject the conclusions of the high dilutionists than we can despise those of their opponents, if we find them equally based on substantial proof. Now supposing we admit the testimony of the high dilutionists as valid evidence, enough, we think, will be found in the preceding pages to convince us:—1. That the high dilutions do act. 2. That they sometimes act very energetically. 3. That they often act curatively with surprising rapidity. 4. That they sometimes cure when the lower dilutions have failed, though the evidence on this point is very scanty indeed. Remains to be proved,—That they are always to be preferred to the lower dilutions; or that they are generally to be preferred to them; or that they will oftener succeed in curing than those; in fine, that they possess the attributes given them by their advocates, of being, in all or most cases, more

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safe, mild, and efficacious than the dilutions hitherto in use. An experience greater than that we now possess will be required to determine these points, and we invite all who have positive evidence, one way or another, for or against the efficiency of the high dilutions, to transmit to us their observations; for only by a fair and unprejudiced discussion of this question can we hope to arrive at the truth of the matter.

Let us now examine the facts adduced by the opponents of this microposology. With their arguments we have nothing to do, as reasoning can have little weight on so purely practical a question; and, in truth, all the arguments hitherto adduced would apply equally well to infinitesimal doses in general, as to the high dilutions to which they are meant to apply.

We must include among the opposing evidence a remarkable episode in the history of the high dilutions, which might dispose us to view with suspicion the whole affair. It seems, then, that Herr Jenichen, to whom Gross entrusted the preparation of the high dilutions, being a *Stallmeister* (or horse-trainer, as some say,) by profession, and possibly from his connexion with the stable, anxious to make a good thing of the trust reposed in him, even at the risk of appearing to jockey Gross and the rest, makes a great secret of his mode of preparing these high dilutions,—gives out that none can prepare them except himself,—calls those fools who pretend to be able to make them,—and actually persuades his patron, Gross, and some others, among the rest Stapf and Hering, to swear by his preparations alone, and to join with him in condemning as worthless all others. Now Dr. Rummel, who has had all his high dilutions prepared by an honest and well known apothecary in Dessau, Herr Petters, and who, besides having observed the good effects of the Pettersian preparations on his patients, has seen, or imagined to have seen, marvellous things in them on subjecting them to the solar microscope, though his account of what he has seen shows merely that he has not been much accustomed to look through microscopes, and not that what he did see was at all extra-

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ordinary;—Dr. Rummel, then, cannot stand to hear his protegé's preparations abused, and his own observations with them slighted; he accordingly waxes wroth, and pours out his indignation in the columns of the *Allg. Hom. Zeitung.* Hering replies; asserts he has tried the Pettersian preparations, and found them wanting, snaps his fingers at Dr. Rummel, and we have thus "a very pretty quarrel as it stands."

Now, as the cases we have detailed in the preceding pages show a decided influence of the remedy administered on the disease, and as they were all treated by Jenichen's preparations, the question naturally presents itself, are these remedies, as prepared by the horse-training Homœopath, actually what they are said to be, the 200th, 400th, 800th, &c., dilutions? And this question we are unable to answer, as the maker refuses to tell how they are made. Without some further evidence on the subject, then—however we may assent to the virtues of Jenichen's preparations—we cannot admit that we have unexceptionable proof of the powers of the high dilutions, as we have merely the word of the preparer, of whom we know nothing, that these medicines are the 200th, 400th, &c., dilutions. As, however, Herr Jenichen's own interest seems to be a more powerful inducement to him for preserving his secret, than the interest of Homœopathy for revealing it, we despair of ever arriving at a definite opinion, if we leave it to him: we should, accordingly, advise those who are willing to investigate the efficacy of the high dilutions, not to use the Jenichen ones; but, if they do not themselves prepare them, to obtain them from some chemist on whose accuracy they can rely. Mr. Headland has, we understand, prepared a complete set of these dilutions, and those who know the care and accuracy with which he prepares his medicines in general, will feel assured that his high dilutions are what they profess to be.

Dr. C. Müller's report of the experiments at the Leipzic Homœopathic Institution (*Allg. Hom. Zeit.*, No. XIV, 1846,) with the high dilutions are certainly by no means favourable to their alleged powers. Thirty-six patients were treated by

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these dilutions exclusively; in some the treatment extended over five months. Of these thirty-six, three had leucorrhœa; one, struma; one, catarrh. chron.; four, ophth. scrof.; four, gonorrhœa; one, gonorrhœa secundaria; one, bubo syph. c. gon. sec.; one, chancre; one, syph. secund.; one caries in the orbit; one, ulcus varic.; one, marasm. senil.; one, induration of the prostate; two, paresis pedum; one, impetigo achor.; one, urticaria chron.; one, congestion of chest; one, rheumatism; one, angina chron.; one, phthisis tuberc.; one, eczema rubr. chron.; one, hydrops ascites; one hemicrania; two, scrofulosis; one, lichen agrius; one, blepharophthalmia scrof,—a fair selection of diseases, one would think, to try the virtues of a system on. Here is the result:—In thirty-four out of the thirty-six cases neither cure nor amelioration was observed, nor even the slightest aggravation or change to indicate that they were taking any medicine. Fifteen of them, discontented with the unsuccessful treatment, ceased attending the institution; and in the other nineteen it was found necessary, after some weeks of trial, to return to the ordinary Homœopathic treatment. In some of these a cure, or at least marked amelioration was effected by the employment of the very same remedies in stronger doses. In two cases only the result was different. In one, a case of scrofulous ophthalmia in a child, the photophobia ceased after a dose of *Calc. Carb.*, from the 11th August to the 4th September, and the mother, considering her child cured, ceased to attend. The other was a glazier, who had suffered for two years from scrofulous inflammation and blearedness of the tarsal edges of the lids, and had often been at the institution on the occurrence of an acute attack, which was invariably relieved in a short time by the ordinary doses; *Belladonna* (200) was equally successful in relieving an acute attack, but a five months' treatment with the high dilutions failed to exercise a beneficial effect on the primary disease, and he was at the end of that time dismissed, at his own request, uncured.

These are the only facts yet adduced by the opponents of the high dilutions to disprove their curative power, if we except a paragraph in Dr. Watzke's paper (*Oest. Zeitsch. f.*

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Hom., vol. II, p. 508,) where he says he has tried the high dilutions, but without benefit, but informs us with charming *naïveté*, that the cases in which he employed them were all incurable, consisting of phthisis in the stage of ulceration, fungus of the brain, apoplexy of the brain and lungs, paralysis of the spine, chronic hydrocephalus, organic disease of the heart, fibrous tumour of the uterus, and the like, hardly a fair selection on which to test the value of a method of treatment. In the cases treated at the Leipzic Institution, the names merely of the diseases are given, and we have no means of judging of the severity of the diseases, or the propriety of the treatment adopted; the circumstance, however, that no change, one way or another, occurred in thirty-four cases out of thirty-six, cannot fail to raise a doubt in our minds as to the power of the remedies employed. Perhaps the secret of their failure lies in the fact that the preparations used were from the shop of Apothecary Petters, and were not obtained from Stallmeister Jenichen; no doubt Dr. Hering would at once ascribe it to this source, though possibly Dr. Rummel might find another reason for it.

We need do no more than allude to the writings of two other opponents of the high dilutions, Dr. Genzke (*Hygea*, 22nd Vol.,) and Dr. Böhm, (*Oest. Zeitsch.*, 2nd Vol.,) the former of whom is ponderously jocose at the expense of Dr. Gross, while the latter makes a critical examination of some of those cases detailed by Gross, to which we have already alluded as being extremely meagre in details and carelessly recorded, and which we have on that account omitted, as our object was not to make out a case against the high dilutions, but to ascertain whether they did really act or no, and the best way of doing this was, we conceived, to make a careful examination of the recorded cases, and note such only as appeared to present distinct evidence of their action. Though the result of our labours has convinced us, and, we hope, our readers also, that the high dilutions, (always supposing the preparations administered were *bonâ fide* high dilutions,) may sometimes exercise an influence over disease, we are far from being assured that they are generally to be preferred to those in common use,

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as their advocates would have us believe; and if, as we believe, they offer no advantages over these, we should greatly prefer to abide by the lower dilutions, from 1 to 30, as habit has reconciled us to these infinitesimal quantities; but it goes sadly against the grain to make all at once such a gigantic stride from 30 up to 200, 800, and even 2000, the mere contemplation of which etherial sublimities sets our brain in a whirl. If, however, experience should prove that the high dilutions do really surpass in efficacy those hitherto in use, we shall never allow our prejudices to stand in the way of any improvements in our art, though we cannot help feeling that a general adoption of the high dilutions must stand materially in the way of the progress of Homœopathy among our medical brethren, as the ridicule which at present attaches to the infinitesimal doses (the chief stumbling-block of inquirers) will be thereby infinitely increased.

It would be unpardonable to take leave of this subject without noticing some of the inconsistencies into which the advocates of the high dilutions have fallen, as these have been laid hold of by their adversaries, and far too much importance, we think, has been attached to them. We believe that the inconsistencies and contradictions with which their writings abound have arisen from their too great eagerness to generalize from the limited data they as yet possess, and thus we find the various writers opposed to each other, and later papers of the same individual contradictory of his own previous statements, according as the various or enlarged experience of the writers has presented new facts to their observation. Thus Dr. Gross in one place cautions us against a repetition of the same medicine, and instances the case we have numbered 12 in the foregoing as illustrative of the evil of so doing, and yet he and several others subsequently state, that a medicine may with advantage be mixed with water, and a portion of this given at longer or shorter intervals. There is evidently some discrepancy here, and the explanation given by Dr. Gross is the sorriest thing of the kind we remember to have read:—"The solution of a medicinal potency in water, and its administration in the manner described, I do not conceive to be

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an actual repetition, but only the division of one medicinal potency into several portions." And yet the medicine *Sulph.*, *Phos.*, or whatever it might have been, was *repeated* from hour to hour, or from day to day, as the case might be. Having observed that in some cases the repetition of the medicine did good, and in others harm, it would be more rational, as well as more ingenuous to admit such to be the case, and to set about discovering the conditions under which repetition was likely to be beneficial, or the reverse, than to give utterance to such a palpable *nonsens* as is contained in the above sentence. Again, the assertion of Gross and others, that, by carrying the process of attenuation to certain extent, the medicinal properties of a drug are thereby vastly increased, insomuch that the medicine so treated gains a terrific amount of power, may be true, but is certainly not warranted by the facts adduced,—for, though he does instance some cases of great aggravation of present sufferings, and the production of other symptoms obviously the pathogenetic action of the medicine administered,—yet such aggravations are nothing more than we frequently meet with during the exhibition of the ordinary doses, and his axiom, that by still further dilution the remedy becomes mild, safe, and efficacious, is equally unwarranted by the facts adduced, for we are accustomed to see the first dose of a remedy administered to a very susceptible person produce powerful disturbing effects, yet in many cases a repetition of the same dose will not call forth a recurrence of those effects. Far be it from us, however, to deny that the process of trituration and attenuation may increase certain properties of a medicine, and diminish others; indeed, it is highly probable that the medicinal agent, whose relations to the living organism are very numerous, may by this process have some of these relations exalted, and others diminished. We object merely to the hasty conclusions arrived at on this subject, by the high dilutionists from their as yet limited experience, whereby much confusion and diversity of assertion has been engendered, for as the dilutions with which the observers have operated have been various, so have their

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assertions with regard to the point at which the greatest medicinal power is developed; thus Gross will have it that most medicines attain their acme of power at the 200th or 400th dilution, whereas, nothing will satisfy Senor Nunez but to fix the climax at the 2000th, and a similar tendency to form hasty conclusions from limited data is, we suspect, the chief cause of the discrepancy prevalent among Homœopathists generally on the subject of posology. The reason and prejudices of one lead him to affect the low dilutions, while some plausible hypothesis, or the example of the master, induce another to attach himself to the higher dilutions, and each of these employs, on most occasions, his favourite doses, and sees, in the recovery of his patients under them, the direct influence of his remedies, while, if he ever make use of other dilutions, he is always ready to explain away in his own mind the recoveries effected during their use, and to ascribe them to some other cause than the remedy administered. We feel convinced that few, if any, have been led to the adoption of their favourite doses from patient and careful trial of all the various attenuations, and we are confident that all who have employed indifferently the medicines in all dilutions, would be greatly at a loss to determine which dilutions are the most efficacious, or to decide which they could best dispense with in some classes of disorders. We speak just now of the scale of dilutions varying from 1 to 30; of the highest dilutions we have had but little experience, but we can scarcely doubt, from what we have seen, that when we come to use them more extensively, we shall find them deserving, in some degree, the eulogiums of their partisans.

We hope to be able to return at some future period to this interesting subject, when we shall have more extensive data on which to form our conclusions, derived from our own experience, and that of our fellow-practitioners in this country, several of whom, we believe, are now making experiments with these dilutions. The question as to whether they possess any power at all is very interesting, and has, we think, been fairly answered in the affirmative by the cases given above; but the still more important question, regarding

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their alleged superiority, in any or all cases, to the dilutions hitherto in vogue, remains still to be solved; but we trust ere long to be in possession of sufficient data whereby we may arrive at a definite conclusion on this point. Until then we shall leave alone the theoretical part of the subject, as we prefer shaping our theories to meet our facts, to the more usual custom of modifying and distorting facts to suit a ready-made theory. In the meantime, we would caution those who would test the powers of the high dilutions to be careful in the selection of cases for experiment, for it is obvious that while their efficacy is still *sub judice*, it would be unjustifiable to trust to them alone in diseases of a serious nature and rapid course.

ON THE TREATMENT OF THE PLEUROPNEUMONIA OF CATTLE.

As this fatal disease, which of late has been committing terrible havoc among the cows in the south of Scotland, prevailed to a great extent some time ago in Ireland, we wrote to a gentleman there who has had great experience and success in its treatment, and we received from him some particulars, from which the following directions are derived.

It is of great importance that the disease be recognised in its first stage, which is very insidious, and makes itself known only by a slight cough, unless the stethoscope be also used. Whenever the disease prevails in the neighbourhood, a cough, however slight, should excite alarm, and lead to the administration of the Homœopathic remedies. The first medicine in this stage is Bryonia. Some drops of the third dilution should be mixed with a pint of cold water. The medicine should be kept in a dark, cool place, and well shaken before each successive dose. The quantity given at a time should be about a tablespoonful, and this should be repeated every two hours. The animal may be allowed to feed as usual.

The second stage of the disease, which is generally mistaken by the owners of the cows for the first, displays itself

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in difficulty of breathing, a short cough, or grunt, seemingly painful; loss of appetite, running of saliva and mucus from the mouth and nostrils; cessation or considerable diminution of the secretion of milk; the cow stands gathered up; does not chew the cud. In this stage, *Kali carb.* and *Arsenicum* are the best remedies. As the indications for the preference of one to the other are much too minute for persons not in the habit of administering Homœopathic medicines in disease, the best way is to give them on the alternate days, and then to adhere to that one which seems to do most good. Let four or five grains of the third decimal trituration of each be dissolved in a pint of water, and a tablespoonful be given every two hours. The animal should be kept under a dry airy shed, and its bed should be very clean and frequently renewed. In this stage the animal has no appetite, and all food should be rigorously withheld; for instead of nourishing, it only acts like a foreign body, and protracts the disease. The enforcement of total abstinence from food ought to be looked upon as an essential requisite for recovery, as it is a frequent and fatal mistake to force nourishment down the animal's throat. A pail of fresh water, however, should be placed within its reach.

If the disease has reached its second stage, it is seldom cured within three or four weeks, and the surest signs of restored health are a return of the secretion of milk, of appetite, and rumination.

Bleeding and purging are highly injurious, as they weaken the animal dreadfully, and do not tend to prevent, but rather to increase the exudation of lymph, and the consolidation of the lungs.

When convalescence comes on, and the appetite returns, great caution must be exercised in the giving of food. The appetite very generally exceeds the powers of digestion, and, if the animal be allowed to satisfy its cravings, it is very prone to a relapse, which is very difficult to cure. One of the best kinds of food, during convalescence, is steamed carrots.

Among the cattle thus treated, amounting to several hundred, six out of every ten, or sixty per cent., were radically cured. The mortality under the various Allopathic modes of

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treatment, in Scotland, has been on an average two out of three: that is, instead of forty dying and sixty recovering, seventy-seven have died and thirty-three only recovered. In the neighbourhood of Edinburgh, out of one hundred and fifty-seven cases treated with Aconite and Bryonia, one hundred and twenty-one recovered and forty-three died. Many of these cases had been long ill before the medicines were given. We understand that the success was much greater in the hands of those who had time and opportunity to attend to the animals from the commencement of their attack, and to watch them through its whole course.

If the mortality among the cattle Allopathically treated was great, it certainly was not owing to the absence of active treatment, as the following prescription, much in vogue in Ireland, will sufficiently show:—"If the animal is breathing high, cause it to be bled freely. The sides, immediately behind the far shoulder, should be shaved closely, and, when perfectly dry, a blister applied, composed of lard, one oz., croton oil, one drachm, Biniodide of Mercury, one drachm. This is to be rubbed in for about half an hour. The bowels should be opened with either castor oil or Epsom salts combined with ginger. The animal afterwards to get a powder, once a day, composed of 2 drachms of Nitre, 1½ drachm of Digitalis, 2 drachms of Tartar emetic, *until relief is apparent ! !*"

When Young Physic has completed his labours in the way of cleansing the Augæan stable, it is to be hoped he will look into the Cow-byres.*

* We have just been favoured by an extract from a work by Mr. Skilling, on the "Science and Practice of Agriculture," which contains a very good account of the pleuropneumonia of cattle, and corroborates all the observations of our correspondent regarding the symptoms and progress of the disease. Mr. Skilling mentions that the only medicine he found useful, in checking the disease, was White Hellebore, (*veratrum album;*) and, after an extensive experience of the usual Allopathic remedies, with the exception of bleeding at the commencement, he latterly trusted entirely to the White Hellebore for curing the fatal disorder.—EDITS.

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ON THE MECHANICAL AND HOMŒOPATHIC TREATMENT OF SPINAL CURVATURE AND DISTORTION.

By Thomas Engall, M.R.C.S.

SECOND PART.

Read before the British Homœopathic Society, March 4, 1847.

(*Continued from page* 77.)

We will now proceed with the second division of the subject of Spinal Deviations. These are termed distortions, and indicate that state of the column in which the parts are displaced from their natural positions, and where the removal of the forces acting on the spine is not sufficient to reinstate them, and in which there is a loss of substance of the parts implicated.

Distortions may arise,

First—From prolonged spinal curvature.

Secondly—From injury.

Thirdly—From disease of the structures of the spinal column.

I.—*From Prolonged Spinal Curvature.*

If any of the causes which have been enumerated as producing spinal curvature be continued, the diseased state will progress until neither recumbency nor the forcibly-exerted muscular efforts of the individual will be able to reduce the curvature, which will continue to increase, if the cause still operate, producing changes in the structures upon which the greatest pressure is made. Thus, if the bones and intervertebral substances are able to resist the forces, the greatest stress will be borne by the ligaments on the convex side of the curve, which will become gradually more lengthened, and permit distortion; or should the intervertebral substances and bones be unable to resist, they will participate with the ligaments

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in these changes; or the bones may first suffer from the unequal pressure, and their bodies may become wedge-formed from simple absorption, which may either commence in them, or be induced by the changes which the intervertebral substances undergo. From the unequal pressure to which they are subjected, they will lose their elastic character, and become wedge-formed; absorption may take place in them, and this may extend to such a degree as to cause entire loss of the part of the cartilages pressed upon, and eventually produce absorption in the bodies of the vertebræ; or the same effect may take place in the latter by the altered condition of the intervertebral cushions; the bone being subjected to the action of a non-elastic substance will, on the concave side, suffer absorption, which will be aided by the unequal weight that side has to sustain. In either case, whether the bone or the intervertebral substance becomes cuneiform, the effect is to render the curvature permanent by the natural connexion which exists between the contiguous surfaces of the bodies and those of the intervertebral substances.

The changes here named may be aided by what occurs in regard to nutrition of the parts. From their compression on the concave side, by their undue approximation, their nutrient vessels and nerves are interrupted in their functions, having greater resistances to overcome than are natural to them; thus the nervous influence will be impeded in its transmission, owing to the approximation of the intervertebral foramina. In consequence of this, and the obstructed flow of blood to the part, nutrition will not replace waste; thus the spinal structures will be influenced by mechanical as well as vital causes; the latter may give the predisposition, but the after changes are chiefly due to mechanical causes.

If the spinal structures suffer from diminished nutrition, all the parts supplied from the same source will suffer with them; hence we may expect that the muscles which belong to the spine will suffer; and if this be true, those on the concave must be weaker than those on the convex side of the lateral curvature; this is found to be the case. Moreover, where the ligaments are relaxed on the convex side, the stance between the points of attachment of the muscles

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being increased, the contractile power is in like manner increased; whereas, on the concave side, they are in the same proportion approximated, and relatively the contractile force is lessened, added to which, the ligamenta sub-flava are lengthened on the convex side, by which their elasticity is increased, and has a more powerful tendency to draw the spine into its natural position.

Now it is usually considered that the unequal action of the lateral layers of spinal muscles causes lateral distortion. If this theory be the true one, we shall have this strange anomaly,—the attenuated muscles of the concave side overcoming the more developed ones of the convex side; for as the spine is moved by the *contractility* of the muscles, the part acted on must move *towards* the force acting on it; the direction in which the spine moves will, therefore, be the index of the direction in which the power acts; hence, if the theory that the unequal muscular contraction not only causes distortion, but also renders it permanent, be the true one, the attenuated muscles of the concave side must have more power than their opposing larger ones on the convex side; and not only overcoming them, but the increased muscular power gained by the separation of the transverse processes, and the augmented elastic power of the yellow ligament. In the instance above supposed, we have considered a case of single lateral or semilunar distortion, like No. 3, but the difficulties of this theory increase if we take an instance of what usually exists, namely, a double lateral curvature, in which the curvature is in the opposite direction in the dorsal region to that in the lumbar. Here we must suppose that the same muscular fibres are contracted in one part of their course and relaxed in another; again, the distortion is permanent, and no voluntary muscle can remain permanently contracted. To remove this objection, it has been surmised that the muscles are contracted spasmodically;—that this occurs, as a consequence of spinal distortion, is true,—we find it taking place in the lower limbs, as in cases B and G, but we have no proof of it occurring in the muscles of the spine. If this were the case, the spine might be straightened after death, when all muscular action has ceased. In addition to these reasons, we must remember that paralysis always shows itself at the part sup-

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plied by the terminating branches of the nerves; therefore, we ought to find contraction of the superior layers of muscles attached to the spinal column, and supplied from the same source as the spinal muscles themselves,—but this we do not find to be the case. The more we investigate this theory, the less evidence of its truth we discover. Apply it to the case of the rotated spine, in which the dorsal region on one side becomes protuberant, and the lumbar on the opposite. Here we have no undue muscular action producing the rotation, for rotation of the spine is not a function of the body; hence, there can be no proper muscles to perform this function, and yet the distortion takes place. We have the power to bend the spine in various directions, but not the power to rotate it on its own centre, of which any one may convince himself by standing with his back against a wall, and attempting the action: he will find that the trunk is turned as a whole upon the heads of the femurs, assisted by the lower extremities in the subsequent stages. Now, in this case, there can be no muscles of rotation, as the faculty is not given; therefore, the muscles would be useless: if the change take place, it must be from other causes, and, as "no muscle can produce changes in a member of which it is not rendered susceptible by its mode of articulation and ligaments,"* a change in these must be effected before the assistant muscles of the back can act as exciting causes by their variously combined forces.

Seeing, then, that this theory is unsatisfactory, some other must be sought; and I hope one every way explanatory of the facts is to be found in supposing that permanent distortion is dependant upon a want of resistance of the structures of the spine to the different forces acting upon them. When this occurs from disease, want of nutrition, over-exertion, or any other cause, flexures will be formed, which will become permanent from the connexion which exists between the intervertebral substances and the bone, the former losing their elasticity and form, and the latter its proper proportions.

II.—*Distortions from Injury.*

Three kinds of effects are produced from injury: first, dislocation; secondly, fracture; thirdly, a state of parts producing subsequent distortion.

* Barclay on Muscular Motion.

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1. Dislocation without fracture is of very rare occurrence, and is supposed only to take place in the cervical region; but an instance is recorded of its being met with elsewhere.

2. Fracture. In this case we have generally distortion suddenly formed, with many symptoms indicating the part injured. The case of the individual from whom this cast* was taken will serve as an example. Below the injured part, extending from the ninth dorsal to the third lumbar vertebra, he has neither sensation nor motion; the urine was at first retained, but now passes unconsciously; the action of the bowels can only be induced by the use of injections, aided occasionally by purgatives, once in sixteen or twenty days; and this state has existed during the last three years. All sexual feeling has been lost since his fall, which is contrary to the symptoms commonly exhibited in such cases.

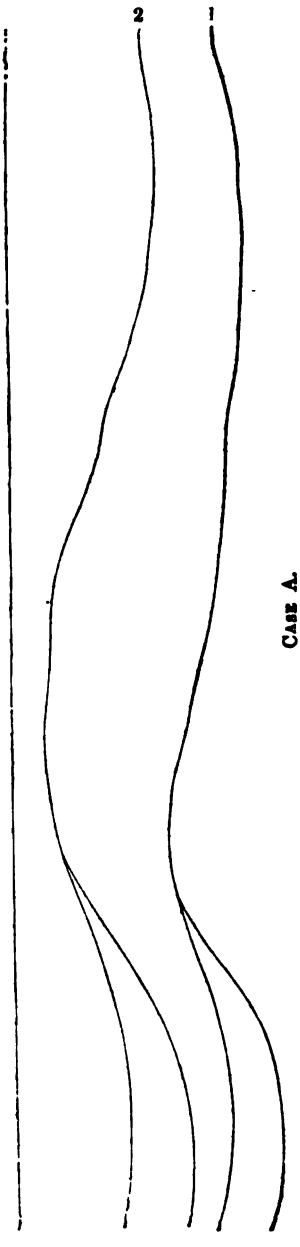
The direction in which the force impinges on the spine will influence its effects; if it fall at right angles, it will destroy the arches; if with greater violence, the body of the bone also, and may cause dislocation of the neighbouring vertebræ; if it descend obliquely, it will cause fracture of the spinous processes, and may implicate the body as well; if laterally, it will fracture the spinous processes only; if two forces act opposite to each other in the length of the spine, the vertebra will be crushed between them, if the spine receive the force when in its natural position; should it be curved forward, the body alone may be crushed, and the ligaments connecting the arches of the vertebræ torn: these effects take place when a person falls from a height and alights on his seat, and the parts most likely to be crushed are those situated where the dorsal and lumbar curves meet, as this will be the point of resistance between the two forces.

The consequences arising from fracture will be dependant upon the extent of the injury, the point at which it is received, and the state of the spinal chord.

Fracture without displacement may exist. Here no effect will be produced by the pressure of bone, but pressure from blood, pus, lymph, or a cartilaginous formation may occur, and may extend to such a degree as to destroy the life of the sufferer.

* The cast was exhibited to the Society.

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Where pressure from bone takes place upon the chord, the parts below supplied from it will be deprived of nervous power; hence, the higher the point of pressure, the greater loss will be sustained of motion and sensation; the same results follow the complete division of the chord; partial results will follow incomplete division of the chord.

3. A state of parts producing subsequent distortion. Here the spine is not at first deformed, but, in consequence of injury, it becomes so. This cast introduces a case of the kind to your notice:

CASE A. the sufferer, although possessing an Herculean frame, became nearly as helpless as a child; from a violent sudden effort, the spinal ligaments were strained, the spine became distorted, the patient was partially paralyzed, the left leg lost sensation, and the right leg lost motion to such a degree, that walking a mile was a great difficulty to him. The outline (1) shows the state of the back deformed, and (2) as restored, by the means employed. He regained the use of the lost faculties, and can now walk twenty miles a day, follows his occupation, and has since married.

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III.—*Distortions from Disease of the Structures of the Spinal Column.*

Disease may arise from inflammation, or from want of reproductive power in the system. The inflammation may be of three kinds—Common, ulcerative, and scrofulous. From any of the causes of common inflammation the vertebræ may, like other structures, be affected, which, if it do not subside by resolution, will produce swelling of the cancellated structure, and be succeeded by the formation of coagulable lymph; eventually pus will be formed, and the bodies of the vertebræ destroyed.

Ulcerative inflammation may commence in any of the structures, but in whichever it does so, its destructive effect is the most rapid upon the bone, frequently destroying it entirely before the structures first affected; it most commonly commences in the vertebræ, less frequently in the intervertebral substance, and, in some cases, in the anterior ligament.

The pathological changes which take place, according to the best authorities, are the following:—Before ulceration begins in the bone, there is an unusual vascularity in the parts; if the disease progress, it produces swelling and a partial separation of the natural connexions of the vertebral bodies; ulceration follows, beginning sometimes on the surface, at others, in the centre of the vertebræ; pus is formed, which, collecting in large quantities, forms lumbar, psoas, or sacral abscesses. In the course of these changes, the bodies of the vertebræ are more or less destroyed.

Scrofulous inflammation generally commences in the cancelli of the bones. The changes produced are slower than those in the ulcerative inflammation, and in the inflammatory stage the vascularity is not so great. This is succeeded by absorption, the bodies presenting either a dry reticulated appearance, or the cells may be supplied with a yellow albuminous, or a black sanious fluid,—the latter colour probably arising from disease beginning in the adjoining intervertebral substance; or the walls of the cells, with their contents, may be removed, and a deposit of a caseous unorganized substance occupy their places, which condition may exist a considerable time; or the ulcerative process, as already described, may quickly follow.

The intervertebral cartilages are subject to inflammation, which may either commence in them, or be communicated

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from the bones; the latter is most frequently the case. The effects upon them are,—increased vascularity, pulpy softness, ulceration, and suppuration. The anterior ligament may be either primarily or secondarily affected; the inflammation separates it from its connexion with the bodies of the vertebræ, the whole breadth of the ligament is sometimes entirely destroyed,—at others, a portion only, and the remaining portions assist in the reparative process by the deposition of bony spicula in them, by which the cure by anchylosis is accelerated.

In Rachitis the spine is deformed from the formative principle being incapable of supplying the natural requirements of the parts, from want of reproductive power, or from a want of the proper distribution of that which exists. In this disease the bones are much lighter than is natural, and are deficient in earthy constituents. These peculiarities form distinguishing features in comparing distortions arising from this source with those from simple absorption.

Distortions from simple absorption may be either lateral or posterior. Those from inflammatory action, injury, and fracture, are generally posterior. Rachitis originates lateral, and sometimes posterior, distortions.

The causes of curvature are very insidious in their invasion of the system, and, from the ignorance of parents, their effects are often produced before they are aware of their existence; hence it becomes our duty, whenever a child is weakly, or possesses a strumous or rachitic habit, not only to warn the parents that there is a probability that the child may suffer from spinal disease, but frequently to ascertain, by personal examination, that such is not the case. At the same time, we should advise that the exercise of the child should not amount to fatigue, but that its place should be supplied by friction,—a healthy person rubbing down the spine and various members daily, by which the nerves proceeding from the chord will be stimulated, and, by reflex action, the chord itself. By this means increased nervous influence will pervade the whole system. The friction will also cause an accelerated circulation in the parts, by which they will be strengthened, aided by the exhibition of such medicines as the case requires, referring to the cause of the disease, its complications, and the tissue

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affected. In the case of an infant, attempts at walking should be discountenanced rather than encouraged, and the supine recumbent position enjoined for some time daily in both cases.

In distortion from inflammatory action, the disease must progress until the bones are destroyed from their anterior surfaces to their centres, before the spine will yield; therefore, the non-appearance of distortion is not a proof that the structures are free from disease; and hence, a slight deviation, if accompanied by a diathesis favourable to the development of distortion, may be a sign of a great amount of disease; the sudden projection of one bone of a much greater amount than where a large arc is protruded several inches. Whenever a patient complains of symptoms not referable to their common causes, or to such as have resisted specific remedies, it becomes the duty of the medical practitioner to inspect the spine, in doing which, great care is necessary, for I feel convinced that to deviations of the spine are to be attributed many of those cases which resist the action of medicinal agents; and although there may not be such an amount of distortion as to produce pressure on the chord, yet deviation may exist to such a degree as to permit the foramina, through which the nerves pass from the spinal chord to the various parts of the body, to become irregular, each foramen being formed by the juxta-position of two bones; the upper half by a notch in the under part of the superior pedicle, the under half by one in the upper part of the inferior pedicle; the anterior boundary by the body and intervertebral substance; the posterior by the articulating processes. If these parts lose the positions natural to each other, the nervous branches are affected in their passage; if the sensitive root be irritated before it forms the ganglion and receives the motor root, great pain will be experienced in the parts supplied by the terminal branches of that nerve; if pressure follow on the sensitive root, numbness will be produced in those parts; if this be still further augmented, entire loss of sensation in them will take place; if the motor root alone suffer, irritation of it will cause twitches or involuntary action in the parts supplied by its terminal branches; if pressure ensue, diminution of motor power; and its entire loss if the cause be increased. When irritation or pressure takes place, after the

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motor has joined the sensitive root, both functions will be equally affected; from this cause it is probable that spasmodic contraction originates.

This theory of Dr. Harrison will account for many symptoms of paralysis of motion or sensation confined to a particular member or part of that member, which would be inexplicable on the supposition that irritation of or pressure on the chord existed; for, under these circumstances, the whole of the parts situated below that point would suffer equally.

In the altered condition of the spinal column there are many circumstances which will produce irritation and pressure on the nervous roots. Laxity of the ligaments will permit the vertebræ to alter their positions, and hence cause the circumference of the foramen to become irregular and diminished; compression of the intervertebral cushions will cause an approximation of the superior and inferior boundaries of the foramen; swelling from disease of the intervertebral cushions will cause a diminution of the anterior boundary; loss of substance in the bodies will cause an abrupt edge to be presented to the nerves in consequence of outward distortion, and the proximity of the inflammation will influence the nervous roots; in lateral curvature from absorption and rachitis, the superior-inferior diameter of the aperture will be diminished on the concave side. When we consider, in relation with these things, the importance of the spinal chord; that it is among the earliest productions in the fœtus, being more essential to its functions than the brain, which is developed from it, acephalous monsters having been born alive, capable of motion and apparently of sensation, indicating thereby that the spinal chord is very necessary to, if not the only source of, these faculties; and when it is remembered that the nervous branches possess a reflex action on the chord, by which and its connexion with the sympathetic the irritation may be communicated to various parts of the body not idiopathically affected, I think you will agree with me that the detection of spinal disease is not a subject of minor importance. The following remarks are offered merely as hints to aid in the investigation of the more obscure cases. The first requisite is a knowledge of the correct form of the spine. This varies; at birth it is straight; from that period to the

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age of three years the natural curves are formed, and the spinous processes developed. In making the examination, the back should be fairly exposed to view, the patient standing, supporting the pelvis equally; the arms depending. The profile should then be observed. If there exists weakness of the lower limbs, the lumbar curve should be an object of great attention, as upon its non-existence paralysis of those members frequently depends, and the examination should extend as high as where the lumbar merges into the dorsal curve, this point being one where a slight distortion influences powerfully the lower extremities—(case A, fig. 1)—most probably from irritation or pressure of the roots of the nerves going to form the lumbar plexus. If derangement of the urinary organs be a symptom, the second lumbar vertebra should be scrutinized; or, should any of the symptoms alluded to at the commencement of this essay exist, the parts named influencing them should have a close inspection. Being satisfied by the profile of the state of the large curves, the next step should be to ascertain the condition of the spine when viewed posteriorly, due time ought to be given, as sometimes the column does not yield immediately. Keeping the patient's attention engaged, you will find, if the spine be weak, that it will gradually fall into the curved line; at the same time it is probable that the position which may have been the exciting cause will be adopted, and you will thus gain the knowledge of a most important particular in relation to the preventive treatment. Examine next the state of the ribs. If one side project posteriorly more than the other, and the ribs are not deformed, the spine is curved, although the spinous processes may appear in a right line, which is attributable to the bodies being rotated and turned into the convexity of the curve, and the spinous process into the concavity, and thus it is made to appear straight; if, however, it be curved, it is more so from this cause than it appears. The spinous processes should then be examined in respect to their height, their distance from each other, and their state, whether tender or not to percussion. If the bones are found raised, forming a slight elevation, the question will naturally occur—to what is this due? It may be caused by lengthening of the ligaments, and probably is,

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if the spaces between the spinous processes be unusually enlarged; if the patient be free from struma, have grown quickly, or if illness or a strain have preceded the deformity, or it may arise from absorption of bone or compression of the intervertebral substance; if this be the case, it will include a number of vertebræ in its effects, and the arc will be large and gradual; or it may proceed from disease in the bone and cartilage; if one spine project much more than the others, if its transverse processes be prominent, the protuberance sudden and short, it probably is produced by destructive ulceration. This point will be rendered nearly certain, if psoas or lumbar abscess exist, which generally, but not always, arises from this cause; if no abscess appear, the history of the case must decide the question. The following instance (Case B) is introduced as illustrative of the symptoms commonly presented, and also as exhibiting the connexion between spinal deformity and psoric diathesis: The patient says—"I was always a delicate child; when seven years old I was affected with inflammation in the eyes to such a degree that, although in a dark room, I found light so insupportable that I was compelled to eat without knife or spoon, as even the reflection from them was distressing. After suffering at intervals for two years, a sore spot appeared on the crown of the head, and the eyes became well; after this an eruption came on the body, to which an ointment was applied, and it disappeared; the following year the eruption came again, and a fluid was applied to it, which relieved, but did not remove it entirely; before the rash appeared, I had a violent pain in the right side, with palpitation of the heart; the pain was at times so acute that I was obliged to seize any object to prevent my falling; blisters and leeches were applied, which relieved the pain for some time; I lounged and stooped very much, and felt very indolent; looked very healthy, but still had a slight eruption; soon after I was seized with violent pain in the back, which extended to the limbs; I scarcely had any cessation from pain, night or day,—leeches were applied, which afforded but little relief; I walked with my hands on my knees, and found a numbness in the limbs whenever I attempted walking; I could neither stand nor sit upright on account of the intense pain in the back; at this time my spine was discovered to be deformed."

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Here strumous ophthalmia was one of the first symptoms of a psoric habit, on which, as a remote cause, distortion often depends, for in almost all cases the patients whom I have had to treat have suffered from this affection. (Cases B, C, D, G, I.) Extreme pain in the back when erect, is considered a characteristic of ulcerative disease of the cartilage, but from the rapidity with which the disease is communicated from that structure to the bone, the distinction is of little practical value, except as indicating a state in which the curative agencies should be applied with the greatest care.

The gait of a person with anchylosed spine is strongly characteristic of this state; the knees in walking are unnaturally flexed; the reason of it, apparently, is, that the anchylosis renders the spine more liable to transmit shocks to the brain than when in its natural state; and the knees are more flexed to counteract this tendency.

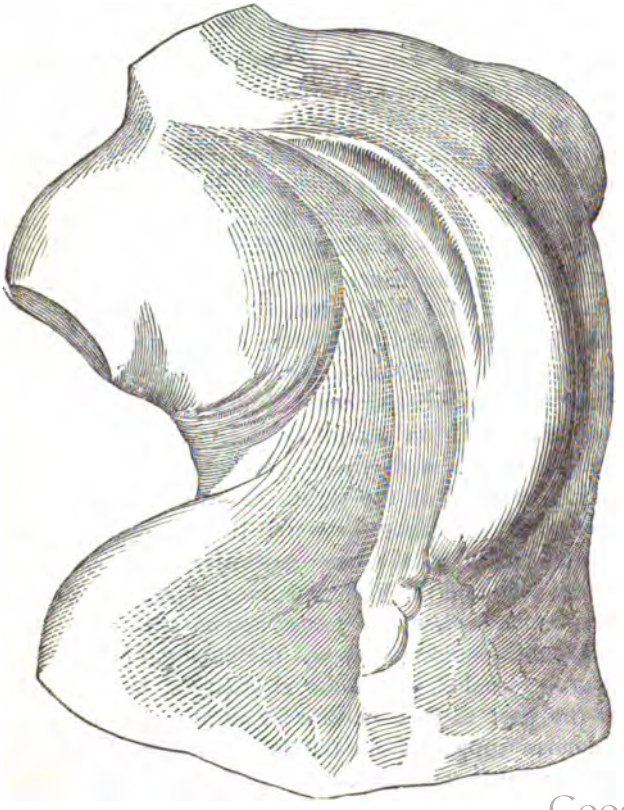
From some experiments I have made, I think that the intervertebral substances do not prevent shocks being transmitted to the brain by their *elasticity*, but by their compressibility. If you suspend a number of ivory balls, which are the most elastic bodies in nature, in a straight line, so as to touch each other, and strike the extreme right ball against its fellow, the whole of them will remain quiescent, except the extreme left one, which will fly off from the others. Here the elasticity, so far from preventing the shock being transmitted, actually transmitted it more readily, and undiminished in power. If we take a series of vertebræ and join them together with interposed warm India rubber cushions, and suspend them with an ivory ball at each end, the force will be transmitted through the whole, and the left ball will fly off on the impulse of the right. The means by which the intervertebral substance prevents the transmission of the forces may be this:—the compressibility of the cartilages on the concave side of the natural curves causes an enlargement of those curves when the forces act on the spine; and, in producing this compression, and the enlarged curvatures, the forces are expended, when the elasticity of the cushions restores the part to their natural forms and situations. This view derives support from the fact that the infant spine is straight at birth, and the curves are produced in it by the

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cartilages becoming unequal in thickness as the natural forces are brought to bear upon the column, and also that the adult column is shorter at night than in the morning. From the anterior ligament being non-elastic, the enlarged curves on which this shortening depends cannot take place naturally, but by the compression of the cartilage. The unequal action on them occurs in consequence of the forces acting on the chord line of the curves.

The prognosis of curvature and distortion must be guided by the state of the disease, and the efficiency of the means employed. Speaking generally, simple curvatures are all curable by the means hereafter adverted to, as are most, if not all, distortions of recent origin. With regard to pro-

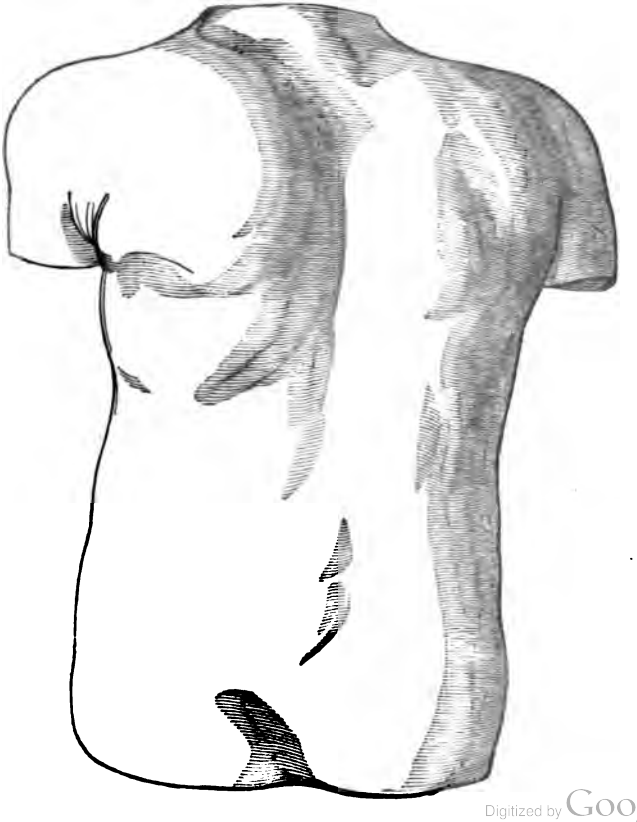
Case C.—Figure 3.



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tracted cases, the prognosis must be doubtful; a great number can be cured, and almost all may be benefited; but circumstances of age, the length of time the disease has existed, whether the curves have become ossified,—and this has been known to occur even in lateral distortion, rendering them permanent as far as that deposition has extended,—must be taken into calculation. Before you are casts illustrative of the various cases named, and of the efficacy of the means employed. In cases A and C, the treatment commenced several years after growth had ceased, (in the latter sixteen years after the origin of the disease,) yet much benefit was derived, especially to the health, although the spine itself was not made straight.—(Compare figures 3 and 4.)

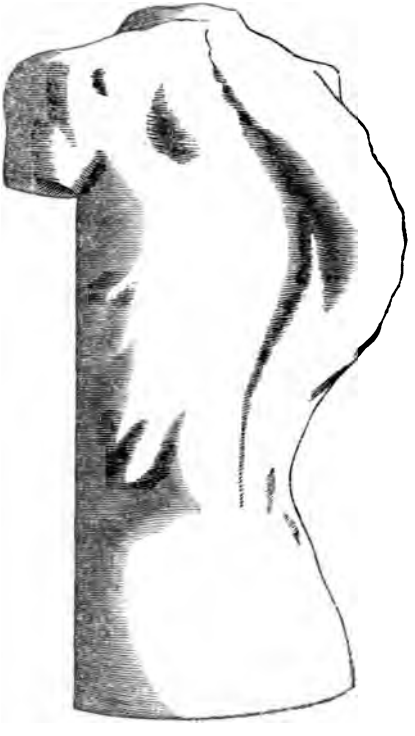
Case C.—Figure 4.



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Case D had commenced ten years before treatment, at the time the child was four years old: although incurable, at the expiration of six months there was a decided improvement, as exhibited by figure 6, as contrasted with figure 5.

CASE D.—Figure 5.
Taken Lying.



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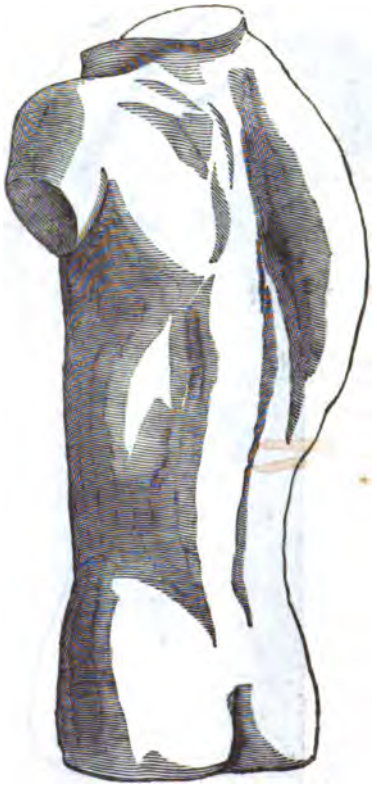
CASE D.—Figure 6.



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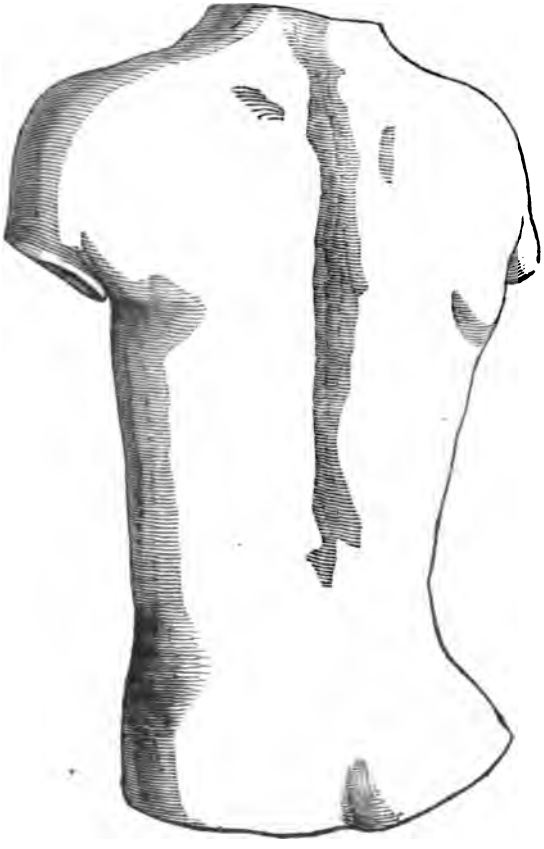
Case E (figures 7 and 8) was long under treatment, being complicated with epilepsy.

Case E.—Figure 7.



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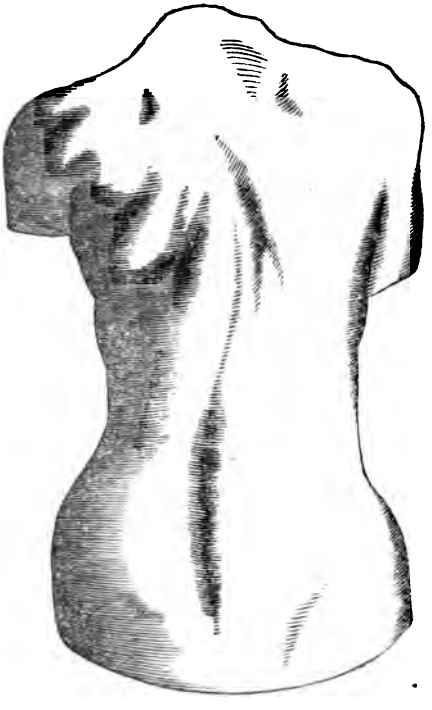
CASE E.—Figure 8.



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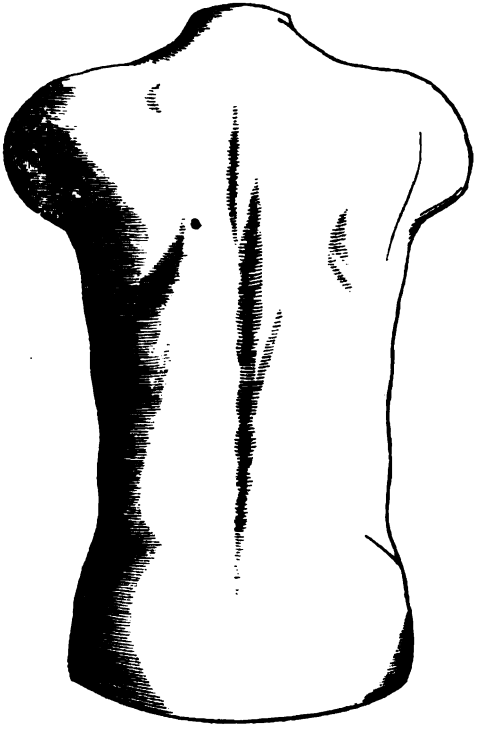
Case F, of protracted duration,—four months' treatment reduced the curve. (Figures 9 and 10.)

Case F.—Figure 9.



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Figure 10.



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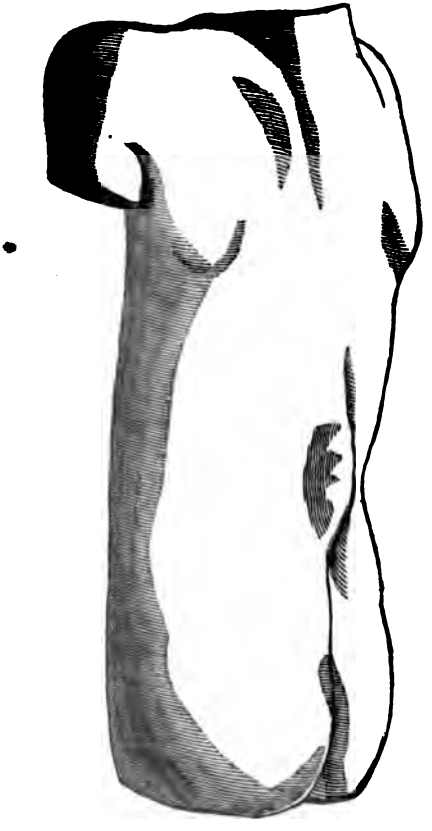
Of the posterior variety, case G (figures 11 and 12) was deformed at four years of age; five years after, came under my care. The improvement effected took place in ten weeks, although combined with disease and anchylosis of the bones, which prevented a perfect cure.

Case G.—Figure 11.



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CASE G.—Figure 12.



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Case H (figure 13) was one of two years' existence: the spine was restored in ten months, (figure 14.)

Case H.

Figure 13.



Figure 14.



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Case I (figure 15) was observed soon after birth, and came under treatment when three years old. From the age of the patient, and the difficulties of the case,—seven medical gentlemen declaring that not any thing could be done for the child,—the cure was protracted, but successful.

CASE I.

Figure 15.



Figure 16.



The projection in figure 16 is that of the scapula which hides the spine.

In all these cases, the recumbent position was maintained some time after the spine was restored.

The treatment of Curvature and Distortion should be guided by the following principles:—the removal of the remote and exciting causes of the disease, the subjecting of the patient to the most favourable circumstances for nature,

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unaided, to effect the cure, and assisting the natural powers in accomplishing this end.

If the conclusion we have arrived at be true, that exertion disproportioned to the strength of the spinal constituents is the exciting cause of spinal *curvature*, the cure must be evidently assisted by its suspension; and as recumbency effects this end, and allows the parts flexed to regain their normal positions, its adoption should be persevered in for some time, daily regulating the period according to the state of the column. To prevent debilitating effects from recumbency, friction, as before advised, should be employed, with lotions composed of the same medicinal agents as those internally administered. The remote cause should be combated by anti-psoric medicines, for which purpose *Calcarea carbonica* is one of the best. The first case I treated in the manner described was one in which this medicine was indicated by other symptoms: its exhibition produced such a favourable change in the curvature, that, in the cases I have since treated, I have always employed it, in some exclusively, with uniform success. All these cures were aided by recumbency; without it, they would have been very protracted if cured at all; for although the changes in the structures of the spinal pillar arise from dynamic causes, the flexion itself is owing to mechanical ones. The position adopted should be horizontal and supine, the lumbar and cervical curves being equally supported: by this arrangement all muscular action will be suspended, and the spine placed under the most favourable circumstances for the curative efforts of nature, and the discontinuance of any habit exciting the disease, great care being taken the same is not resumed when the patient is erect.

From the wonderful efficacy of Homœopathic remedies, I, for a long time, hoped that spinal *distortions* might be cured by the system successful in curvature, but my expectations, after some experience, have not been realized. When the spinal column has attained a state in which it is not under the control of its own powers, even when the exciting causes of the deformity are removed, Homœopathic medicines will not cure, even when combined with recumbency; therefore

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I made the artificial distinction between curvature and distortion. The cause of distortion being mechanical as well as vital, it is only when the latter exists, uninfluenced by the former, as when the curve is reduced by recumbency, that Homœopathic medicines can be curative. What, then, are the most advisable means to reduce distortions? The intractability of the disease, under the means commonly pursued, is well known, the reason of which is, that they are founded upon a wrong basis, the theory being erroneous, as I hope I have proved.

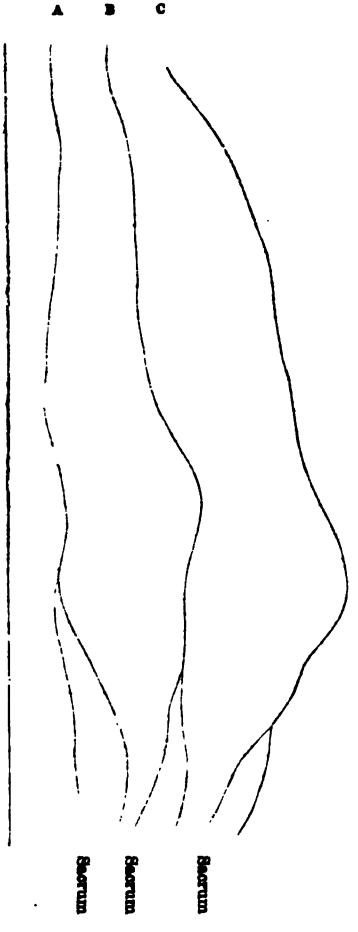
Circumstances brought me some years since to a knowledge of the spinal treatment of the late Dr. Edward Harrison, a man to whom posterity will not fail to do justice, when it awakes to a sense of his merits. To his treatment I owe the lives of some of my dearest friends. This fact might be supposed to influence my mind in its favour; but in coming to a conclusion upon its merits, I have availed myself of the statistics furnished by those practising other modes, and uniformly found them less successful the further they deviated from the principles and practice which he followed. To this I have added practical experience; and to guide my judgment, have had casts of the cases carefully executed before the treatment; and finding a perceptible diminution of the deformity by recumbency, I have had, when convenient, one taken erect and another lying down; the outlines in cases G and H, (figures 17 and 18,) show this difference. The lines C are taken from the erect cast; B from those lying; and A from those after treatment. Figures 1, 5, and 15 being taken in the horizontal posture, do not represent the cases so bad as they really were; the improvement resulting must obviously be due to the treatment, and not to mere recumbency.

One great advantage connected with this treatment is its adaptation to all ages, to every species of deformity, and every departure from health arising from it. In paralytic cases, it is pre-eminently useful; here the treatment which required increased muscular energies would be impracticable; but under this I have witnessed the nerveless limbs acquire the vigor of youth; and such is the comfort imparted to the wearied frame,

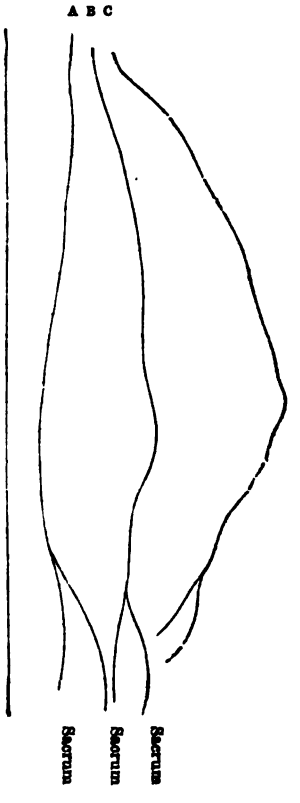
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from the simple recumbency, that children even of three years of age do not wish to rise.

Case G.—Figure 17.



Case H.—Figure 18.



The principles of this treatment consist of constant recumbency in the horizontal-supine position; of pressure gradually and steadily applied to the protuberant parts, so arranged as to assist in replacing them; of friction upon, and extension of the spine, which fulfil the mechanical indications

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of those principles upon which spinal treatment ought to be conducted, the remote cause being acted upon by medicinal agents. The mechanical means we will now consider:—A couch is provided, twenty-six inches wide, the same in height, and a foot longer than the patient, with head and footposts above the mattress; into the former a board is fitted, and into the latter a winch, formed of a bar of iron, with a rack wheel at one end, into which a catch turning on a centre in the footpost, falls, and prevents its return when extension is made by it; the floor of the couch is made throughout of wood, and twenty-six inches from the foot an iron bar is placed across it, on which the floor turns, so that it may become an inclined plane; on the under surface of the upper part a frame is placed on hinges, which, falling into teeth formed on the side rail keeps the floor elevated to any inclination desired; a footboard is provided, fitting, by means of two pins, into the end of the inclined plane. On the floor of the couch is placed a horse-hair mattress, made perfectly firm and smooth, divided into three compartments. The extension is performed by the winch, from which two straps pass, which are attached to others coming from a belt fastened round the patient's pelvis, the head or arms being fixed; when the former is the case, a well-stuffed band is placed round the occiput, another round the chin, these are laced together and secured to the headboard, when the latter two stuffed bands are passed under the axilla and fastened like the former. Extension is not employed upon young children, nor upon cases in which the parts can be replaced without it; hence it is inadmissible in cases of distortion from ligamentous lengthening, as it would only increase the malady. The patient wears a common dress, all the garments made to open behind, the stays to open in front also. In a case of *posterior distortion* a pad is made the length of the spine, and nearly the breadth of the back, so arranged as to cause at first very little pressure upon the prominent parts; this is placed upon the back, the stays laced over it, and the patient laid supine. Every morning the stays are opened in front, and the chest well rubbed, Florence oil being used to prevent abrasion of

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the skin and to relax the parts; the oil is then washed off, the stays laced, the garments drawn on at the feet first, and the patient turned prone in a sheet held tight at the side; the stays are then unlaced behind, the pad removed, and the back treated as the chest, during which time the spine is elongated; after this process the pad and stays are replaced, the garments fastened, and the patient again turned supine, which position is constantly maintained. In the evening the dress is unfastened and drawn off at the feet, every thing being removed in this way except the stays and shields; ordinary night habiliments are worn, bed-clothes are drawn under, and placed over the patient, who thus passes the night on the couch. As the patient can bear it, the pressure is increased by placing a splint behind the pad, which is then termed a shield, and raising the centre of it so that the ribs shall not be pressed upon, and by lessening the support of the parts above and below the protrusion, the pressure is also aided by the manipulation of the medical attendant. For this purpose various instruments have been used, but I prefer that formed by the Divine Artificer, the hand, which possesses a sensibility so acute as to inform the mind of what is passing under it. Every procedure in the treatment should be gentle; if pain is felt by the patient, something in the arrangement is certainly wrong. The object of the manipulation and pressure being to reinstate the parts, this end must be attained by causing them to retrace their steps; hence the parts last protruded should be the first replaced; all the means adverted to are aids; the recumbency suspends all muscular action; the extension destroys the form of the arch by weakening the ends on which its strength depends; manipulation and friction assist these means. In *semi-lunar distortion*, a back splint is applied to keep the parts in their natural positions; the lateral curve is reduced by means of a side shield, which consists of a piece of wood half an inch thick, three inches wide, as long as necessary, with pads at each end to keep the centre hollow, in this case extending beyond the extreme ends of the arch, and applied on the concave side, over the centre of which and round the

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convex side of the body a broad band passes, which, aided by extension and pressure, will generally succeed. A modification of this plan must be adopted in *double lateral distortion.* In *lateral distortion, with a projecting shoulder* from rotation, the posterior and lateral treatment must be combined. In this case it is of importance to ascertain if the projection preceded or followed the lateral distortion; if you cannot obtain this information from friends, you will by observing the direction in which the spine most readily yields. If the spine rotated before the curvature took place, the curvature must be first reduced, and the projection after; if the contrary, the projection must be first reduced; if both originate at the same time, pressure must be applied in the opposite direction to that in which it came out, by means of a tilting board sufficiently wide to press on the projection, having another piece rising at right angles to it at one end and formed internally so as to press equally on the side and back of the projection, which is covered by a properly adjusted shield. On this the patient lies; by means of a block placed under the opposite end the inclination can be adapted to the requirements of the case; a band fixed to the horizontal and buckled to the vertical piece will increase the pressure as needed, and aid in depressing the prominent parts of the chest. A modification of this plan is also very useful in lateral curvature, where the ends of the arch extend beyond the axilla, in which case the shield on the concave side will be inefficient; here pressure on the convex side, with the prolongation of the splint above the shoulder and to the ilium, without touching either, with a band from each end extending over the opposite extremities of the arch, will effect the desired intention. For simple lateral and semi-lunar distortions, the pressure of the medical attendant must be directed against the spinous processes, for which purpose an instrument made of either wood or metal, with a rounded edge four inches long, and a handle attached to it, will be found useful; in distortion from rotation, where the object is to untwist the spine, this pressure, for the reasons already given, must be made on the concave side.

I have thus imperfectly brought before your notice the mechanical treatment of these diseases, and from the success

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which has attended it in cases hitherto deemed incurable, I do hope that the time is not far distant when, at least, some of those of *spinal fracture* will be subjected to treatment. When distortions were considered incurable, such a procedure as allowing these unfortunate sufferers to die without any curative attempts being made, might be tolerated; but, with the facts before you, and the capabilities which this treatment contains, I trust that the period is fast approaching when the healing art shall number these cases among the objects of its care.

I have now to advert to the treatment of the remote cause, which, thanks to the discovery of Hahnemann, is much under our subjugation. The treatment is that of a psoric diathesis. From the fact that the patients under treatment have always enjoyed excellent health, I cannot give any specific rules for the application of medicines in these cases. My practice has been to give a course of anti-psoric remedies, being guided in the selection by the tissue most affected, in cases in which it was considered that want of power to develop the structures was the cause, *Calc. carb.*, *Silica*, and *Sulph.* were employed. Where the bones were considered to be affected, *Calc.*, *Silica*, *Merc.*, when I thought that the latter had not been abused, but I much fear that, in the frequency of spinal distortions, we are reaping the harvest of *Blue Pill* and *Calomel;* when abused, *Aurum*, *Asa.** Where the ligamentous and intervertebral substances were affected, *Acon.*, *Rhus.*, and *Arnica.* With these medicines I have used others where symptoms occurred making their use necessary. When the spine is restored, extension and manipulation are discontinued, and friction, as in the treatment of curvature, is adopted. A period of repose is allowed for the parts to regain their natural development and strength, and this varies according to the structure affected. When the bone is affected, as in case B, a portion of time should be given for the anchylosis to take place. A year or more had better be passed in the supine position, than that the case should retrogress. The inclined plane enables us to test the powers of the spine. Raising the plane of the couch gra-

* Drs. Quin and Gilioli have found *Phos.* highly beneficial in disease of bone; the former *Bella.* also.

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dually, the natural forces are by degrees brought to bear upon the spine, the angle is increased, and the time of being inclined also, as the patient can bear them, and when the nearly erect position can be sustained without pain or inconvenience, walking, supported by two attendants, is permitted at stated intervals; these are gradually shortened, and the period of being erect prolonged, until after a varying period the patient mixes with society as before the treatment.

I have thus briefly brought before your notice a system which I believe will be a blessing to thousands, which, when combined with that of Hahnemann, will banish from the world those objects of deformity which now exist in such numbers around us. If I should have but awakened an interest in the subject, my efforts will be amply repaid, especially should they lead to the rescue of any unfortunate sufferer from being a prey to this most fell disease. One word in conclusion. In the early stage of deformity I have found cure can be effected under very unfavourable circumstances. A patient was admitted to the West London Homœopathic Dispensary with posterior curvature. On account of the poverty of the parents I advised his lying on the floor, with a splint applied to the projection. Under this treatment, and the use of *Calc. carb.*, he was perfectly cured. I would say to each of you, "Go and do thou likewise."

CASES OF PUERPERAL CONVULSIONS,

By Dr. Wielobycki, of Edinburgh.

No class of female diseases meets with so much harsh and destructive treatment from the modern accoucheur, and none presents to a young practitioner more unsatisfactory results of the established treatment than the so-called *puerperal convulsions*, owing, perhaps, not so much to the confusion created in his mind by nosological divisions and subdivisions, into tetanic, cataleptic, hysteric, epileptic, anæmic, apoplectic, &c., &c., as rather to the misconception of causes, and to

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the contradictions, in which the obstetric works abound, as to the adequacy of these causes for the production of uniform effects. In drawing its analogy to apoplexy and epilepsy, Dr. Ramsbotham says,—"The disease is unlike apoplexy, because, in common with apoplexy, we seldom have the convulsive fits, and seldom or never is permanent paralysis produced as a consequence of puerperal convulsions." * This is followed, on the same page, by the contradictory observation,—" I look upon a case of puerperal convulsions to be, in fact, one of apoplexy, only that we have superadded to the common apoplectic phenomena violent spasmodic contractions," maintaining it probably with the object of being excused for "adopting the same treatment that would be had recourse to under ordinary apoplexy;" † the results of his treatment, however, are not known yet to the profession. Neither has Dr. Rigby, in his otherwise excellent treatise,‡ had the good fortune to advance any satisfactory reasons for antiphlogistics, since, in one of his primiparæ cases, "the fits did not appear until *after* delivery," "and the coma did not once abate until the fatal termination." Denman,§ Collins,|| Gooch,¶ and other high practical authorities, attest a tendency to peritonitis, and occurrence of a greater or less degree of abdominal inflammations after delivery, even where blood had been taken freely; and it cannot be a subject of high gratulation to the practitioners of the present day, when, out of one hundred and eighty-five cases of puerperal convulsions, taken from the records of Drs. Merriman, Ramsbotham, Collins, Ingleby, and Lee,** fifty-two ended fatally, or two in every seven cases; a proportion likely, in no small degree, to be increased by those who have been compelled to commence the practice of midwifery without having enjoyed the opportunity of witnessing difficult cases, or of seeing any

* Obstetric Medicine and Surgery, 1844, p. 449.
† Op. Cit., p. 458.
‡ System of Midwifery, 1844, p. 240.
§ Introduction to Midwifery, chap. XVI, sect. 2, note.
|| Practical Treatise on Midwifery, p. 211.
¶ Compend., p. 247.
** Clinical Midwifery, 1842. Eighth report, p. 221.

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important operations performed, particularly, as most conflicting opinions prevail among the highest authorities regarding the propriety of treatment: thus, Manning,* Bland,† and Collins,‡ strongly recommend, without good reason, their *antispasmodics*, consisting chiefly of *Æther*, *Ammonia*, *Camphor*, *Musk*, and *Opium*; while Hamilton,§ Merriman,‖ Burns,¶ Dewees,** and Ramsbotham,†† consider them injurious.

There is, indeed, a great demand for well-authenticated cases of this description; and Dr. R. Lee, in his treatise,‡‡ justly remarks,—"Had a faithful history been given of all the fortunate and unfortunate cases,—had the circumstances been accurately described, which led to the employment of his means by every accoucheur, and the consequences which resulted from their use, it is impossible that such a great discordance should so long have existed respecting the method of treatment in cases of difficult labour." The profession would be in possession of a standard guide to go by in all similar complications; but contributions of this kind must be numerous. By this motive I have been induced to transmit to this journal the minutiæ of the few following cases of puerperal convulsions, treated by me in public and private practice, and observations on the effects of the means employed,—with the view of submitting them to the mature judgment of those better qualified to pronounce a sentence which may direct the treatment of the disease in the future.

Case I.—Mrs. Catherine Finlay, aged twenty-two, of nervous sanguineous temperament, small stature, with small, interesting face, blue eyes, dark hair, in her first pregnancy took refuge in the Lying-in Hospital, in May, 1842. At that time, when only seven months pregnant, she was of enormous size as if with twins, and complained

* On Female Diseases, 1771, p. 388.
† On Human and Comparative Parturition, 1794, p. 139.
‡ Practical Treatise on Midwifery, p. 227, note.
§ Practical Observations, p. 372.
‖ Synopsis, p. 135.
¶ Principles of Midwifery, p. 469, fifth edition.
** System of Midwifery, 1825, p. 510.
†† Pract. Observ., vol. II, p. 271, first edition.
‡‡ Op. Cit., p. 6.

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occasionally of shootings through the abdomen, dyspnœa, vertigo, and perspiration, when engaged in doing some little things about the house. Being of an active and lively disposition, often her exertions and exposures to all possible weather, with bare feet, were, perhaps, immoderate. One midday, towards the end of May, after a heavy shower, she returned from a message, she was seen faintish and yawning frequently, then she asked for cold water, but fell down on the floor insensible. The day previous she had an attack of diarrhœa. Sent for by the matron of the house, I found her in the middle of the souterrains kept sitting on a chair; she was as if in a profound sleep, insensible to any impression from without, and powerless; her lips blue, with some frothy saliva at the mouth; skin cold, breathing and the pulse at the wrist almost suppressed, pupils of the eyes dilated, but contracting on the approach of candlelight; in a sudden, however, she started, like in opisthotonos, with groaning and fury, fixed martial look, frowning and grinding of teeth; soon a few jerkings of the lower extremities followed, and she fell again into stupor and coma, with glassy half-open eyes, hanging her head towards the sternum. There being great reliance on bleeding, "the lancet being the sheet-anchor" of the established obstetric therapeutics, blood was consequently taken from both arms to nearly fifty ounces without relief; neither dashing cold water on her head and neck appeared of any immediate use; blood could not be drawn to such an extent as advised, and repeated applications of cold wet towel over the whole head seemed to have been the only means to rouse her from stupor, and gradually to restore her consciousness; her breathing, at first slow and faint, grew gradually natural and more regular; she lifted up her left arm to her forehead, seemed to know her companions and nurses by hearing, but could not speak; was then put to bed, and began to complain of severe frontal headach and thirst. According to the therapeutic principle adopted in the hospital, leeches to the temples, head shaved, cold lotions to it, calomel, enemata, blisters, and cathartics were administered; the patient's life has nearly the whole week been despaired of; for a month she could not be out of bed. Labour at last commenced, in the morning on the 6th of July, with spontaneous rupture of the membranes, and cranium presented; the pains regular at first, and pretty strong, till two P.M., but began to subside towards the evening; she was watched by me closely for the purpose of resorting again to the same means as before, should there be approaching any symptoms of convulsions; but she was

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too weak to apprehend their return, her pulse did not regain its natural strength and fullness. At about eleven P.M. the labour became characteristic of the commencement of the second stage; she felt faintish and vomited at the time the os uteri was fully dilating as to allow the fœtal head passing through it; the bearing-down pains continued regular, but not efficient to empty the uterus of its contents; at about three next morning she began to vomit green matter, and complained of tenderness over the lower part of abdomen, the bladder emptied with the catheter, her skin was bedewed with cold moisture, and there was total prostration of strength; at about four A.M. she was delivered with short forceps by Dr. Ziegler, then the ordinary surgeon of the hospital; the still-born female infant, rather above the average size, (it weighed nearly eight pounds,) was, with difficulty, resuscitated, but died the same day at about four in the afternoon, exhausted by bleeding from the nose and mouth, proceeding from the ruptured parenchyma of the lungs, a result, probably, of artificial inflation persevered in, however gently, for nearly an hour after it was extracted The mother's recovery has been very good. She was naturally slim, and of a delicate make; had two living boys since, born naturally.

This was the first case of puerperal convulsions I had to treat; fortunately it occurred in a place where the propriety of the means employed could not be questioned, and where success or failure are without control; but, had the patient been situated more comfortably, and remained in bed for a day or two at the time she had an attack of diarrhœa—had she then not gone out on a message barefooted in the midst of the shower, but been treated specifically, all the blood, and alarm, and anxiety about her, would have been spared, and her strength unexhausted. Evidently the convulsions were the result of rapid distension of the abdominal parietes with the uterine contents, probably from abundance of liquor amnii, and though relief followed by the diarrhœa of two days' continuance, attended usually with meteorismus, still a hyperaesthesis of the ganglionic system of the uterus was induced by exposure to damp and fatigue, which could have been combatted promptly by specifics, but they unfortunately could not have been then enjoyed by the poor of public hospitals.

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Case II.—Mary Eagleson, married, aged twenty-four, Currie's-close, Grassmarket, stout and very healthy looking, dark hair and eyes; in her first pregnancy sent for me at four o'clock P. M. on the 27th May, 1843, being in labour since morning the same day; the os uteri being open only to half an inch, I called again at nine P. M., but its diameter has been scarcely double the former; in two hours afterwards the os was nearly fully dilated, and every thing right; the cranium of the fœtus turned itself in about an hour from the fourth to the first position, and was quite deep in the pelvic cavity, where it could roll about pretty freely. At about one o'clock A.M., the 28th of May, I was asked by a medical student to see his patient with retained placenta, which was adhering. The night was unpleasant, the streets very damp from heavy rain of some days' duration. I left my patient to the care of the friend of the latter gentleman, in hopes of all terminating in a short time and favourably, but was soon informed that she had convulsions twice during my absence, and the whole house was in confusion. It was about half-past two A.M. when I entered her room again; she was lying on her back, unconscious of what happened not long ago; she attempted to rise, but the labour-pain made her lie down and provoked a most frightful fit. I sent for my forceps, and to my friend Dr. James Clark, now of London, requesting him to come along. The breathing of the patient became at once stertorous, her face puffed up and purpled, and the teeth clenched strongly; the face then was most hideously distorted, its left side and the left eye being open and immoveable, but all the muscles of its right side were in constant and strong motion, the right corner of the mouth drawn to the right ear, and the right eye shutting and opening constantly for more than a minute or two with excessive rapidity, which, accompanied with a long hissing inspiration, was in a minute followed by another twitching of the eyelids and all the muscles of the right side of the face: for two or three minutes her head and face was cold, with foam at the mouth, ice-cold hands and feet, imperceptible pulse at the wrist, and suppressed respiration interrupted by another deep and laborious inspiration through the nose, her lips contracted, and the jaws being strongly on edge. The labour pain was off, and she became tranquil again, opened her eyes, turned herself to the left, and had two or three weak bearing-down pains, without fits; the fœtal head was close upon the perinœum, and the os externum well dilated and quite dilateable; there was apparently no malformation of the outlet of the pelvis, but large caput

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succedaneum over the anterior fontanell was formed on the presenting portion of the fœtal scalp. She knew me there again, asked where I had been, complained of frontal headach, took some cold water; cold wet towel was applied to the forehead. In the meantime Dr. Clark entered the room; she complained of severe pain over the left side of abdomen, probably from an irregular action of the uterus, and an approach of the labour-pain, which, if strong, would have brought the head to the world, but was followed by another fit. Venesection of the right arm was unsuccessful, the left bled very freely; at least forty ounces were drawn without any relief; and, in addition to the last symptoms, her whole body was thrown into a ceaseless jerking, flinging with the arms, and starting of the inferior extremities, her features being more frightfully distorted, and the over-action of the facial muscles, hitherto confined to the right side, has now become most violent in both sides of the face; their alternate contraction, accompanied by bending of the body forward and twisting of the upper extremities rigidly into an arch inwards and backwards, became more alarming, as she remained in that rigid condition for an unusually long time; at least fifteen minutes she had been in constant convulsions, which terminated with a most pitiful groaning, but no consciousness. She was then bled again to thirty ounces, without the slightest relief; the labour-pain provoked another and a most alarming paroxysm; the whole body felt ice-cold and powerless; the *risus sardonicus*, added to the most hideously distorted features, and total loss of consciousness, continued incessantly, till she was placed on her left side for artificial delivery, and the short forceps were applied, at half-past three A.M., with success. After the infant's arms and shoulders were disengaged, the mother began to breathe freely, and asked what we were doing; her pulse, faint and wiry, became at once firmer and regular, and the heat of the body restored by additional blankets. The extracted *male* infant was soon resuscitated; it weighed nine pounds. The mother fell into a kind of coma for two hours; stimulants, as brandy, ammonia, and five drops of muriate of morphia given twice, were of benefit; and under the use of alteratives, diaphoretics, tonics, and laxatives, administered by the principle of the established school, her recovery, though very slow, has been progressive and she could nurse her child.

The first bleeding, in this case, was sufficiently copious to account for our expectation in giving her relief, since Dr.

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Moir and Dr. Simpson were accustomed to state in their lectures, that blood may be drawn to a much greater extent, and that copious bleeding would always control the disease,—the latter even saying, "that the medical man is not worthy of his title if he does not bleed copiously his patient in puerperal convulsions;" but here, as in the preceding case, aggravation followed instead; and to the increase of all the symptoms of the disease, alarming signs of exhaustion and sinking were superadded evidently by the second bleeding. It was natural to feel dissatisfied with the result of this treatment.

Case III.—Mrs. Mary Williams, aged twenty-seven, of a pretty stout, short-set stature, brown complexion, squinting with the left eye, (Writers'-court, High-street,) sent for me at six A.M., the 5th of May, 1843, having been in labour the whole night, and in her first pregnancy. It was a windy morning, the streets were full of dust from the dry heat of the weather, which had continued for some days. On examining I found there had been spontaneous rupture of the membranes, and a premature escape of the liquor amnii about an hour before; the pains almost constant, but only teasing; the os uteri scarcely one inch in diameter, but its dilatation became soon so rapid, that in a little more than an hour it was about to allow the cranium of the fœtus to pass through, when she began to grind her teeth, with snoring during the interval of pains. Her position was changed to the right side; she washed her hands and face with cold water, and fell asleep for about a quarter of an hour; she awoke again with labour-pains, but they again subsided in a short time; she got up, asking for some water; complained of vertigo and slight headach, and pain in the scrobiculus cordis and abdomen. When sitting upon a chair before a little table, she stretched her lower limbs out, pushed the table forward, and fell on the carpet insensible, her head having turned to the right shoulder, and the muscles of the face twitching on the right side; jaws shut firmly, with long hissing inspiration, pale, cold face, small irregular pulse, twisting of the upper and lower extremities, and the fœces and urine were voided involuntarily. She had an attack of diarrhœa a day ago. Was left on the carpet unrestrained on the left side, and cold wet towels applied to the forehead till the consciousness returned; then placed in bed, she complained of being very thirsty, and had slight bearing-down pains at about ten A.M. The headach went off, and the labour

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became again regular; but after each pain she despaired of ever being better, and got restless and noisy. She took a cup of weak coffee, her mind became calm and quiet, her skin moist, pulse fuller and soft, had rest during the intervals of pains, but they were ineffective; the large caput succedaneum, formed of the presenting portion of the fœtal scalp, made it appear as if the labour were about to terminate with each pain, particularly as the child's head had so speedily descended upon the floor of the pelvis; but it was arrested there in its further progress, by the narrow transverse diameter of the outlet. The fœtal pulsation became fluctuating, probably from the brain having been compressed by the overlapping of the bones of the fœtal cranium, under the compression of the converging tuberosities of the ischia; and no further progress being made, the patient also becoming exhausted by the long and fruitless labour, and the soft parts being well relaxed and prepared, I used the short forceps, and a living female infant, nearly nine pounds weight, was extracted safely, at about one P.M., with the assistance of my friend and fellow-student Dr. Edwards, now of Bath. Her recovery has been good and speedy.

The convulsions which this patient had three hours before delivery, took place at the termination of the first and the commencement of the second stage of labour; when the os uteri was fully dilating, the fœtal head after the fit was occupying the lower cavity of the pelvis, and no ring of the os could be felt around it.

CASE IV.—Margaret Dryden, unmarried, aged twenty-seven, of a short, low stature, and slender make of body, brown hair, pale countenance, marked with small-pox. In the eighth month of her first pregnancy was brought to the Edinburgh Lying-in Hospital, at about eleven P.M. on the 16th February, 1844, having been in labour the whole day. There was a premature escape of the liquor amnii for some hours before, and the os uteri scarcely open to the extent of one inch in diameter. The labour, however, went on regularly till about six o'clock next morning, when she began to shriek loud from violent cramps of the calves of the legs, with cold sweat, pale face, twitchings in the muscles of the back and the face supervened on a sudden with loss of consciousness, general trembling, and carpologia. It happened I had then in a small box with me a few remedies prepared for diseases treated according to the law of the modern therapeutics; and having been informed on her admission that she had had the day previous an attack of diarrhœa,

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with headach and cramps in the abdomen, that she had no sleep for some nights past, her eyes being dull, sclerotica reddish, mouth and tongue dry, with inability to swallow liquids; having learned also that she had been subject to fainting fits for some years, with yawning, cramps in the pit of the stomach after meals and in the hypogastrium, with fits of suffocation, apathy, and other signs accompanying dysmenorrhœa, I put into her mouth a dry powder of sugar of milk, impregnated with Tinct. Hyosciami (3;) she began to breathe freely, and could swallow afterwards some water with the Hyosciamus, which was given thrice, one dose every five minutes; the patient complained of general painful aches, got Coffea (3) every six or seven minutes, twice; then she had a short sleep between the two successive pains, which became less severe than those before the fit, and she fell into a kind of stupified sleep, with open mouth and snoring, the pains also being suppressed, respiration slow, pulse slow with slight twitchings of the muscles of the face, of the corners of the mouth, and jerkings and frightful shocks in the lower limbs, probably from fright, after seeing five or six young gentlemen students, then attending the Edinburgh College, who were summoned to be present at the delivery. I gave her Opium (2) with benefit; the pains returned after a second dose, given in five minutes. She complained of tenderness of abdomen; the urine, which was retained for some hours, was drawn by the catheter; and being exhausted by constant labour of more than twenty hours' duration, the external soft parts being also well relaxed, and there being no fœtal pulsation audible, I employed the short forceps with safety about seven A.M.; the extracted fœtus was still-born, with extensive exfoliations of the cuticle on its thighs and abdomen; the placenta putrid. The patient had a good recovery.

It was, perhaps, too daring on my part to treat people by specifics in a public hospital, and employ them particularly in puerperal convulsions, for which the gentlemen present were taught in the college to resort at once to, and to depend upon, bloodletting alone; but the house having been left to my own charge, nobody interfering with me during the winter session of 1843-44, and all the inmates having been the whole of that time under my care and treatment by *specifics* with astonishing results, both as regards their recovery and expenditure, I was fully justified, and may be altogether excused, for having adopted them in this case also.

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CASE V.—At three P.M., 25th July, 1844, I was requested by Dr. Allan, now of Halifax, to see a young married woman in Lochend's-close, Canongate, with puerperal convulsions of about half an hour's duration. I found the orifice of the uterus open to one inch in diameter, the margin thin, the membranes entire, and the point of the index finger could not reach the presenting part of the fœtus, owing to abundance of the liquor amnii. The patient was of a lively, sanguineous, and nervous temperament; she was also muscular and vigorous, twenty-two years old, with dark bushy hair, florid countenance, full azure eyes, the sclerotica of which as well as the face was red, the lips dark and dry, pulse soft, slow; not conscious of any thing that has passed for some time past, and excessively drowsy; at the same time, when spoken to, she complained of rending pains in the head with noise in the ears, also of dryness and burning in the throat and of shootings in the mammæ, which made her cough; her tongue was dry, covered with brown fur, and there was tenderness and puffiness of the epigastrium; her skin was dry and hot, her feet cold, all the secretions were scanty, the swallowing difficult, the breathing oppressed and hurried, with other symptoms of intestinal derangement. When she was awoke by the second labour pain—cold wet cloths having been laid on the head and the windows opened—her look was wild, her face bloated, she ground her teeth, and clenched her fists; then there ensued drawing back of the upper part of the body and of the head, with contraction and circular swinging movement of the right arm; then stretching out of the lower limbs and rapid turning on her back, with shrieking out and drawing herself together; the whole body then got cold, with pale countenance, bluish lips, and protruded tongue; the respiration was quick, laborious, and followed by twitchings of the muscles of the face, with the most frightfully distorted features, the mouth covered with reddish saliva, the breathing at last became totally suppressed, with small scarcely perceptible pulse at the wrist, and total suspension of the powers of mobility and sensibility; she exhibited all the symptoms of a person suffering from strangulation or from some internal poison. The cold applications to the head being renewed, she appeared as if dozing, with mild countenance, contracted pupils, and very faint slow respiration. Having learned that she generally resorted to distilled liquors for spasms in the chest, arising either from some gastric irritation or reflex action of the spinal chord; that she often complained of nausea and gripings, distension of the abdomen and constipation,

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with thirst and excessive perspiration during the paroxysms, and that she had taken some whiskey at noon, having been since morning in labour; I gave her *Tinct. Nucis vomicæ* (4) in a spoonful of cold water every ten minutes, three times; she felt very sick after the third dose, and no fits returned; but the dilatation of the os uteri having made no progress for an hour, and the labour being disturbed by a feeling of oppression and fulness in the epigastrium, and by shootings in the right side of the abdomen, probably from an unusually great volume of the uterine contents, I ruptured the membranes; the quantity of the liquor amnii that escaped was excessive; her pulse became firmer and regular, skin moist, and the labour went on naturally; she had much thirst, and was restless. I left a few drops of *Tinct. Aconit.* (5) in half a pint of cold water, a glassful to be given every half hour. In four hours she was delivered of a small living male infant, and had a good recovery.

The two attacks of convulsions this patient had during labour, before the membranes were ruptured, were simply an exhibition of all her former antenuptial sufferings, but only upon a more extensive scale; they presented a vivid image of aggravation consequent on a continued use of spirituous drinks or narcotics for abdominal spasms, to which plethoric people with high-coloured complexion, sanguine temperament and venous constitutions, with tendency to sanguineous congestions in the abdomen, chest, and head, from a peculiar organization of their system, are mostly subject. Neither the patient's labour would have been interrupted, nor would it have been productive of such a frightful, hideous sight, whatever term might be applied to it—epileptic, tetanic, or paralytic—had she been guided from infancy by judicious parents, treated medically by specifics, and not allowed to take spirits in the most critical period of life of the parturient female.

Case VI.—Mrs. Mercer, aged twenty-five, Buccleugh-street, in her first pregnancy, has been under my treatment for two years; married a year ago. At eleven P.M., the 3d of October, 1844, sent for me to attend her in labour. As she was nervous, and extremely excitable, I was glad the labour took place at night, and nothing could apparently disturb its natural progress, as she otherwise was of a muscular and healthy constitution, tall stature, reddish

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complexion, brown hair and eyes, and of a quiet disposition. The pains went on regularly till six o'clock next morning, when the second stage of labour commenced, and she seemed perfectly well, bearing the pains with great fortitude, and in good spirits; but about half-past seven she complained of intense headach when roused by being spoken to, being extremely drowsy, yawning, and losing apparently her speech, or rather attempting to utter something about being in the clouds or skies, staring at the ceiling of the room, probably from some peculiar change being observed to take place in the appearance of the surrounding objects; her eyes then became cloudy, the hearing gone, and convulsive twitchings of the eyelids and fingers took place, with gnashing of teeth and inclination to sleep during the whole period of the attack. *Tinctura Chamomillæ*, (1) two drops in a teaspoonful of water were put in her mouth; she swallowed it, became tranquil for a minute, and asked for cold water; one drop of *Aconite* (4) was given in a wine-glassful of water, with so much benefit, that the labour-pains returned, and continued regular for half an hour. Her face got bloated again, the speech impeded by a tendency to protrude the tongue, probably from its dryness and thickness. One drop of *Belladonna* (6) in a teaspoonful of water was given twice in ten minutes. She asked again for cold water; *Aconite* was repeated as before; the bearing-down pains became very strong, and the child was born at about half-past eight A.M., a female infant; it was faintish for half an hour, but was brought round by a Chamomile-flowers bath; it weighed eight lbs. The mother did well for six days; on the seventh day took puerperal fever, from fright, in the middle of the day, in consequence of a knocking at the door whilst she was asleep; in three days was better. From rising too soon she had another smart attack of fever, which lasted for a week, and recovered perfectly under the treatment by *specifics*. There must have been here a tendency to vascular excitement after the convulsions.

Case VII.—An extremely sensitive young female, aged twenty-three, from Glasgow, was taken ill when coming in a boat by the canal. I was sent for at eight P.M. on the 26th of July, 1845, to attend her in her second labour, which had continued four or five hours. She was of a very slender make, with relaxed muscles, white spotted face, sharp features, chesnut hair, and timid disposition. The os uteri was open nearly fully, and the cranium presented; the labour pains were very slight and almost gone; she was so drowsy as not

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to be able to answer any thing distinctly; her lips were covered with blisters, some of them blackening, others yellow and confluent, forming one irregular suppurating crust below the left corner of the mouth, extending below the chin. Her husband informed me that she had diarrhœa for many months, got very weak, her mouth being blistered, and she was advised to take thirty drops of laudanum for the gripings in the bowels several times a day: her bowels are not so bad now, but she lost her strength, got yellow in the skin, and very sleepless, except for an hour or so after the medicine. She took it half an hour ago: as an antidote, a cup of black *coffee* acted admirably in restoring the consciousness and the return of labour-pains, but after a second or third pain, indicative of the full termination of the first stage of labour, she was suddenly seized with violent abdominal gripings and colic, which have persisted for five minutes, with tremor of the limbs, and jerks like electric shocks; besides these there were borborygmus, breathlessness, bending of the trunk of the body backwards, blanched and cold face, eyes half open, and surrounded with dark ring, and moaning most pitifully. Warm cloths were applied over the whole abdomen, and she was covered with additional blankets. *Cicuta*, (9) in dry state, was put between her lips every five minutes, four times, with benefit; no return of the severe abdominal spasms and of fits, to which she has been subject for months. Perspiration over the abdomen broke out first, and extended gradually over the whole body. Was thirsty; got *Aconite* (6) in a spoonful of water, and the labour terminated safely to both the mother and the female infant; it was scarcely five lbs. weight, and lived but one week. The same remedy was continued for a week three times a day, with the assistance of other constitutional means afterwards, and she got rid of the diarrhœa and the eruption, which partly covered the inside of her thighs.

Case VIII.—At eight P.M., 21st December, 1846, I was requested by Dr. Cresswell, now of Newcastle-upon-Tyne, to see a case of puerperal convulsions of some hours' continuance, with very short intervals of consciousness. She was a poor married woman from Ireland, lodged in the High School Wynd, aged twenty-eight, of a fair complexion, florid countenance, blue eyes, and middle stature. It was her fifth pregnancy and in full time. Pressed by the want of the necessaries of life, she left her shoes and clothing at a pawnbroker's, for a very trifling sum, three days ago; and barefooted, in a damp snowy day, returning home, was seized with chilliness, cramps in the

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stomach, and diarrhœa, which lasted for two days. Believing she was in labour, as the spasms and cramps in the abdomen were almost incessant, Dr. Cresswell was summoned about three hours before me; she had then several fits. Each was preceded by severe fulness at the hypogastrium, dry retching, yawning, cramp, and hardness of the epigastrium, with crying, moaning, and twisting of the whole body, turning herself from the side to the back, and preferring lying in a supine position; then she falls into a faint for a minute, with suppressed or very faint respiration; then drawing her head to the right shoulder, with twitchings of the muscles of the right side of the face for five or six minutes; then staring upwards for a minute, with extremely dilated pupils, grinding her teeth, jerking with the lower extremities, and lying again, for several minutes, on her back, with distorted features, till at last, when she appears to be gone, she takes one or two broken gasps, falls again into a kind of dozing by turning herself to the right side and placing her left hand on her forehead; her face, during the fit, changes its colour; the skin becomes ice cold, and the pulse varying from 60 to 84 in a minute. Several times cold wet cloths were applied to the forehead, with the effect of shortening the duration of the fit. But her bowels having been relaxed, and her body suffering from cold, poverty, and starvation, hot dry cloths were applied to the abdomen, and warm milk gruel given freely, till a slight perspiration took place over the abdomen. As the os uteri was not at all dilated, and the cervix was so long and narrow as not to permit any exploration of the presenting part to be made without much force and suffering to the patient, I left *Tinct. Chamomillæ* (2) in a tumbler of water, to be given frequently, and *Tinct. Hyosciami* (3) every two hours. She passed a tolerably good night, perspired freely; bowels moved next morning, after which she had one fit, another at noon, but slighter, and with return of consciousness. Slept very well next night. Next morning—viz., on the 23d December, she fainted again, and had one fit at about eleven o'clock, but very slight. When asked, what did she feel? she could not describe any more, except that every thing before her eyes turns blue, then she is like to sink low down with the bed, her tongue feels hard and stiff, and what takes place next she cannot say. On examining the cervix, it was altogether flat and expanded, the os uteri with its thick lips dilated to half an inch, and the membranes being expanded, they were ruptured at about one P.M.: a large quantity of liquor amnii evacuated. She

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got up; did not go to bed; the fits did not return afterwards; and Dr. Cresswell was present at her delivery, which took place next morning, at nine o'clock. The male infant was small; it lived only ten days; and died of convulsions from cold. The mother had good and rapid recovery. In three weeks she went to Ireland.

Many more cases of the same nature have fallen under my notice, and were treated by specifics, particularly one on the 11th of January, 1847, with distorted pelvis and spinal curvature, the predominant symptoms being chiefly those indicating *Belladonna, Chamomilla, Coffea, Opium, Ignatia,* and *Nux Vomica;* the limbs of the infant of the last case were strongly contracted without animation for an hour, probably from having been convulsed long before it was born; it was the first time I have seen such an appearance of the fœtus; but, from want of time and room in this number, I shall refer to it, and adduce some more circumstances relative to the treatment of these kinds of complication in labour, in the next part of my paper.

(*To be continued.*)

ON THE MEDICINAL VIRTUES OF CALCAREA CARBONICA.

Read before the "Societé Hahnemannienne."

By Dr. Croserio.

The physician's mission is to cure diseases, and since the genius and labours of Hahnemann have procured us the means of fulfilling it, we should strive, henceforth, not to merit the reproaches of any new Sydenham, that we do nothing but *confabulare* about diseases, by incessantly occupying ourselves with the study of our previous curative means: for, *non verbis, sed operibus medentur morbi.* It is with this object that I now present an essay upon *Calcarea*

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Carbonica, requesting indulgence for its faults and imperfections.

The various objects in nature may be studied under different aspects, according to the point of view in which the observer is placed. Their external form is the province of the naturalist; their constituent principles, that of the chemist. The physician should study chiefly that internal power by which they exercise an action on the vital force of living beings, so well shown in Hahnemann's experiments. This study should be the object of the Homœopathic physician's meditations, day and night. It is from a firm conviction of the necessity of this study that I was induced to submit to the society the subject of the present memoir.

The *Calcarea Carbonica* of Hahnemann is a substance almost completely excluded, by modern physicians, from the Materia Medica. The school entitled Physiological, (Broussais,) uncertain whether to place it in the class of stimulants or of debilitants, has preferred to determine its utility from its physical and chemical qualities only, thus limiting its employment to external applications as an astringent and antiseptic. The ancients, however, had perceived its efficacy in a large number of diseases: in acidity of the stomach, in chronic diarrhœa, in intermittent fever, with congestion of the liver and spleen, in leucophlegmasia, in scorbutus, urinary calculus, gravel, skin diseases, itch, phthisis pulmonalis, internal ulcerations of the kidneys and bladder, in scrofula, in excessive secretion of milk, in leucorrhœa, in ulcerations of the neck of the uterus, and of the extremities, in congestion of the joints. Among the proofs of the dynamic effects of Calcarea upon the living body, we may include the serious affections often produced by inhabiting newly-built houses, (which cannot all be attributed to the moisture;) these effects, as related by Desbois de Rochefort, agree very well with those observed in the pure observations of Hahnemann: sneezing, frequent cough, slight affections of the throat, with constriction of the gullet, inclination to vomit, colic, diarrhœa, dysentery, constriction of the chest, and especially paralysis.*

* We think all these effects may be produced by the influence of damp and cold, to which the inhabitants of new houses are peculiarly exposed.—Edits.

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We have seen a patient affected, from the same cause, with a number of cold abscesses in different parts of the body. The diseases to which individuals engaged in working in calcareous ground are subject, described by Ramazzini, likewise agree with the pure symptoms of Calcarea. These are, tubercular concretions observed in the lungs after death, or expectorated, violent colic of the stomach and intestines, dryness of the mouth, trembling, paralysis, obstinate constipation, contraction of the throat, diarrhœa, difficult micturition, itching, dryness of the skin, &c. These various diseases, produced by the prolonged action of lime, can no more be attributed to any physical or chemical action upon the humours, than jaundice produced by an attack of anger.

The observations of Morton, Willis, Batens, Bulé, and other medical men, on the employment of lime, either empirically or according to some supposed ideas respecting its chemical action on the animal humours, are remarkable, as all the curative effects observed by them are an exact expression of the Homœopathic law, as shown by direct experiment. Of this we may be easily convinced, for the number of symptoms furnished by Calcarea perfectly represent all the different kinds of ailments in which it has proved useful. Thus, Hippocrates, recommended lime in chronic diarrhœa, on account of its astringent quality, and in the memoirs of the Academy of Medicine, Grangier relates several observations of its utility in that disease; among others, that of a soldier exhausted by dissipation, affected with hemorrhoids and worms, with stools sometimes mucous, sometimes sanguineous, sometimes purulent, and reduced to a state of complete marasmus, with an earthy skin, &c., who had resisted all methods of treatment, and was cured in three weeks by the internal employment of lime water. Having remarked that blood mixed with lime water did not putrify so rapidly, Robert, Morton, Pringle, and Macbride recommended it in putrid fevers, hectic fevers, and marasmus. We know that in the symptoms of Calcarea, some of the phases of these diseases are perfectly represented. This antiseptic action has also caused it to be recommended in atonic ulcers. Macauley relates, in the memoirs of the London Medical

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Society, the cure of an enormous ulcer of the leg, with swelling of the limb, which had resisted twenty years of treatment, by the internal use of lime. Baumbach relates the cure of a cancer of the breast, obtained by lime water used internally, in consequence of its supposed antiseptic virtues.

But the most frequent employment of lime water is that which has been derived from its chemical action in urinary calculi. Whytt, Butler, and other experimenters, observed that calculi were dissolved in lime water, and that even the urine of such as had swallowed a quantity of it reduced to a sort of a jelly a calculus immersed in it. From these facts all authors, up to very lately, who have written on urinary calculi, have recommended lime water as the best lithotriptic. The celebrated Sir Robert Walpole is said to have owed, to its continued use, relief from all the sufferings occasioned by a stone in the bladder.

De Haen, Willis, Adam, and a vast number of other authors affirm, that though they have not been able to obtain the removal of the stone by its use, they have, nevertheless, found it to produce a cessation of the symptoms caused by its presence in the bladder. This testimony of so many medical men, who have employed this remedy, proves the reality of the dynamic action of lime on the urinary organs. Butler, indeed, says, that during the first days of the employment of lime water the sufferings of the patient increase. They thus experience a true Homœopathic aggravation. He observed that the patients passed a thick, dark-coloured urine, similar to an infusion of coffee. The nephritic pains produced by gravel were also cured by the use of this remedy for a sufficient length of time. Willis relates a remarkable example of this.

This action of lime water on urinary concretions led to the idea that it might be also useful in those produced by gout and rheumatism. Macbride and Whytt observed that if it did not entirely cure the gout, it rendered the fits less frequent, and less severe,—and that it relieved the patients from affections of the digestive organs, more especially of acidity from which they suffered. Benjamin Bell recommended lime water in caries of the bones.

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The alcaline nature of calcareous earth is the cause of its being used in acidity of the *primæ viæ*. Pringle and Macbride, moreover, have recommended it in weakness of the stomach. Its pathogenetic effects correspond to all these symptoms.

Gaubius relates, that a man, after swallowing some crabs' eyes, was attacked with a swelling of the face and red spots all over the body.

Hahnemann, in subjecting Calcarea to direct experiment, has really enriched the Materia Medica with one of the most energetic powers, and furnished us with the means of determining the numerous cases of disease in which it may be employed with success, in spite of the neglect into which it had fallen among modern physicians. We shall now proceed to run over these cases, according to their pathogenetic symptoms, and give the results of clinical experience.

Symptoms 1586 to 1600* express a deep alteration in the arterial capillary system, and in the vital force, by the want of internal heat, and the excessive susceptibility to cold. Symptom 1616 confirms this particular action by the continual excessive sweats on the least movement.

Symptoms 1475 to 1477, by the production of excrescences on the surface of the skin show a special action of Calcarea on the functions of nutrition of that organ, and its power to cause the development of its tissue.

Symptom 1177 shows a similar action on the osseous system. Symptoms 1435-44 indicate excessive weakness, 1432-34 tendency to syncope and actual syncope. All these symptoms demonstrate the efficacy of this remedy in diseases of the elementary tissues of the organism which preside over the nutrition and growth of the body. To this property it is indebted for its usefulness in the ages of infancy and youth, in affections of the glandular and lymphatic systems, in excrescences and tumours produced by the development of abnormal tissues, in diseases of the bones, rachitis, and vices of conformation. Thus, in infants, when the development of

* In the original paper the numbers of the symptoms refer to the French translation of the first edition of the chronic diseases; but we have here given the numbers as they stand in the second German edition of that work.—EDITS.

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the organism during dentition goes on irregularly, too slowly, or is accompanied with sympathetic sufferings, carbonate of lime has been found useful in an immense number of these cases. When the development of the osseous system is too slow,—when the fontanelles remain open,—when the long bones bend, or their extremities become swollen,—when the child shows weakness of the limbs and loins, and can scarcely sustain the weight of its body, or walk, Calcarea, after a dose of Sulphur, is of great utility.

A young lad, aged fifteen, extremely psoric, had remained exceedingly small and thin; his limbs were very slight, and his head too large for the rest of his body. He suffered from violent headachs when making any mental exertion; in his childhood he had suffered from feebleness of the limbs; he was very timid, especially at night; he could not bear to be left alone in the dark. Two doses of *Calcarea*, at forty-five days' interval, after one dose of *Sulphur*, brought about such a favourable change in his constitution, that, in six months, his height, which had hitherto increased only from six to eight lines per annum, gained four inches; his limbs, the hands and feet in particular, had become large and strong, like those of a young man who would grow to the ordinary height.

My friend, Dr. Luther, related to me a case of a girl seven years of age affected with cyanosis, who presented all the appearance of abnormal permeability of the ductus arteriosus, from the difficulty of breathing, the irregularity of the circulation, the blue discolouration of all the skin, &c. The medicines employed according to the symptoms present had little effect on the principal disease; a globule of the 30th dilution of Calcarea, effected a radical cure in six weeks, probably by restoring the abnormal part to its proper state.

The cure of lupus, which has been effected by several Homœopaths, and of which I have just had a remarkable case in a girl of twenty years, who suffered at the same time from constipation and weakness of the stomach, with excessive catamenia, is another proof of the action of this substance on the reproductive system, to which alone are referrible the production of those superfetations of abnormal tissues, mentioned in symptoms 1475-77. Kretschmar has succeeded in curing condylomata and warts with Calcarea.

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A symptom which indicates its action on the capillary system is excessive thirst and hunger, represented by symptoms 563-80.

The symptoms of swelling of the glands, 445-7, 765-72, 1178, 1181-4, demonstrate its action on the lymphatic system and its utility in scrofulous diseases. This specificity of action on the system of nutrition indicates its general usefulness in the age of development, in diseases accompanied by excessive emaciation or obesity.

Symptoms 954-85, 1123-28, which show such remarkable effects on the female organs of generation prove its efficacy in diseases of this sex.

Judging from the symptoms we have above enumerated, nervous and lymphatic constitutions appear to be best suited to the action of Calcarea.

Having finished the consideration of the general phenomena produced by the action of Calcarea, we shall now proceed to examine the particular organs to which we find, from the symptoms detailed in the Materia Medica, it has an affinity, and the diseases to which they correspond, and also the cases of cure related by various observers as having been effected by Calcarea.

It has a powerful action on the dermoid system. Symptoms 219-35, 237, 340-42, 374, 409, 416-23, 432-43, 1122, 1168-69, 1255-60, 1300-5, 1349-55, 1459-73. Symptoms of various kinds of itching and eruptions on different parts of the body are a proof of this. This remedy has, however, been little used in such affections. I had once an opportunity of observing remarkable effects in a case of dry ringworm, with swelling of the glands of the neck and mesentery where I succeeded, by means of it only, repeated once a month, in producing a complete cure in four months. A case of excessive itching in the scrotum and perineum, with severe hemorrhoidal affection, was cured by a single dose of *Calc.* It is generally suitable in dry skin diseases accompanied with itching.

Calcarea has many symptoms belonging to the nervous system; symptoms 291, 399, 400, 518, 1170, 1172, 1244, 1249, 1332, 1344, 1396, 1397, 1398, 1417-19, 1422, 1423,

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1426, 1430, 1444, 1445, are very characteristic, more especially the last. The cure of chorea mentioned by Rummel should be referred chiefly to its specific action on the diseases of adolescence.* I once saw a case of a young girl of seven years, of fair complexion and lively disposition, who was cured in four weeks of a chorea which had lasted six months, by *Bell.*, *Cin.*, and *Calc.* Dr. Rueckert cured an epileptic with a single dose of this remedy, which is particularly recommended by Hahnemann in this disease from symptom 1445, above referred to.

Calcarea has a very well marked action on chronic headachs, reproduced, excited, or augmented by intellectual labour, as I have had opportunities of confirming by experience. Hartlaub observed that it was useful when the headach appeared on making pressure on the top of the head, and was aggravated by the open air, or when it consisted in a drawing pain in the forehead, with cold of that part, or in shootings in the right side of the head, with painful sensibility to the touch.

Calcarea is a valuable remedy in diseases of the eyes; it possesses, like Belladonna and Sulphur, a special action on the different forms of inflammation on these organs and their consequences, and in the symptoms of the vision, especially in scrofulous subjects affected with glandular swellings. The numerous and very remarkable symptoms 238-316 show distinctly its effects, among which we should notice the cure of ophthalmiæ produced by bodies introduced into the eye. I have three times had opportunities of verifying its efficacy in cases of throbbing in the eye or eyebrow, with or without headach of a similar nature.

Symptoms 396-405 would induce us to believe it to be useful in neuralgia of the face. I experienced its beneficial effects in an agonizing supraorbital neuralgia, whose return it entirely prevented; in this case its action was, in all probability, so favourable, because this neuralgia had the peculiarity of always coming on after using milk for some time, which is characteristic of Calcarea. Two hours after taking the remedy, I experienced for ten minutes the same kind of sensa-

* Symptoms 1396-7-8 show a power of producing those muscular movements characteristic of chorea.—EDITS.

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tions as were produced by the disease, but in a very slight degree, and not even painful. Since then I have never had any traces of this horrible complaint.

Calcarea is a powerful medicine in chronic affections of the ear, especially of the hearing, (symptoms 317-63 are very well marked) it is, accordingly, one of the most useful medicines in deafness in the hands of Homœopathists: Kretschmar cured, by means of it, a polypus of the auditory canal.

The disagreeable and obstinate symptom of swelling of the upper lip, which we observe in children of scrofulous constitution, I once found to yield to the action of Calcarea. Hartlaub also saw it succeed when the swelling of the lip was accompanied by swelling of the point of the nose, with scabs in its interior.

Its action on the glands may account for its utility in goitre.

We have already spoken of its action on the digestive organs, in which it is so valuable a remedy. Hartlaub found it useful in a case of pyrosis, occurring before and after eating, especially after sweet things; and when the eructation of water took place only after eating, and was accompanied by vomiting of the food; in tendency to imperfect eructations; pain in the right side of the abdomen, and shootings in the lower part of the abdomen in children, without appetite, and without liveliness; in constant eructations after meals; pressure in the stomach, frequent risings, especially when the stomach is empty; at the same time periodical anxiety, bad humour, vertigo, palpitation of the heart, constipation for several days, want of appetite and emaciation; in chronic spasmodic affections of the stomach, with vomiting of food, and bitter mucus, and with diarrhœa of yellow fœces. In a case of chronic gastralgia, the administration of Calcarea was followed by vomiting of a large quantity of pus, whereby the patient was cured, thus leading us to suppose that it may be useful in internal abscesses.

It is specific in swelling of the mesenteric glands in children, and in the diarrhœa which accompanies dentition. Although our illustrious master has said that the diarrhœa

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of Calcarea appears to be the effect of the largest doses, this remedy does not appear to be less valuable in chronic diarrhœa with ulceration of the intestines and marasmus, and in that accompanying pulmonary phthisis. However, Calcarea is most suitable in obstinate constipation. The symptoms 820-8, 834-7, 841-66, demonstrate too clearly its effects on the termination of the intestinal canal, to permit us to doubt its great utility in diseases of this region.

The numerous symptoms produced by Calcarea on the urinary organs lead us to presume that it should be useful in catarrh of the bladder. Kretschmar saw it cure a polypus of the mucous membrane of this organ. Under its action the patient passed by the urethra several masses of polypi, together amounting to the size of a hen's egg. I know not whether Homœopathists have already tried it in vesical calculus; it is probable it would at least mitigate the sufferings of the patient, as has been found to be the case in the Allopathic treatment, by lime water internally. There would, however, be no danger of poisoning the patient, as happened to Bettahen in his experiments on the lithotriptic virtue of lime water.

The female genital system is affected by this medicine in a peculiar manner, as I have before remarked; and when the menses are too abundant, too early, and preceded by violent colic, we have in Calcarea a powerful remedy, as Hahnemann observed, and as daily experience confirms. A uterine hemorrhage in a young girl affected with tubercular phthisis, which recurred on the least movement, and on the slightest emotion, which *Sabina*, *Secale*, and *Chamomilla* had only temporarily arrested, was permanently cured by a dose of Calcarea, whilst the other symptoms of phthisis were at the same time ameliorated.

When the menses are too abundant and weaken the constitution, Calcarea, alternated with Nux vomica in the interval between the periods, generally restores that function to its normal state.

Homœopathists have often found it of use in the leucorrhœa of leucophlegmatic individuals, whose catamenia are too abundant.

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When there is not a sufficient supply of milk in the breasts of nurses, if there exists no organic morbid cause for this fault, the administration of Carbonate of Lime is always followed by a more abundant and normal secretion.

Symptom 1052.—"The cough becomes loose, and entire masses like pure pus are expectorated,"* indicates its efficacy in certain cases of tubercular phthisis, which experience has confirmed.

The extreme sensibility to cold and the symptoms of catarrh show its utility in persons subject to catarrh from a chill; and to this property of Calcarea I partly owe the re-establishment of my health.

Symptom 1104.—"Dull blows from the posterior wall of the chest upwards to between the scapulæ, isochronous with the beat of the heart, with great anxiety,"† expresses the symptoms of aneurism of the thoracic artery or of the heart so exactly, that it cannot fail to be useful in some cases of this disease, especially when we connect this symptom with those of the heart itself. "Palpitation, anxiety, spasmodic contraction, pressive and drawing pain in the heart, oppression in its movements," &c.

A patient who presented symptoms of hypertrophy of the heart, and who had been treated for this disease by the first Allopaths of Paris for two years without benefit, had attained a great degree of obesity, and milk did not agree with him. He was much improved by repeated doses of Calcarea; Spigelia completed the cure. These considerations induce me to direct your attention to this remedy in cases of aneurism; œdema of the extremities would be an indication for its employment in such diseases.

The action of Calcarea in caries, which has been already discovered empirically by Allopathists, has been confirmed in its rational homœopathic employment, as also in atonic and fistulous ulcers. Its specific action on the bones is particularly manifested in the weakness of the extremities in children and in the abnormal configuration of the long bones in

* We may observe, that this symptom belongs to the proving of Calcarea Acetica, and not of Calcarea Carbonica.—EDITS.

† This symptom also belongs to Calcarea Acetica.—EDITS.

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these subjects, in rachitis and clubfoot, and in spontaneous dislocation, instances of the cure of which are abundantly supplied by our periodical literature.

As we have before remarked, Allopathy has employed Calcarea with success in obstinate intermittent fevers with abdominal obstructions; Homœopathy, instructed by the febrile symptoms produced by this remedy, has fixed more precisely the cases in which it is useful. Hartlaub recommends it in those fevers in which the attack commences in the afternoon, where the hot stage is not preceded by rigors, or when it predominates without thirst, with weakness and cold in the hands during the heat.

The moral character indicated by Calcarea, fearfulness, inquietude, taciturnity, bad humour, apathy, indisposition for labour, shows its utility in affections of the mind, when the patients constantly imagine themselves the objects of persecutions, or when they are convinced some misfortune is about to happen. If we may judge from the *ensemble* of these symptoms, Calcarea seems to be especially suited for nervous, delicate, weak, or excitable constitutions.

Having thus touched upon the principal diseases in which Calcarea is useful, for I am far from thinking the picture complete, I shall merely add that its action is best shown after sulphur or nitric acid; consequently, in some cases of chronic disease, it is useful to give beforehand one of these two remedies, although they may not be so Homœopathic as itself.

Hahnemann asserts that this remedy is often as hurtful when repeated, as the first dose of it was useful; consequently we should let it exhaust its beneficial action before passing to another remedy. This remark has been too often verified in our own practice to allow us to lose sight of it, like every thing else relating to practical matters, proceeding from the pen of this great man.

I shall terminate this by a last advice, and that is, to exercise prudence in its administration. This remedy is one of the most energetic, and in spite of its peculiar adaptation for infantile diseases, we should be very circumspect in our doses, especially at that period of life and in old age, for even

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at the end of six weeks it often produces very violent primitive symptoms, which might be attended with danger if the doses given were too strong.

This medicine is peculiarly adapted for the practice of attenuating, so to say, the solution of the globule in several glasses of water consecutively, as was the practice of our great master.

With respect to the duration of the action of Calcarea, it is very long. When it is very homœopathic we may look for salutary effects for six weeks, and longer.

Calcarea is nearly related, as regards its dynamic properties, to Belladonna. There are no two remedies in the whole Materia Medica which resemble each other so closely; so when Belladonna appears very homœopathic, and yet does no good, we may be sure of Calcarea succeeding, and *vice versâ*.

ON CATARACT; ITS NATURE AND TREATMENT.

By Henry V. Malan, M. D.

So much has been already written on Cataract, that a long and elaborate essay on the subject would be neither new nor useful. I shall, therefore, confine myself within narrow limits, and merely mention enough of the nature of the disease, and of its general treatment, as will be necessary for directing our investigation to the medical treatment thereof; an object, I believe, worthy of our attention.

Cataract, according to Monsieur Velpeau's definition,* is an unnatural opacity of one of the transparent media of the eyes, through which the luminous rays reach the retina. General opinion, however, limits the name of Cataract to the opacity of the lens system only. The lens itself is composed of a large number of concentric strata, of which the external ones are the softest; each of these lamina forming it is made

* Velpeau, Leçons Chirurgicales Hôpl. de la Charité. Paris, 1841.

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of very fine silky-like fibres, converging from their circumference to the centre. The lens is composed in great part of albumen;* the other contents of the globe of the eye are also albuminous, and their opacity is often produced by the very same causes which affect the lens itself. The very same treatment is found beneficial for both; hence, no doubt, Monsieur Velpeau's definition of the cataract.

As *primary* cause of cataracts, we must admit a psoric taint in the constitution, not that all people tainted by it have a cataract, but that all the constitutional cataracts are from a psoric cause.

The *secondary* causes are very numerous, and it would be of importance for us to know exactly their number and their nature; but in the present state of ophthalmic science, there remains a great uncertainty about them. In old age we meet with a much larger number; this is a well-known fact, but the *why* we do not know. The same may be said of climate; many more people are affected in the northern countries, but we do not know the reason of it, and are reduced to notice the facts without being able to explain them. There are many other causes mentioned, but they are all so uncertain, that we object to admit them, and prefer to state that there remains still much uncertainty and much vagueness in that important part of medical science. It has been often observed that the cataract was hereditary. Richter speaks of a family where the father, grandfather, and son were affected. Carron du Villars mentions three children of the same parents who had the cataract when three years' old. Charles Maunoir has seen the wife, the son, the grandfather, the uncle, the aunt, and several cousins affected by it; and other instances might be given of similar facts.†

There are besides, *accidental* causes, such as a wound, a blow on the eye-ball, an inflammation of it, and many others. All these causes bring on a great variety of *different* cataracts, and they have been well studied and clearly classified by many eminent surgeons, who have left little or nothing to

* Lauth, Manuel de l'Anatomiste. Paris, 1831.

† Maladies des Yeux. Leçons Cliniques de Monsieur le Professeur Velpeau Paris, 1840.

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wish on that subject. German authors have divided the common cataracts into an almost unlimited, and perhaps useless, number of classes, and we shall not therefore follow them, but, as is now generally done, shall consider the two well-known classes of the *Cataractæ veræ*, or true cataracts —those which are exclusively in the lens system, and *Cataractæ nothæ*, or false cataracts; those, the seat of which is out of it. (Monsieur Velpeau.)

I. The *True Cataracts* have been divided into three kinds: first, *the Cataract of the Lens*, the most important of all, and that where the lens itself is *alone* affected. It is subdivided into many varieties,—the bony, chalky, stony, siliquous, &c., all subdivisions of no importance for our subject. The simple distinction of *hard* and *soft* ones must alone claim our attention. Some present the hardness of a stone—the knife cannot affect them; others entirely disappear under the least pressure, the lens being softer than in a healthy state. These occur generally in younger subjects, and are connected with a general state of the constitution. Some have considered them as the first stage to the hard cataracts,* but they seem to us of a quite different nature. Most of the *hard* ones are to be considered as a morbid product, quite out of the range of the organism, and, as such, out of the range of medicinal agency. The *soft* ones, on the contrary, are in more immediate connexion with the general state of the constitution, and are to be found in subjects whose constitution has acquired, but not inherited, a psoric taint. They yield sooner to treatment than any other; and as the treatment, rather than the nature, is the subject of this essay, they will occupy more closely our attention. Of this kind we may reckon, secondly, the *Capsulary Cataracts*, or those where the capsule of the lens is alone affected. Many authors have given a large variety of them, many of which are imaginary and useless for the treatment. Thirdly. The *Capsulo-lenticular Cataracts*, a combination of the affection of both those organs.

These three kinds include all which have been rightly termed Cataractæ veræ—the true cataracts, in opposition to

* German Surgeons.

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II.—The *False Cataracts*, or those where opacity exists in the media of the eye, either from plastic or albuminous matter, or from false membranes, or from pus, or from blood interposed before, behind, or in the lens system itself. They often present an appearance of a true cataract, and assume for a time all its characters, though they do not go through the same phases; many of them, however, have lasted as long as the true cataract, or have become the cause of the formation of them.

III.—*Secondary Cataracts*, or such which happen after the operation of a true one, have also been mentioncd by the authors.

We now come to the *Symptoms* of Cataract. Amongst those furnished to the observer, is the following: A slight dimness of the pupil, more dim in the centre than in the circumference; but let it be remarked, that this dimness would not be sufficient to infer that there is cataract, as it is met with in old people without any diminution of sight. The *patient*, on the other hand, complains of diminished power of the eye; he sees floating and moving corpuscules before his eyes,—a sort of mist which gets thicker and thicker; he sees better sideways, and less in a bright light, as the pupil is contracted; he loses sight of small objects, and gradually of larger ones. Sometimes he suffers from headach over the eyes, but often the cataract becomes complete without the patient having suffered at all.

A singular fact must be noticed, that some eyes will offer all the signs of a complete cataract, and still the sight be not much impaired; or that the reverse will take place, although no amaurosis is the cause of it.* For such anomalies we cannot account.

The cataract of the lens itself generally begins in its centre; the opacity is most visible there, and diminishes towards the circumference; it has a whitish-gray colour, and has not the shining aspect of the cataract of the capsule. The *soft* one is more yellow, of more equal appearance, and without any black circle round its border. Moreover the capsule is pressed forward in a conical form. The *hard* one,

* Monsieur Velpeau.

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on the contrary, has a whitish-gray coloration, and presents a black circle visible all round it, which is produced by the shadow of the iris over it. It does not protrude in the capsule, as the other.

As to the cataract of the capsule, the surest symptom is, the shining mother-of-pearl-like appearance of its surface. Professor Sanson, of Paris, has mentioned a very simple and ingenious mode of diagnosis for the cataract, by means of a candle held before the eye. If the organ is not affected, three images of the light are seen—the first one, upright; the second, rather pale, also upright; and the third one, between the two, inverted. The first of these images is produced (according to Messrs. Bardinot and Pigné) by the cornea, the second by the posterior segment of the capsule, and the third by the anterior one.* From this we find that when there is opacity in the medium of the eye, the images must disappear, and it is so in the cataract, where generally one image alone of the candle is visible, seldom two are to be distinguished, and three are never seen. If the cornea is thickened, all the three images disappear; if the anterior segment of the capsule is opaque, the two last ones cannot exist; and if the posterior only, the middle and inverted image is alone wanting.

Such is the symptomatology of cataractæ veræ. The *false Cataracts* offer different symptoms; they are lodged over the lens, behind or before the pupil. When it is a false membrane, it begins by opaque spots scattered in different parts of the eye; if it is pus, it stands in small patches of agglomerated deposits, and the pupil is generally adherent; if blood, the accompanying symptoms show it at once.

So much on the nature of the disease. I have passed rapidly over this part of our investigation, already well known to all, in order to draw the attention more to the

Treatment of the Cataract.

There are numberless varieties in the surgical treatment, but all have the same end,—the removing of the opacity from

* The inverted image is produced by the posterior,—the fainter erect image by the anterior wall of the capsule.—Eds.

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the axis of vision by some mechanical means. M. Velpeau says,—"Toutes les fois que le cristallin et sa capsule sont seuls malades, qu'a part la cataracte l'organe est dans l'état naturel, et que l'orbite ne renferme rien qui empêche le rétablissement de la vision que la cataracte, soit vraie ou fausse, par exudation plastique ou par retour du cristallin à l'état embryonnaire, lenticulaire, membraneuse anterieure, ou membraneuse postérieure, dure ou molle, laiteuse ou gypseuse, barrée, branlante, etoilée, perlée, à trois branches ou centrale, purulente, putride, tachetée ou en treillage, marbrée, seche ou en gousse, sanguine, dentritique, jaune, grise ou noire, l'operation doit être conseillée."*

The surgical treatment has been to this day the best of all; it is true that the medical one has been resorted to, but without any general good result. It has only been a revulsive treatment, and only against cataract in its beginning, never against it when ripe. Malgaigne, who wrote at length on the subject, does not even mention medical treatment, and refers to the surgical as the only one. He says, "The patient must wait till the cataract is ripe.† He must wait till he has gone slowly, without doing any thing, through all the moral suffering of getting blind, in order to try and get his sight again! How deficient is a treatment which can only begin at the time when it should have been ended!" Many circumstances accompanying the formation of the cataract render the surgical treatment, if left to itself, either impossible or most difficult: for that reason, the attempt has frequently been made to find a medical one. According to Vidal de Cassis,‡ none have been found, except in some rare cases, and then only for the inflammatory and recent cataracts. The French surgeon, Mons. Velpeau, corroborates this statement, and tells us that some cures have been made by revulsives to the skin, setons, moxas, &c., and that "it is only by revulsion that the cures of some cataracts in their infancy have been made; but that these cures, after all, are only the exceptions, old cataracts of the capsule, or of the lens, must always be operated on."

* Maladies des yeux, leçons cliniques de Mons. Velpeau.
† Malgaigne, Medicine Operatoire. Paris, 1840.
‡ Vidal de Cassis, Pathologie Externe. Paris, 1840.

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Here I differ. The general opinion entertained on this point is not mine. I shall try to point out, in a few remarks, my reasons for differing, and shall endeavour to be concise.

We have seen that for cataract, as for many other similar states of the human body, no better treatment has been, to this day, found than surgical operation; we shall see, also, that in many cases these means prove useless; in others they are injurious, and often they might, with much advantage, be exchanged for Homœopathic treatment.

I have said that surgical operation often proves *useless*. It is the case when the cataract is a constitutional disease: if the general health be not improved, and the disease not arrested and cured, by a previous internal and rational treatment, the removal of the diseased organ will not cure the process of the malady—no more than plucking a rotten fruit from off a tree, because it is the only one as yet decayed, will remove the internal cause of disease in the tree. Too often, however, are surgical operations made on quite a similar mode of proceeding, and are, to say the least, useless. This applied to the case of cataract, will explain why an internal treatment will often be most beneficial.

I said also that surgical operations in general were sometimes *injurious*. How often, for the same reason mentioned above, is the removal of an organ visibly more affected than the others really injurious to the whole body, as the internal disease, finding its outlet cut off, will often burst out in weaker, but more essential organs, and by this inroad into the constitution, bring on a rapid and inevitable death.

In other cases, I have said that surgical operation might with advantage be *exchanged for Homœopathic treatment*. It is often so in the complete and ripe cataract, though, generally speaking, surgical operation is not injurious to it, and often cures the affection, when the *internal* process which caused the cataract has ceased, and then this morbid product stands as an inorganic mass, and in the way of the functions of the organ. Even in this most favourable case, however, the only one in which surgical operation ought to be permitted, it can often be, with much advantage, exchanged for Homœopathic treatment.

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No medicine, or internal treatment, has, as yet, been of any avail in confirmed and ripe cataracts; this was left for better days in medical science, and Homœopathy has given us means of cure which were totally unknown before. I do not mean to say, be it well understood, that Homœopathy will entirely supersede surgery, and that we are not to trust this latter means, or ever employ it—no; but I wish to draw attention to these three remarks only—that, 1st, in many cases Homœopathy will cure, completely cure, real cataracts, even old and ripe ones. 2dly, In many more it will prevent the progress of the cataract on the other eye, when as yet only one is affected. 3dly. That if it does not always succeed in curing, it will always prepare the whole constitution for the surgical operation, prevent inflammatory accidents after it, and secure its success.

This part of medical treatment has been to this day too much neglected, because to our eyes, this more or less exorganic body seemed not fit for medical treatment, and because our ears have been accustomed to hear that surgical operation only is of any use, we have left aside the internal treatment, which will often be crowned with far more success than is generally expected. Not the least process in the human body, morbid or natural, can take place without the whole constitution taking some part in it. We cannot expect that an organ of the body, be it ever so small, can become affected quite independently of the organism, but rather that it becomes affected in consequence of a morbid process existing, though not seen, in the organism itself. I am as far from admitting such confined notions, as I would be right to admit that the very same organ has no common tie with the rest of the body, and is not one constituent part of it, by its nerves, its vessels, and all its texture.

If, therefore, one part of the body is diseased, we must not direct our treatment on it solely, and use what is called a local treatment alone. We must act on the whole constitution, in the same way as we would direct our attention to the whole tree when it bears decayed fruit. In this case, and for this very simple reason, it is not only advisable, but necessary, to have an internal general treatment, and this way

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of attending to disease will prevent many a failure, and the harm which might ensue from a local treatment. In a case of cataract, therefore, the whole constitution must be acted upon, as in all similar diseases. Our Materia Medica has many a remedy against such a state. My intention is not to discuss here the comparative value of each of them, but to make a few remarks on the treatment in general.

The remedies reckoned the most important are *Sulph.*, *Silic.*, *Caust.*, *Cann.*, *Phosph.*, *Calc.*, and *Con.* The antipsorics, of course, must form the basis of the treatment, as the whole constitution must undergo a change, from the action of the remedy, which must extend to the primary cause of the disease. This cause is what has been called *psora*. If the psora has been acquired by the patient, and the cataract has developed itself after the disappearance, more or less sudden, of the itch, even many years afterwards, the treatment will not only be easy but sure. I have remarked in the few cases which came under my notice, that under the influence of antipsorics, and particularly of *Sulph.*, an eruption was produced, with the intensity of which, the symptoms of the cataract gradually amended. This speaks for the use of antipsorics at once. If there are no accidents which would prevent this mode of treatment, the antipsorics, and at the head of them *Sulph.*, must be, therefore, resorted to, in one or two doses, at intervals of a day, and not repeated till their action is over. Sometimes there are accidental symptoms, which, though not very prominent, will require to be removed by an apsoric, before the antipsoric can have any action at all on the constitution, and this is true in other cases, as well as the one under our present notice.

Should the psora not have been acquired, but *inherited*, the treatment will be longer and more uncertain, particularly if the cataract is already advanced; it is then habitually connected with a bad state of the general health: a long chronic affection, which is to be considered, not as the cause of the cataract, but as its accompaniment only, and the symptoms of the cataract will amend with those of the general health, keeping pace with them.

Here the treatment must at first be directed to the general

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health; as long as this is no better, not only will the cataract not be amended, but will make progress, and its cure will be rendered impossible. In regulating the general health of the patient, the cataract will be benefited, and its progress retarded. When the health is restored to its normal state, then the eye should alone be attended to, and then only will the disease yield to the treatment. But these kinds of cataracts, arising from an inherited psora, are often beyond medical treatment. It is not to be understood by that, that no medical treatment must be used. On the contrary, it will always prepare the constitution, as we have already mentioned.

According to these views, *Sulph.* is the first remedy to be given; one or two globules of a high potency. Should no improvement follow, another antipsoric is to be given in the same way. I do not mention any one in particular, because there is a great danger in prescribing a remedy from a few isolated symptoms. The remedy must be chosen according to the symptoms of the case, and with the greatest care and exactitude, for it is not the size of the dose, nor its repetition, nor a succession of remedies, which will be of use in cataract, any more than in other chronic cases: it is the *right choice* of the remedy, of which one single globule will then do much more than many doses of ill-chosen remedies. It is not possible to say that, in this or that species of cataract, this or that remedy will cure. The *tout ensemble* of the symptoms must always decide us in the choice of the remedy, and, in all cases, no second remedy is to be given before the first has exhausted its action.

I shall give one or two instances of Homœopathic practice, in favour of medical treatment, and shall leave every one to judge for himself of the value and importance of it.

In the spring of 1841, a lady of about sixty years of age, applied for Homœopathic treatment, and came to my notice under the following circumstances. She had for two or three years past gradually lost the sight, first of one eye, and then of the other—both affected with cataract, now complete, and had for some months previous entirely lost the sight. Mons. Maunoir, whose name is authority in such matters, had advised the operation to be made as soon

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as the season was favourable; he considered the case to be one of complete and ripe cataract of the lens. However, the lady being strongly advised by her friends to apply to Homœopathy, and as she could not better employ the intermediate time until the operation could take place, she called in an old Homœopathic practitioner whom I joined later. He prescribed *Silic.*, then *Cann. sat.*, and then *Sulph.*; and the cataract improved so rapidly, that the patient, after a few months' treatment, travelled to a distant country, Russia, from whence she wrote to me, that her sight having still continued to improve, she was now enjoying it as completely as she could expect at her age.

In November, 1844, a man of strong constitution and lymphatic temperament, fifty-one years of age, applied to me under the following circumstances. He has had a cataract on the right eye, ripe since some years, and one on the left which has been ripe only a few months. Mons. Maunoir has operated on the right eye three times, but without any success; the third operation took place four weeks ago. Ever since the patient has suffered from a violent inflammation of the whole eye; the sclerotica is much injected, the cornea opaque; there is great photophobia, a constant discharge of tears, and a complete loss of sight. Besides, the eye-ball has partially emptied itself; the patient has lost his appetite; there is great thirst and much fever.

I prescribed *Acon.* ($\frac{3}{5}$) pulv. ij., and next day *Bell.* ($\frac{3}{30}$)—a teaspoonful three times a day until amelioration.

On the 15th of November there was a great change, but the cornea remained opaque, the eye-ball partly shrunk, and the patient was made aware of the complete loss of that eye. *Merc. sol.* ($\frac{3}{15}$.)

November 22.—All the inflammatory symptoms of the right eye have disappeared; the left one presents a thick whitish opacity of the lens; the pupil is dilated, but mobile. The patient has certainly lost the sight of the right eye, and with the left he can only distinguish day from night, but is unable to guide himself He is led about by his servant. *Sulph.* ($\frac{3}{30}$) was given dry on the tongue.

December 7.—There is much amelioration, even of both eyes; the opacity of the right one has sensibly diminished in appearance; he can distinguish the fingers of the hand interposed between him and the light; and with the left eye he can distinguish the difference between some coins. Nothing was given.

December 25.—Amelioration continues in the left eye, the right remaining in the same state. He goes about to his affairs, drives

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his own gig, walks alone, and attends to all his business. A pustular eruption, accompanied with much itching, covers the whole body. He is given *Cann.* ($\frac{3}{15}$), and the sight continued to improve until he left off treatment, as he thought himself far enough recovered to need no further medical care. I met with the patient seven months afterwards; he was still enjoying his sight and health.

December 21, 1844.—A man of forty-two years of age, living in the country, of bilious temperament, thin, and who had suffered much from headachs, applies to me. He complains, for the last six years, of a whitish hard cataract of the lens of the left eye, and has for some years past completely lost the sight of that eye. He had the itch twenty years ago, and kept it three months.

Sulph. ($\frac{3}{30}$) removed chronic headachs and an inflamed state of the eyes.

January 23.—*Sil.* ($\frac{3}{30}$) was given. Not much change occurred till *Sulph.* ($\frac{3}{30}$) was repeated. On the 24th of February, a violent itching came on, particularly when undressing at night; and all over his body an eruption of small pustules ensued. From that time the eye began to amend. He could distinguish the fingers of the hand, and gradually see objects more clearly; but having left the country, I was unable to follow this interesting case.

I know of other cases where the Homœopathic treatment proved most beneficial; but I object to mention those I have not myself witnessed.

At this moment I have under my treatment a patient who, for some years back, has had a cataract of the left eye. He has lost the sight of that eye for more than two years, and, when he came under Homœopathic treatment, the cataract of the right eye was fast progressing. Since that time, now fifteen months ago, the right eye has been very nearly stationary, though the bad state of the general health has been much in the way of its treatment. It is to be regretted that he did not apply to Homœopathy at an earlier period, but he was prevented from doing so by the advice of a Homœopathic practitioner. I mention this,—not to say that, contrary to this advice, Homœopathy will always cure the cataract, and that it will supersede surgery,—but only in order to draw the attention of my colleagues upon this part of practice too much neglected. I feel assured that a regular Homœo-

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pathic treatment will, if not *always* cure the cataract, yet do so in many cases; in many more it will stop the progress of the disease in the constitution, and the development of the cataract in the other eye; and in all cases where the operation must be resorted to, it will prepare the organism for the surgical operation, and prevent any danger attending it.

The treatment of the cataract must therefore be, first, medical, and, "*en désespoir de cause*" only, surgical.

REVIEW.

Manual of Homœopathic Medicine, in two parts. Part I, Materia Medica. Part II, Therapeutical and Symptomatological Repertory. By G. H. G. Jahr. *Translated from the fourth edition, and edited, with additions,* by P. F. Curie, M.D. London: H. Bailliere, 219, Regent-street.

In a former number of this journal, (Vol. IV, p. 435,) we gave an account of a new and much enlarged edition of Jahr's Manual, which had just been published in Germany, and at the same time informed our readers that an English translation of it was about to be published. In this, however, we were mistaken, for the work, the subject of this notice, is little more than a reprint of the former English edition, with the addition of a few fragmentary provings of new medicines, and a correction of most of the extraordinary typographical and other errors that disfigured that work, whose places, however, are amply supplied by the misprints in this, for a specimen of which we may refer to the table at the end of the second volume. We have, besides, a translation of the author's introduction, omitted in the first edition, wherein he claims the reader's indulgence for the necessary imperfections of the French translation, which one would think were sufficient to convince others of the folly of translating into English from the French, in place of going at once to the German; but this hint has been lost on the editor of this work. Accordingly, we find the translation filled with Gallicisms, and interspersed with French words, as if the

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translator were not sure how to render them into English; we have, for instance, (Vol. II, pp. 605-6,) "soda, *(du commerce,)*" "coffee, *(café à l'eau,)*" "a glassful, *(un verre plein,)*" "sugar and water, *(l'eau sucrée")* and similar absurdities, which no one who had taken half-a-dozen lessons in French would have had the least dubiety about. In the title page it is gravely announced that the present is translated from the fourth (French) edition, with *additions* by Dr. Curie. The thirty-five fragments of provings, which we have beyond what were in the first edition, are all contained in the last French edition, so that these cannot be considered Dr. Curie's *additions;* and he has entirely omitted what he might have added with advantage, namely, the proving of *Bichromate of Potash*, which appeared in the second volume of this journal; the additional symptoms of *Colocynth*, *Aconite*, *Silver*, and *Thuya* that have appeared in the Austrian Journal, and the new medicines that are to be found in the *Neues Archiv*, namely, *Mercurialis perennis*, *Fluoric acid*, and the new proving of *Sanguinaria canadensis*. As a compensation for these omissions, we have a new preface by the editor, or rather an addition to his old one, where he first gives the following profound and original definition of humanity :—

"An organism, or body forming a perfect mechanism—an imponderable principle, putting the organism into action; and both regulated by a third power, of divine essence, exhibit to us MAN, placed in the highest degree of the scale of beings."

The next proceeds to ask himself, "What is life?" to which he readily replies, "A collection of phenomena produced by an active organization." This leads him to discourse of the *vital principle*, "which might," he tells us, "as well be designated by the term—*moving principle*," and which he authoritatively declares to be identical with electricity. The old ladies, (of both sexes,) for whose edification this preface has obviously been written, would, doubtless, like some proofs of this identity, with which, however, the learned editor has omitted to furnish them. We shall endeavour to supply this omission by an appeal to the experience of the old ladies themselves. Their consternation in a thunder storm, when electricity is deranged, and their vital principle sympathetically,—their partiality for cats, which are well known to possess a moderate amount of electricity in their backs—their instinctive love of silks, woollen stuffs, and furs, which are well known to have the power of exciting electricity, and, consequently, the vital principle—and the frequent *shocks* to which they are constantly exposed in

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their walk through life, are all proofs of the identity of the vital principle with electricity. If further evidence is wanted, we would recommend the fair creatures to comb out their hair, some frosty night, in the dark, and they will then see the vital principle,—we mean electricity merrily disporting itself, with no small crackling noise, in the form of sparks, among their ringlets. Our author next interrogates himself,—"What is health?"—"What is disease?" and he answers these questions in an equally satisfactory manner. This curious chapter concludes with the following postulate, and inference therefrom :—" If, then, the morbid state be only a revolt of the vital or moving principle, exciting the organism to act more strongly against a morbific cause, can the physician do better than listen with attention to the vital power expressing itself by the voice of the symptoms, and send it an aid?" &c. But the phenomena of disease are not caused by the organism acting against a morbific cause, any more than the agitation of the waves can be said to be caused by the action of the sea against the wind,—in both cases the effect observed is the result of the *cause*,—in that, the morbific influence, in this, the wind,—acting *on* an impressionable or excitable material. Thus, morbid states of long continuance are produced by the contact of a red-hot iron, or by a mental emotion; and here the morbific cause is plainly of the most transient and evanescent character. This same theory is promulgated in Mr. Sampson's work, reviewed in our last; but, though well enough for an amateur, we are astonished to find it adopted by a medical Coryphæus. Altogether, this is the most extraordinary of prefaces to a translation of an abridgment of a Materia Medica ever conceived by the wit of man.

We cannot conclude without expressing our regret that those who undertake to supply the English practitioner with Homœopathic practical works, should be content to publish a second-hand translation of an antiquated edition of an indifferent manual like Jahr's.

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PATHOLOGY.

ENGEL ON THE DYSCRASIAS.

(*Continued from page* 345, *Vol. IV.*)

1.—THE FIBRINOUS CRASIS OF THE BLOOD.

(*Synononims:* Arterial, phlogistic, inflammatory crasis; hyperinosis (Simon.) The expressions, phlogistic and inflammatory crasis ought to be entirely abandoned, otherwise the idea might be entertained that it is this state of the blood that causes inflammations, whereas, as we have just observed, it is the character of the *class* to form products by what is termed inflammatory action.)

The anatomical character of this genus is increased compact coagulability of the blood, it being of little importance, and dependent on other circumstances altogether, whether the fibrine be separated or not, as an inflammatory crust, (the buffy coat.) The exudation of fibrine depends upon complication with pulmonary affections; the more extensive these are, that is, the greater the interruption to the pulmonary circulation, the larger will be the fibrinous exudation. The exudation of fibrine alone is not a positive proof of the existence of the inflammatory crasis, for, as we shall afterwards show, it increases in quantity as the blood approaches to the dropsical condition.

In this crasis of the blood the cadaver shows a peculiar degree of contraction and firmness of almost all organs, combined with dryness and increased cohesion of the fibres. The *rigor post mortem* is strong and long continued, not only in the muscular, but also in the cellular organs; hence the general integuments are tense and dry, and most of the tissues show a peculiar freshness of colour. The *post mortem* suggilations are not extensive, of a bright rosy red colour; putrefaction, if not much accelerated by the season of the year, advances slowly. The muscular substance is firm, resistent, grayish-brown, dry; the adipose tissue granular, bright yellow. The serous and mucous membranes appear pale, without vascular ramifications; the former perfectly transparent, shining, of considerable strength. The cartilages are highly elastic, of a beautiful white colour, and shining. The bones are firm, pale. The brain is increased in consistence, it is elastic, firm, and breaks exactly in the direction of its fibres; its medullary substance is dazzling white, its cortical substance reddish gray; the lungs are elastic and tough; their colour anteriorly pale or bright red; their posterior and inferior portions dark red; they are dry throughout; they crepitate distinctly; the branches of the pulmonary blood-vessels contain thick reddish-brown blood. The liver is elastic; its

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fracture granular, divided into its two normal colours, a brownish gray and reddish gray; blood only exudes on pressure being applied; the large portal trunks contain dark coagulated blood. The spleen, though increased in elasticity, evinces a certain degree of brittleness, a reddish brown colour, and dry section; it may be scraped into a pap-like consistency, of a reddish brown colour, which, on exposure to the atmosphere, rapidly becomes bright red; the compact and elastic kidneys exude thin blood from their cut surface.

The blood accumulates in the heart and commencement of the large arteries; is in moderate quantity in the large veins; in the smaller arteries and veins there is little difference in the quantity of blood present; there are no considerable capillary injections. In the fine vessels the blood does not coagulate, but it is considerably inspissated in this situation; in the vessels of a medium calibre, be they arteries or veins, are found coagula, which increase in quantity and consistence the nearer they are to the centre of the circulation. Pure fibrinous clots are only found in the arterial trunks, and often in the sinuses of the dura mater. The clot in the heart has the exact form of the surrounding walls; it is consistent, may be cut in thin layers, of a uniform reddish brown colour, and containing but little fluid. In the right heart, besides the blood coagulum, there is frequently a fibrinous clot whose size is inversely proportioned to that of the blood coagulum. In a highly developed inflammatory crasis, the fibrinous clot is entirely absent. The coagulated fibrine is elastic and tough, of a grayish or bright yellow colour, yields but little fluid on being squeezed, and possesses adhesive properties, whereby it sticks to the endocardium, where it lies between the *columnæ carneæ*. Besides this, both cavities contain a small quantity of thin, fluid, reddish-brown blood. The parietes of the heart are contracted upon the coagula, (which often range from four to six ounces;) they are stiff, brittle, dark coloured, and the endocardium is bright and colourless.

Another prominent characteristic of blood in this condition is the formation of large fibrinous exudations, which in their turn have the effect of modifying the properties of the blood. Thus the more coagulable fibrine is removed from the blood by exudation, the more does the latter lose in coagulability and in quantity; it becomes thin, and a very extensive exudative process is often productive of anæmia. Exudations rich in fibrine, when they bear the distinctive stamp of this crasis, are most frequently found in the serous membranes which represent the filters of the blood; next in frequency they appear in the pulmonary parenchyma. If the quantity of fibrine abstracted be not so considerable that the organism must succumb immediately from exhaustion of its fibrine, just as it would do after an enormous hemorrhage, one of two consecutive states may ensue: the blood, diminished in its actual quantity, is still coagulable, it forms thin blood and fibrine clots, but it is insufficient in quantity for the wants of the organism, and the symptoms of marasmus (see above) are rapidly developed in it, or it becomes watery, and sepa-

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rates it is true, fibrine, but forms no blood coagulum, and more or less rapidly is developed general dropsy, more particularly anasarca, with well expressed chlorotic habitus. But if the individual have already reached the term between the first and second period of adult age, after exudations of considerable extent, venosity of the blood accompanied with various morbid symptoms, may develop itself. A state similar to scorbutus can only be produced from hyperinosis when pus comes into actual contact with the blood.

Exudations, the result of this crasis, will, if their extent is not too great, rapidly become organized,—the term organization includes that lowest degree of it, suppuration,—or they will be transformed into tuberculous matter: seldom are they changed into ichorous pus. Hence we can, even after the lapse of a considerable period, determine from the kind and extent of the exudation, what the crasis of the blood has been. Blood, of the character we are treating of, has further this peculiarity,—that a single exudation, or, still better, a few exudations one after the other, within short intervals of time, easily exhaust it and deprive it of its particular character, which never returns. It never occurs in full perfection in individuals who have suffered previously from other diseases of the blood. The purest cases of it seem to me to be met with in very young or old persons, *(see above.)* It does not admit of complications with any but unimportant local affections. In an anatomical point of view, the only cause, and that an extremely rare one, that can be discovered for it is,—hypertrophy of the left ventricle without simultaneous hypertrophy of the right. (That wounds, and such like, are not anatomical causes it is almost needless to observe.)

To this state of the blood belong, (setting aside inflammatory diseases after wounds,) the pneumonias of young stout persons, pleurisy, pericarditis, and meningitis, (having the above-mentioned description of exudation.) We must include further,—pulmonary tuberculosis, in the form of what is termed *infiltrated tuberculosis*, that is, pneumonic; uterine tuberculosis, as an exudation on the *mucosa uteri*; meningitides in general, which have become tuberculous, and extensive tuberculous inflammation of serous membranes. Besides these, we must add febris puerperalis, with its inflammation of the organs of generation, (except phlebitis and lymphangoitis,) and of the peritonæum, but only as it occurs in robust individuals at the commencement of an epidemy which runs through all the normal stages.

(To be continued.)

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MEDICAL INTELLIGENCE.

NORFOLK AND NORWICH HOSPITAL.

We have before us a letter from Dr. Hilbers, of Norwich, to the governors of the above hospital, soliciting their votes at the ensuing election of a physician for that institution, in room of Dr. Lubbock, deceased.

As this is the first instance that has come under our observation, of a Homœopathic physician trying for an appointment to a public hospital, we deem it worthy of notice. Dr. Hilbers' letter is written in a modest, tolerant, and earnest spirit. He gives a brief account of the spread of Homœopathic principles among the medical profession, instances a few examples of its superiority over the treatment of the old school, and grounds his appeal to the electors more upon the merits of the system he practises, and the benefits which must accrue to the suffering poor from its introduction into the hospital, than on his own personal deserts, though in the matter of qualification he does not fear the strictest scrutiny.

Though we scarcely entertain a hope that Dr. Hilbers will be elected to the office of physician to the hospital, yet we are glad to see the trial made, for with our convictions that the system of medicine we practise is the only true one, and calculated to be of so much service to the sick, we should be wanting in true moral courage did we allow the fear, or perhaps the certainty, of rejection to deter us from offering our services in behalf of our fellow-creatures; the onus of depriving the sick poor of the blessings of Homœopathy lies with those who reject our offers. We hope the spirited example shown by Dr. Hilbers will be generally followed whenever a vacancy occurs in a public hospital in any town where there is a Homœopathist. The mode of electing physicians in England offers peculiar facilities for the appointment of a Homœopathic physician to an hospital, and we are convinced that our cause will be much more benefited by our obtaining an entrance into existing hospitals, than by the most brilliant statistical reports proceeding from an institution established for the express purpose of carrying out our system.

HOMŒOPATHY IN GERMANY.

Our correspondent in Munich, Dr. J. Buchner, has sent us the following particulars respecting the state and progress of Homœopathy in Germany:—

AUSTRIA.

It is boasted of the medical academies in Austria, that not only are they distinguished as schools, but that those educated in them do honour

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to them; if this be true, then must the empire reckon not only the largest number of sceptics, but also the largest number of Homœopathists, according to the impartial spirit or prejudice, the intelligence or the reverse of individuals, exclusive of the common herd, who cannot go beyond the *verba magistri*. The history of Homœopathy in Austria is remarkable and instructive. Pursuant to a decree of the late Emperor Francis, of the 8th February, 1837, free exercise of the new system was permitted, which had previously been forbidden, at the suggestion of the body physician Stifft, on the 21st October, 1819. At present there exists no hindrance to the free practice of Homœopathy; the dispensing of medicines by physicians is allowed by law, and several Homœopathic Hospitals are flourishing in various provinces.

Among the physicians of Vienna, who are distinguished by their excellence in, and enthusiasm for, Homœopathy, we may mention Drs: Arneth, Böhm, Braun, Fleischmann, physician to the Gumpendorf Hospital, Fröhlich, Gerstel, Glücker, Gnädiger, Görstel, Hampe physician to Prince Lichtenstein, Hirsch, Landsmann, von Lichtenfels, Lederer who had the honour to treat the Princess Mary of France, Löwe, Marenzeller staff-physician, one of the first and most celebrated Homœopathic physicians, Maschauer, Menz, Montbel, Müller, Nehrer, (now in Presburg,) Pleyel von Pleyburg, Polatsek, Puffer, Reisinger, Richter, Rothansl, Schlesinger, Schmelzer, Schmid, Schäffer, Schütz, Schwarz, Sigel, Sterz, Streinz, Schwierzina, Tedesko, Professor Veith, Vrecha, Wachtel, Watzke, Weber, Weinke, Wurda, Wurmb, Würstel, Zlatarowich Imperial Counsellor and Professor.

Besides these, there are in Austria,—Drs. Bergmann, Huber, Pleninger imperial district surgeon, and Reuss in Linz, the last-mentioned is physician to the well-known Hospital of the Sisters of Charity; C. Mayerhofer, convict physician in Kremsmünster; Heller in Schlögl; Dulalion in Thalgau, near Salzburg; Schider, physician to the Cardinal reigning Bishop Schwarzenberg in Salzburg; Kühne in Gastein; Still in Oberneukirchen; Taubitz in Glaubendorf; Braun in Theschen; Huber in Herzogsdorf; Mayer in Schneeberg; Steiner in Troppau. A Homœopathic Hospital is being erected in Steyer.

TYROL.

In the Tyrol are, Bayer, army surgeon in Bregenz; Hechenberger, district physician in Weissenbach; Mörz in Insbruck; Marchesani in Botzen; Matzecker in Meran; Weinseisen in Lofer; and many of the monks practice Homœopathically where there are no physicians. Several districts, as for example Langkämphen, Zell, Landl, have petitioned Government for physicians of the new school.

BOHEMIA.

In Bohemia, by decree of the Government, dated 15th March, 1821, the Homœopathists were indirectly permitted to dispense their medicines. The names of the following physicians are known to us:—Drs. Altschul,

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Bär, J. Hirsch, Hofrichter, Lewi, H. Lövy, and Schaller in Prague; Fiedler, Kromada and Gersune in Teplitz; Brand in Pilsen; Elsass in Kolin; Haunstein in Gottesgab; Hauptmann in Strickna; Holeczek, in Kladrau; Huber in Riechenau; Knaf in Commotau; Kozischek in Brug; Müller in Brüx; Nenning in Hohenfurt; Netolitzky in Senftenberg; Sigl in Görkau; Sturm in Postelberg.

GALICIA.

In Galicia we can cite the following physicians:—Drs. Debrowsky, Von Keler, Schreter, and Hirschberg in Lemberg.

HUNGARY.

In Hungary there are not a few partisans of Homœopathy, whose efforts to spread the true healing art have hitherto not been very well remunerated, but which circumstance will, we hope, not damp, but rather fire, their future exertions, more especially as lately two Homœopathic hospitals have been established in the country. In Pest are Drs. Attomyr, (Bakody, died November, 1845,) von Balogh, Forgo, Hausmann, Ivanovich, Mayer, chief army-surgeon, Muller, army surgeon, Rosenberg, well known from his work entitled "*Progress of Homœopathy in and out of Hungary;*" in Presburg, Cservinka, Hanelly, Kaiser, Koch, Löbell; in Gyöngyös, Bagner, Horner, hospital physician; besides these, Abel in Ofen; Argenti in Waitzen; Bärtl in Moor; Bayer and Melczer in Oedenburg; Baudisz in Hederwar; Halwax and Bless, hospital physician in Güns; Fischer, Lohr, army surgeon in Steinamanger; Fecher, district physician in Szala-Egerszegh; Fuchs in Schleining; Gylyas in Kaposwar; Gebhard, veterinary surgeon in Gakany; Griess, county physician, and Sparny in Szalader; Harafz in Gepregh; Heilmann in Sorar; Hirsch, army surgeon in Debrezin; Hollosy in St. György; Hofer, in Pinkaeld; Horschetzky and Takats, in Gross-Kanisa; Huber, in Kleinzell; Hirtling, in Martzaly; Hunyady and Wagner, chief army surgeon in Fünfkirchen; Jäckel, Prior of Erlau; Jakobi in Neusiedel; Ivanyos and Kolmar in Comorn; Von Kaydewo in Bannat; Konats in Raab; Morgitay and Sztaroveszky in Grosswardein; Olezeweski in Königsberg; Pahrhammer in Eszterhaz; Petzler, Schanez, Schiffmann and Warga, in St. Gothard; Reinolt, retired chief army surgeon in Hermannstadt; Schellhammer, district surgeon in Altenburg; Von Schwarzenberg in Mittweida; Siegel in Belatinez; Sipos and Stein in Croszigath; Füssin, Eberan and Swoboda in St. Martin.

STYRIA.

In the Duchy of Styria, the following have made themselves known by their labours in the cause:—Drs. Dobey in Eisenerz, Maly, professor of Dietetics, Mayer, professor of anatomy, Hiefer, Makl, Metz, police physician, Siegel, Stöger, and Zaruba in Grätz.

ILLYRIA.

In Illyria, Homœopathy has made great progress, in consequence of the clergy having adopted it, whose influence over the country people is

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great, they being accustomed, owing to the paucity of physicians, to seek aid from their spiritual advisers. The following deserve especial notice: Drs. Avé, district physician in Adelsberg; Dürnböck, Bukomnik, Fuhr, and Kurschmid in Radkersburg; Günzel in Trieste; Hörmann, professor of veterinary medicine, Hochmayer, physician-in-chief, Hummel, Kick, physician-in-chief, and Koch, district surgeon in Laibach; Hollezeck in Klagenfurt; Kerschl and Count Schafgottsche in Görz; Luschin in Fürstenfeld; Papesch, district physician in Nassenfuss; Semlitz in Radkersburg; Scheiblitz in Lichtenwald.

PRUSSIA.

In the various provinces of the country, Homœopathy has encountered much persecution, but no physician has ever been punished for dispensing Homœopathic medicines. Not only did his Majesty the King of Prussia, by a decree dated Charlottenburg, 3d January, 1842, allow the staff-physician, Dr. Marenzeller of Vienna, full liberty to propagate Homœopathy, but he also granted the requisite funds out of the Treasury, for the erection of a Homœopathic Hospital. Subsequently, (the 20th June, 1843,) unconditional leave was given to dispense Homœopathic medicines. The Hospital has not yet made its appearance, but the design is to found a magnificent institution worthy of the liberality of the Sovereign. In 1837, there was, at Brieg, an Hospital for female servants, in which the mortality was one-third per cent. Prussia reckons many of the oldest and most distinguished Homœopathists, who have always enjoyed the favour and justice of the King, among these are Drs. Aegidi, court and medical counsellor, Bamberg, Berg, Bicking, Gaspary, Kallenbach, Melicher, Montagk, Müller, court counsellor, Reisig and Vehsemeyer in Berlin; Marter, Schmidt, retired army surgeon, and Tietzer in Königsberg; Baumgarten, Rath, sen., Rummel (who formerly, when in Merseburg, received from the municipal authorities a letter of thanks and a gold ring for his services during the cholera) and Sparmann in Magdeburg; Gross, jun., Nagel, and Runzelberg in Halberstadt; Matkowsky, Röhl, and Schrenk in Posen; Barkhausen in Dusseldorf, physician to the Princess Frederic; Baumgärtl in Glaucha; Behrends in Wetzlar; Von Bönninghausen in Münster; Böck at Fraustadt, in Posen; Bredenöll in Erwitte; Burdach in Luckau; Ehrhard in Merseburg; Fischer in Frankenstein; Gebel in Peterwitz; Geiseler, medical counsellor in Danzig; Gerber in Delitzsch; Goeden in Pomerania; Gross, medical counsellor in Jüterbock; Günther in Langensalza; Heer in Striegau in Silesia; Helm in Stolz; Hendricks in Cologne; Kaiser in Querfurt; Kayser and Reil in Halle; Kleinschmidt in Freienwalde; Kohlmann, sen. and jun., in Wanzleben; Kraft in Rossleben; Kurz in Landeck; Lichtenstein in Lutter on the Hill; Lietzau, district physician in Rastenburg; Link in Glogau; Lobethal and Schweikert, jun., (sen. died in 1846,) in Breslau; Löscher in Lübben; Lohrbach in Egeln; Lutze in Potsdam; Marbach in Jauer; Mattersdorf in Frankenstein; Metzch in Suhl; Netwig in Glatz; Neumann in Gross glogau;

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Patzack in Neisse; Rath, jun. in Nordhausen; Röhl, in Querfurt; Rose in Herford; Sauermann in Brieg; Schindler in Lausitz; Schindler, B, in Greifenberg; Schmieder, court counsellor, and Müller, Benj., in Liegnitz; Schmidt, army surgeon, in Glatz; Schneider, physician to the mines in Sommerschenburg; Schnieber in Sorau; Schumann in Reichenbach; Schultz in Grunau; Sommer in Frankfort-on-the-Oder; Sparmann in Sudenburg; Stapf, medical counsellor, Knight of the Ernestine Order, Gruber and Messerschmidt, in Naumburg; Starke, staff-surgeon in Silberberg; Stenns in Bona; Strecker, district physician and court counsellor in Dingelstätt; Teichmann and Dennick in Wittenberg; Givesius, late district physician in Malschöwen; (Thorer in Gorlitz, died June, 1846;) Weigel, court counsellor, in Schmiedeberg; Weihe in Herford; Wenzel in Langensalza; Wolf in Kalau.

SAXONY.

This grateful country, which, for the sake of its antiquated prejudices, sent the immortal Hahnemann into exile, has never felt, and, consequently, never fulfilled, its moral and scientific obligations. I cannot join in the praises bestowed by Dr. Hartmann; for it is no merit to do what cannot be avoided. The Government of Saxony has neglected its duty towards, and refused to acknowledge the rights of, Homœopathy, and thus has repelled from it what it could not understand; and yet, of all countries in the world, Saxony should have been foremost to strengthen our truth by word and deed. All that has been done is the yearly allowance of 300 dollars for the support of the hospital in Leipzig,—300 dollars more for the appointment of a professor to lecture on Homœopathy could not be spared. As the last political Congress proved, the land where Homœopathy first arose will long lend a deaf ear to the new doctrine. Among the Saxon physicians, who, be it remarked, almost all evince a peculiar predilection for apothecaries, contrary to all other Homœopathists, we may mention,—Elb, Gerson, Geyer, Helbig, Hirschel, Küchenmeister, Lehmann, Piper, Schwarze, court and medical counsellor, Trinks, medical counsellor, Wiggler, Witzler, and Wolf, medical counsellor and Knight of the Order of Henry the Lion, in Dresden; Apelt, army surgeon, Drescher, Gutmann, dentist, Hartmann, Haubold, Kirsten, Kreussler, Lux, veterinary surgeon, editor of the *Veterinary Journal*, Moritz Müller, who gave lectures in 1829-33, Clot. Müller, Seidel, and Schubert medical counsellor, in Leipzig; Barth in Greiz; Bauer in Neukirchen; Bergh, Billig, and Schober in Leisnig; Böller and Handt in Plauen; Bormann, district and school physician in Grimma; Gerner in Ebersbach; Heyder in Freiberg; Hesse, counsellor in Wechselburg; Jancovius, in Penig; Krasselt, veterinary surgeon in Lobstädt; Lehmann in Zwickau; Rake in Dippodiswalde; Rückert in Königsbrück; Roch in Chemnitz; Schönke in Bautzen; Schuler in Stollberg; Seidel and Herzog, in Lebau; Schwarzenburg, town physician in Mithweida; Trautwetter, veterinary surgeon, in Grimma; Woost in Oschatz; (Zeisig in Eibenstock, died 22d Nov., 1837;) Baumgärtl, in Glauchau.

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HANOVER.

Twelve years since, Councellor Lünzl made a proposal in the political Congress for the establishment of a chair of Homœopathy, and for the liberation of this system from the effects of the monopoly of the apothecaries. But, notwithstanding all his exertions, the new doctrine gained nothing more but what could not be prevented, namely, its spread throughout the country where are to be found such men as Fischer, Huch, Schubert, and Winter in Lüneberg; Betzendorf in Bremerlehe; the indefatigable court physician Elwert, and Weber in Hanover; Frank, Nicol, and Sternheim in Hildesheim; Frische in Weissbergholzen; Hilmer, regimental physician, in Stade; Laudatin in Salzdetfurth; Metz in Dassel; and Theobald, in Pronnebeck.

WIRTEMBERG.

The King of Wirtemberg is generally held to be the greatest benefactor of the people over whom he reigns, and one of the most intellectual Princes of our times; the blessings which he so liberally dispenses will, doubtless, sooner or later extend to Homœopathy. The following physicians are known:—Drs. Bentsch in Münzingen; Bosch in Bransbach; Eichhorn and Widenmann, physician to the Workhouse Hospital in Ludwigsburg; Kammerer, in Ulm, who obtained liberty to dispense medicines on the 2d of May, 1831; Koch, Kolb, (Ruoff,) in Stuttgard; Zipperlen, in Teinach.

BADEN.

In 1834, the Baden Chamber of Deputies proposed, that as regarded Homœopathy, only those physicians who were conversant with both methods could be held as qualified practitioners. The matter has rested here, deputies and government remain gazing at each other; whether they are still doing so, perhaps Dr. Griesselich could inform us. The College of Health is very favourable to the apothecaries, as may be learned from the *Jahrbücher der Pharmazie VI*, p. 281. Baden reckons many distinguished homœpathic physicians; the physiologist, J. W. Arnold, formerly professor at Zurich, in Heidelberg; the profound Segin, Nuhn, Diehl official physician, and the industrious Diez, in Eningen; Brennfleck in Wiesloch; (Baumann, died 1839,) Tamm, Schmager, veterinary surgeon in Lahr; Krämer in Rastatt; Schyrmeier in Emmerdingen; Seither in Oppenau; Siehgel in Bruchsall, the oldest of the Baden Homœopathists; Werber, Professor of Medicine in Freiburg; Hochstätter, Wich Court Counsellor, and the witty and learned regimental physician Griesselich, in Carlsruhe.

HESSE.

Since the 19th December, 1833, the free practice of Homœopathy has been permitted in Hesse, where are Heichelheim in Worms; Käsemann in Lich, physician to Prince Solmslich, (Glaser, in Grüneberg, died 17th February, 1837;) Kaiser, and Staff Surgeon Amman in Darmstadt; Lorenz in Homburg; Metz in Dreieichenheim; Wilhelmi in Rinkeln; Wolfson in Alzei; and Zinkhau in Schlüchtern.

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BRUNSWICK.

In this country Homœopathists require to pass an examination. Here are:—Drs. Fielitz, Hartlaub, Kiesselbach, Muhleinbein, C., (Muhlenbein, G., body physician, counsellor, Assessor of the College of Health, Knight of the Order of Henry the Lion, died January, 1845); Rosenthal, and Schumann, veterinary surgeon to the Court in Brunswick; Goldmann in Wolfenbüttel; Traub and Hermann in Schöningen, (Kratzenstein in Helmstadt, died February, 1846;) Rübe and Spohr, medical counsellor in Ganderaheim; Rühe in Secsen.

ALTENBURG.

Altenburg has court counsellor Ruppius, Berhardti, Wagner and medical counsellor Winkler.

ANHALT BERNBURG.

Anhalt Bernburg boasts of Dr. Wurzler, court physician in Bernburg:

DESSAU.

Dessau possesses Kurtz, body physician and medical counsellor Madelnhauer and Prietah, court surgeon, in Dessau; Chemnitz in Zerbst.

COBURG.

Coburg is represented by Blau, medical counsellor in Ichtershausen; Henicke, Schindler, and Madelung in Gotha; Ranni and Rumming, veterinary surgeons in Neudietendorf; Vorbrod in Coburg; Wohlleben in Volkenrode.

COETHEN.

Coethen is celebrated as the asylum of Hahnemann. We need only mention that the new system has been recognised there since the 1st July, 1822. A monument is about to be erected to the immortal Hahnemann, close by the railway terminus in Coethen. Drs. Lehmann and Mossdorf practice our system there.

CASSEL.

In Cassel is Dr. Gustav Altmüller.

MECKLENBURG.

In Mecklenburg are,—Genzke, veterinary surgeon in Neustrelitz; Hoffendahl in Mildenitz; Krämer in Rostock; Preller in Neubrandenburg; Varia in Rostock; Nithak in Waren.

MEININGEN

Is celebrated for the liberality of its rulers. Duke Bernhard's edict of the 21st October, 1834, as also the apothecary regulation of the 9th May, 1837, allow the free development of Homœopathy, which is practiced by Emmrich, Emmerling, and Marschall in Meiningen; Schleicher in Sonnenberg; and Ambronn, veterinary surgeon in Liebenstein.

NASSAU.

In Nassau are,—Hirsch in Wisbaden; Kirsch, army surgeon in Biebrich; Weber in Hochheim; Kunze in Montabaur; Gunzenheimer in Holzapfel.

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SONDERSHAUSEN.

In Sondershausen,—Blödau, court physician, Hunius, Schubart, Wilhelmi, and Mönch, veterinary surgeon in Arnstadt; Syrbius in Rudolfstadt.

WEIMAR.

In Weimar,—Goullon, official physician, and Kämpfer in Weimar; Sitzter in Ilmenau; Martin in Jena; Wislicenus in Eisenach.

FREE TOWNS.

In the Free Towns practise,—Drs. Frei, Hoffmann, and Neeff, municipal physician in Frankfort-on-the-Main; Kruger and Siemers in Hamburg; Meierhoff, Krummacher, (Hirschfeld, died 22nd March, 1845,) in Bremen.

INQUEST AT BIRKENHEAD.

Yesterday, (19th March, 1847,) an inquest was held at the house of Mr. Hilliar, the Monks' Ferry Hotel, upon the body of Mr. Hilliar's son Thomas, ten months old. From what we are enabled to glean, it appears that the child had been attacked, some time ago, with what is technically termed bronchitis, but which, we understand, is better known by the more popular name of inflammation of the windpipe, and Mr. Norton, now of Birkenhead, a disciple of Hahnemann, professor of Homœopathy, was called in to visit the little sufferer. In November it had a severe attack, and under the care of Mr. Norton it recovered. In February, it had another attack, and although it was in a state of great danger the Homœopathic treatment prevailed. A short time ago the child sustained another attack of the same complaint, and Mr. Norton again attended, and afforded the medical assistance which he thought necessary, and acted up to the rules of his school of medicine. The child grew worse, and on Sunday or Monday, Mr. and Mrs. Hilliar thought that they had better get other advice, and sent for Dr. Macrorie, of this town, who attended on Monday night, and did all he could, but the poor little fellow died on Tuesday. Some parties, perhaps, disapproving the Homœopathic system, made an application to Mr. Churton, the coroner, to have an investigation into the matter, and he at once issued his instructions to Mr. Palmer, the special high constable for the hundred of Wirral, to summon a respectable jury to inquire into the cause of the child's death. The jury were accordingly empanelled yesterday, at the Monks' Ferry Hotel, and Dr. Macrorie, Mr. Steele, surgeon, the nurse, and other witnesses were examined. There appeared to be little doubt but the child died of bronchitis. Mr. Thomas Smith Parker, brother of Mrs. Hilliar, deposed to the general health of the deceased, as we have before stated. He further said that Mrs. Hilliar sent the child to New Brighton for the purpose of improving its general health; and, having been brought up for the medical profession, he thought the inquiry needless, and was quite surprised that one had been held. He was no Homœopathist.

The Coroner said he was exceedingly sorry that they had to meet upon that occasion, and, after the painful case which he had had to attend at Birkenhead last week, he hoped that medical men would be extremely careful in future.

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They were met to consider the cause of the death of Thomas Hilliar, who Dr. Macrorie had stated in evidence had died from Bronchitis. Dr. Macrorie had practised in the town of Liverpool for a period of nearly thirty years, and, of course, had had considerable experience in his practice. At the same time, he thought it right to state that Mr. Norton resided at Birkenhead, and at times took a different view of cases, for he had been in the habit of practising Homœopathy. He (the Coroner) believed that the latter mode of treatment was not sanctioned by the heads of the profession in London, or in Ireland and Scotland. He recollected attending a meeting of the Bolt Court Society, some time ago, a society composed of the most eminent men in the medical profession, one of whom, when the question of Homœopathy was proposed to be discussed, said that he thought it was a waste of time to discuss such a subject. Of that society Sir Benjamin Brodie and Sir Thomas [?] Lawrence were members, and they were of opinion that the homœopathic treatment was not such as ought to be generally adopted. Of course, it entirely remained for persons to consider the propriety of sending for Mr. Norton. He (Mr. Churton) had no reason to believe but that the death of the child had resulted from the cause stated by the different witnesses. Dr. Norton had not described the particular mode of treatment which he had adopted, but he said that he had administered medicine according to the principles adopted by his school. He (the Coroner) thought that in complaints of this description the most prompt measures should be resorted to, especially in cases of inflammation of all the tissues of the body, and unless in those cases the most active measures were adopted, the lives of the patients must be jeopardized by the treatment of Dr. Norton. He understood that the Homœopathists did not usually bleed their patients.

Dr. Norton: No.

The Coroner said he understood they used no mercury or tartar emetic except in very small quantities.

Dr. Norton: We use all our medicines in very small quantities. He hoped the coroner would allow him to address the jury, as some observations had been made upon the system which he had pursued.

The Coroner said it was not usual to allow any person to address a coroner's jury, for the adoption of such a course might cause some prejudice in their minds.

Dr. Norton said that after what had transpired he thought it due to himself to make some remarks to the court and jury.

The Coroner said that Dr. Norton had had the privilege of putting any question he thought proper to the witnesses, and beyond that he could not allow him to go. It was quite unusual to allow any person to address a coroner's jury. The reason why this inquest had been held was that some respectable parties had made a communication to him regarding the death of the child. Any respectable man had a right to call upon the coroner to hold an inquest, and he had no doubt that the parties who had made the communication to him had been told that if the child had been treated in the regular way it would have recovered.

Strangers then withdrew, and after a lapse of about half an hour the jury returned a verdict of "Death by the visitation of God, from natural causes." It is right to add that Mr. Hilliar has lost other children by the same complaint, although they were attended by gentlemen of the old school of medicine.—*Liverpool Mail*, 20*th March*, 1847.

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[We would make a few remarks on the above case.—The inquest did not originate with the parents or relatives of the deceased. The former had already had sufficient experience of the effects of the Allopathic system, having previously lost other children from the same disease; they had, moreover, twice witnessed the good effects of Homœopathy in this same child. An Allopathic surgeon, (the uncle of the deceased,) "thought the inquiry needless, and was quite surprised that one had been held." The inquest was got up by some parties, as the newspaper surmises, disapproving the Homœopathic system. As the evidence of all the witnesses went to prove, there was not the shadow of a pretext for the inquest at all. Nevertheless, the coroner, an Allopathic surgeon of Chester, endeavoured to prejudice the minds of the jury against Dr. Norton, and the system he practises, by stating that the members of a medical society, at a meeting held some twenty years ago, were of opinion that the Homœopathic system was not such as ought to be generally adopted,—that it was not sanctioned by the heads of the profession; and he asserted, on his own authority, that the lives of patients must be jeopardized by the treatment of Dr. Norton. Had Mr. Churton adduced the slightest evidence that those who rejected the system knew any thing whatever about it, or had he given a single rational ground for his condemnation of it, his remarks might have been entitled to some respect; but, considering the situation he occupies, and his own supreme ignorance of the whole system, we think it would have been more consistent with the character of an impartial judge to have refrained making any strictures on the treatment employed, or forcing his own medical dogmas on an unlearned jury. We notice this case to condemn the bad spirit by which the informer, through whose instrumentality the inquest was held, has evidently been actuated, and the injustice of the coroner. We know nothing at all of the case, nor of the previous treatment, but from the newspaper report. Such proceedings as these must advance our cause,—because manifest injustice and malignity recoil on those who use such very unsafe weapons.—EDITS.]

OBITUARY.

HOMŒOPATHY has to deplore the loss of two of her most eminent German champions, both of whom were amongst the first who perceived the truth and beauty of the doctrines of Hahnemann, and contributed in different, though equally meritorious ways to advance them.

George Augustus Henry Mühlenbein, Doctor of Medicine, Privy Counsellor, Knight of the Order of Henry the Lion, &c., expired at

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Schöningen, in Brunswick, on the 8th of January of last year, in the 81st year of his age. After completing his medical studies and receiving his degree at Helmstadt, in 1789, he commenced practice in his native town of Königslutter, but soon afterwards removed to Brunswick, and was appointed district physician in Schöningen, where he was greatly distinguished during a pestilential fever that invaded the town for his zeal and humanity towards the poor under his care. About this time he made Hahnemann's acquaintance, who then resided in Königslutter, but he did not then embrace the novel doctrines of the great Reformer. He was one of the first and most zealous in introducing vaccination into his district, on which subject he wrote several papers in Hufeland's journal and elsewhere. During a very fatal epidemy of Scarlatina, which broke out on the Prussian border, he displayed great activity, for which he was rewarded by the Prussian Academy of Sciences with their silver medal of merit, and by the Landgrave of Hesse Homburg with the title of Hofrath. After this he established himself in Brunswick, where he was nominated Assessor of the Board of Health, and was subsequently appointed body physician to the reigning Duke. In 1822 he became acquainted with Homœopathy by the perusal of Hahnemann's Materia Medica, and after having practised according to the doctrines of the prevailing school for thirty-three years, he embraced the Homœopathic system, as we learn from his confession of faith in the sixth volume of the *Archiv.* During his subsequent life he practised Homœopathy with great success, and rendered important services in its propagation. He may be justly termed the Apostle of Homœopathy in the north of Germany. The 50th anniversary of the day when he received his Doctor's degree, was celebrated with much rejoicing by his friends and admirers. A medal was struck in his honour, and a sum of money, subscribed by his friends for a testimonial to him, was devoted, at his request, to the encouragement of provings of medicines. He was one of the founders of the Central Society of Homœopathic Physicians, of which he was once elected President. His energies and efforts in the Homœopathic cause continued unabated till a very advanced period of life, and when he found it impossible to obtain the repeal of the law against the dispensing of medicines by physicians, he established a Homœopathic laboratory in Brunswick. Although his incessant engagement in active practice prevented him writing much, he nevertheless succeeded in converting to Homœopathy, many Allopathic physicians, who are now its zealous adherents. In personal appearance he was stout, broad-chested, lively in his movements, and manly and erect in his gait. His forehead was expansive, his eye piercing, and he was not deficient in eloquence. His whole appearance was dignified, and inspired confidence, his manners towards his patients extremely kind and winning. He enjoyed good health until within a few years of his death, when he fell into bad health, probably from over-exertion, as he always

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seemed to forget his advanced age, and never took any care of himself, nor spared himself any labour. Homœopathy has lost in him an undaunted defender of the truth, the sick a most successful practitioner, and the poor a benevolent friend.

Ernest George Von Brunnow, born at Dresden, the 6th April, 1796, died there the 5th May, 1845. Though not a medical man, Von Brunnow has rendered essential services so the cause of Homœopathy by his literary labours, in connexion with the subject. Of a noble Courland family, he began in 1829 to devote himself to the study of philosophy and law. His indifferent health, however, prevented him pursuing this path, and he confined himself to the cultivation of the lighter departments of literature. He enjoyed considerable reputation as a novelist, his "Troubadour," and "Ulrick Von Hutten," being still popular. Failing to obtain relief for his bodily sufferings from Allopathy, he put himself under Hahnemann's treatment, and obtained such benefit as convinced him of the excellence and truth of the Homœopathic system, and converted him into an ardent champion of the cause. He translated into the French language "The Organon," and several other of Hahnemann's lesser works, and had a considerable share in the Latin translation of the Materia Medica Pura. His last work in connexion with Homœopathy, is a small pamphlet entitled "Ein Blick auf Hahnemann und die Homœopathik," Leipzig, 1844, which has been noticed in the third volume of this Journal, p. 119. We cannot better sum up this brief notice of him, than in the following words of his German biographer:—"His whole nature evinced profound feeling, and his melancholy, dark, brilliant eye, betokened clearness of intellect, and the noblest of hearts. Without guile, firm and true in his friendship, sympathizing, unselfish, with an enthusiasm for the beautiful and the sublime, such is our recollection of the noble, the departed Ernest Von Brunnow."

Extract from the *Courrier de la "Gironde,"* Bordeaux daily newspaper, of the 13th of May.

"For some time past we have been desirous of devoting a few lines to the memory of that excellent man, that much-to-be-lamented philosopher, that enlightened physician, Dr. Mabit, senior, who has been carried off so cruelly and so suddenly from the medical art, from his family, and from his numerous friends. We perhaps come a little too late, but what does that matter? Dr. Mabit has already had the purest funeral eulogy in the tears of his family, in the grief of his friends, and in the grateful remembrance of all.

"The intelligence of Dr. Mabit's death produced a great sensation in Bordeaux. No man ever departed this life amidst such deep regret and such universal sympathy. Dr. Mabit had none but friends, and how

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could it be otherwise with a man so earnest, so good, so disinterested, so full of zeal, whose talents, matured by the experience of a long practice, were always at the command of those who stood in need of them? It may be said, the life of Dr. Mabit was but a long act of devotion, and all who were intimate with him, knew that he was at all times and in all places, during his long and laborious career, the indefatigable succourer of all unfortunate beings.

"Born at Toulouse, on the 24th January, 1781, M. Mabit first entered the army of the Alps, in the capacity of surgeon of the third class; this happened on the 30th Floreal, year 5. M. Mabit made the campaigns of Italy and Egypt in the capacity of surgeon of the second class, and on the 5th April, 1802, he went out to Domingo, where he was wounded in an engagement at French Cape. M. Mabit, on returning from St. Domingo, had charge of 300 sick on their way back to France, but he was taken prisoner by the English. The yellow fever soon broke out on board the captured vessel, in consequence of the wretched state in which their captors left the sick who had been captured whilst returning to France. During all the voyage he alone performed the medical duties, which act obtained from his patients a testimonial couched in terms of the deepest gratitude.

"On arriving at Plymouth he was confined in the factories, where he remained two years: at this period an exchange of prisoners took place; he was included in this exchange, and on his return to France he entered the naval service, where he remained until 1813. M. Mabit took advantage of his sojourn at St. Domingo to write a work on the diseases of the army composing the expedition. Between his campaigns he came to Paris to take his degree of Doctor; he was received in the most brilliant manner, and his diplomas bore this flattering remark:—'The candidate has given proof of acquirements at once solid and extensive.'

"M. Mabit returned to Bordeaux in 1815, where he was induced to remain by the friendship of his countryman M. de Saget, of M. Gradis, sen., and the esteem he had acquired by the amenity of his character. He was soon appointed professor in the secondary school of medicine, and physician of the hospital of St. Andrew, where he remained for twenty years.

"His intimate connexion with the illustrious Laennec, and his searching mind and ardour for investigating new truths, led him to study, before any one else in Bordeaux, the marvellous discovery of mediate auscultation, which was not, however, received without some opposition, and which now serves as a light to all educated physicians. We have seen in his cabinet the first stethoscope which appeared in Bordeaux. This instrument was turned by the hands of Laennec himself, who sent it to him in proof of his friendship.

"About this period a new medical doctrine, which made a great noise in France, was the object of the most violent attacks on the part of the

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French physicians. Homœopathy was condemned by them as a false, dangerous, and absurd doctrine: it is true that those who thus calumniated it, knew it not. Dr. Mabit carried into the study of the new doctrine, which then excited so much abuse and ill feeling, that disinterested and sincere love of truth, that scientific impartiality, and that ardour, without which it is impossible to advance in the culture of science. It is not for us to pronounce an opinion on Homœopathy, but whatever opinion may be entertained respecting its future destiny, one cannot refrain from admiring men possessing such great scientific courage, who, in the lofty situation occupied by M. Mabit, at the expense of time and fortune, can thus devote their whole energies to the search after truth.

"In 1829 M. Mabit was nominated Member of the Board of Health. Thither, as elsewhere, he carried his great love of labour, and he contributed to organize an administration which at that time was far from efficient.

"Sent to London in 1832 to study the cholera, he was taken seriously ill at Calais; this did not prevent him arriving in time to observe, and commence a work on this terrible disease. The reward of so much self-sacrifice, and of labours so useful to science, was not long deferred: M. Mabit was about this time named Chevalier of the Legion of Honour. Finally, on the reorganisation of the secondary school of medicine, M. Mabit was elected first professor, and subsequently director of this school.

"M. Mabit was an eminent author; he published several works on the yellow fever, the cholera, and several memoirs relating to his Homœopathic experience. At the time that death carried him off, he was, it is said, preparing a work on internal pathology, the results of forty-five years' experience."

[We have before us two essays by Dr. Mabit: one is entitled, *Observations sur l'Homœopathie*, and is intended as a reply to the Report on Homœopathy, furnished to the French Government by the Parisian Academy of Medicine. It is written in a dignified and gentlemanlike manner, and nowhere descends to satire or invective, the author's desire being evidently rather to promote the cause of truth by fair and legitimate argument, and to induce his brethren to investigate the system he advocates, in order thereby to contribute to the diminution of human suffering, than to exalt one system or set of practitioners at the expense of another. We should like to see more of this tone and spirit in the controversial essays on both sides, for it is the elucidation of truth that should always be aimed at, and this end will be much more readily attained by carefully avoiding all bitterness, personalities, recriminations,

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and ridicule, than by pursuing an opposite course. The other essay by Dr. Mabit is termed *Etude sur le Cholera*, in which he gives the history of that disease, and the various methods which have been adopted for its prophylaxis and cure; he enumerates the different Homœopathic remedies which have been found efficacious, gives the particular indications for each, presents the reader with a comparative statistical table of the results under Homœopathic and Allopathic treatment, and concludes by giving the details of fourteen cases selected from those treated by himself in the hospital of Bordeaux, the total number he had under his care having been thirty-one, of whom twenty-five recovered and six died, two of the fatal cases having entered the hospital moribund. The professorial chair which Dr. Mabit filled at Bordeaux was that of Pathology.—EDS.]

BOOKS RECEIVED.

De Veneficio Phosphoreo Acuto. Dissertatio Toxico-Physiologica, p. p. Dr. P. J. Liedbeck. Anat. Prosect. Upsal.

Kort Framställning of Homœopathiens Närvarande Ställning i Frammande Länder. Af Dr. P. J. Liedbeck.

De Cerebello Humano Observata et Commentata, p. p. Dr. P. J. Liedbeck. Prosect. Upsal.

PRINTED BY SMITH, ROGERSON, AND CO., 44, LORD-STREET, LIVERPOOL.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

DR. G. SCHMID'S HOMŒOPATHIC TREATMENT WITH UNDILUTED MEDICINES.*

[THERE are few questions of greater interest to the Homœopathic practitioner than that of posology, or the proper doses to be administered in the treatment of acute and chronic diseases; and none, we may say, in which there exists greater discrepancy of opinion among the disciples of Hahnemann;—for it offers free scope for every variety of opinion, there being two posological extremes, a happy medium, and eclecticisms without number. In fact, we may almost say, there are as many opinions as there are practitioners, and each is prepared to prove the superiority of his own by an imposing array of cases. While all are held together by the principle "*similia similibus curantur*," each thinks the subject of dose an open question; few (if any) abide by Hahnemann's latest standard of decillionths; those who arrogate to themselves the appellation of orthodox Hahnemannians have travelled far away, under the guidance of Gross, into the mystic regions of the 200th, 800th, and 10,000th dilutions, while the section, by the former styled *specifickers*, have gradually descended to

* From Homœopathische Arzneibereitung und Gabengrösse. Von Dr. G. Schmid. Wien, 1846. Page 110.

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the lowest numerals in the scale of dilutions until they have attained their *ultima Thule* in the Schmidian tinctures and first triturations. To some this variety of opinion and practice appears to be indicative of the untenableness of Hahnemann's dogma, but to us it merely shows that, as long as practitioners remain faithful to the Homœopathic principle, they will meet with a large amount of success in practice under almost every variety of dose. That there must be some rule for the dose, and that this rule will ultimately be discovered, we cannot doubt; and for the solution of this problem the best plan undoubtedly is to examine the evidence of all parties; and hence we make it a duty to present to our readers, in the pages of this journal, every variety of practice where the therapeutic law discovered by Hahnemann is the guiding star. In our last number we revealed the transcendental terminus of the posological line; and in this we display the opposite material terminus, where we find our old friend, G. Schmid, the very antipod of those who avail themselves of the aid of the horse-training Jenichen's mysterious manipulations,—in good old style

> —— "prepared with death to wrestle,
> Armed with a mortar and a pestle,"

and meting out his doses by the drop, the grain, and the scruple.—EDITS.]

INTRODUCTORY REMARKS.

A few words only are necessary on the subject of my doses in general. Of those medicines which yield their medicinal virtues wholly or in part to Spirits of Wine, being thus fitted for tincture or solution, I give, *for the most part*, the undiluted tincture and the more or less concentrated solution. As the vehicle for the medicines fitted for tincture or solution I use water, or milk-sugar, or sweet-sugar: chiefly water for diseases in which the patients are confined to bed

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or the house; milk-sugar for patients able to go about; and sweet-sugar for children.

The trituration of several medicines with milk-sugar, or any other indifferent vehicle equally well adapted, has a very great influence on their activity. Although this is chiefly to be observed in medicines which exhibit little or no activity in the untriturated state, yet, even in the heroic medicines, which, in the undiluted state display powers dangerous to life, such as Arsenic, the influence of the trituration is essential and welcome in their therapeutic employment, inasmuch as they are by this means brought into a quantitatively serviceable dose for therapeutic purposes.

But I think I can best exhibit my doses and mode of treatment by the faithful and exact narration of some individual cases.

[Before giving these cases, Dr. Schmid reminds the reader that they are not intended as complete histories of cures of diseases, but merely such parts as bear distinctly on the subject, and illustrate clearly the effect of some individual medicine in a certain dose.]

I.—*Arnica—(Two Cases.)*

A girl of two and a half years old had been affected with diarrhœa for several weeks; the stools were frequent, fluid, frothy, acrid, and very fœtid, accompanied by much flatulence. The belly was distended; the appetite small; frequent fœtid eructation; the sleep at night restless and interrupted; the temperature of the skin changeable, at one time cold and at another warm; complexion earthy, and looks unhealthy; the child was weak and fretful, and had a frequent short cough.

On the 10th December, 1844, I gave 6 drops of the pure Tincture of Arnica in about three ounces of water, to be taken in six doses in the course of twenty-four hours.

This remedy was continued for the three following days with such good effect, that, on the 15th, not only all the functions were natural, but the little one was again strong and cheerful, playing about as usual.

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II.

On the 9th of February, 1844, I was consulted by a patient on account of a very troublesome and painful prolapsus of the anus. It comes on after walking five or ten minutes, and the pain hinders him from going any further, and forces him to return without delay. He had formerly suffered much from hemorrhoids. The prolapsed portion of the rectum still displays flaccid hemorrhoidal excrescences of a bluish red colour, after the replacing of which the pains instantly cease. These troubles have already lasted from October last; that is now four months. The remedies hitherto used have all failed to give any permanent benefit, and the only thing that has given even relief for the time is washing the whole body with cold water. Besides this painful prolapsus, the whole system of this patient is in a weakened and relaxed state. The most prominent symptoms are, bad digestion and occasional attacks of very painful headachs, which are either beating and pressing in one or other temple, or burning on the crown of the head. The headach is accompanied by darkness before the eyes and loss of vision, giddiness, and incapacity for all exertion. Every excitement of the mind which is very irritable aggravates all the symptoms. It is a circumstance to be remarked, that during the headachs the rectum does not fall down, and *vice versâ;* and that, farther, the headach is most quickly and certainly removed by a cup of coffee. His state of mind is most pitiable, and he passes many nights sleepless.

I gave Arnica in the concentrated tincture prepared from the fresh root: three drops for a dose, five times a day till the 22nd February.

The action of this remedy was surprisingly rapid and beneficial on the rectum; so that from this time forward no further complete prolapsus took place, and the slight threatenings of it soon also subsided. Besides this, during the use of the Arnica the general state of the patient was materially improved. At the same time I must add, that, for the progress and continuance of the improvement, other remedies were also used; but these I have not particularly noted. The object of the improvement was, however, so far gained, that though in the following

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year the patient suffered once again from disorder of the rectum, it, however, was not this time prolapsus, but arose from swelled hemorrhoidal excrescences, and this, after some discharge of blood, completely subsided in a few days, under the use of *Aconitum*, in the dose of *three drops of the concentrated tincture* five times a day.

The patient had suffered from hemorrhoidal symptoms many years before, when he was in a much stronger state of health; and he was then also stronger, and continues so till the present day.

III.—*Belladonna.*

A boy of six years of age, who had been ill for two months, was seen by me for the first time on the 3rd February, 1845. Of a naturally lively and cheerful disposition, he had become gradually cross, lazy, weaker and thinner, and looked very ill. His appetite is very small; the fœcal evacuations irregular; at one time firm, scanty, whitish, and unfrequent; at another, frequent and pappy. For the last fourteen days he is attacked every evening with heat and increased thirst, restless sleep and morning sweating, frequent cough, with copious expectoration of tough, greenish mucus; the nostrils are also often filled with similar mucus.

All these symptoms had gradually increased to such a degree, that he was seized on the 2nd February with distinct fever, and could no longer remain out of bed. On the forenoon of the 3rd I found the pulse above 90, the head hot, the cavity of the mouth, the tongue, and tonsils remarkably pale and dry, the last being also swollen, the stomach distended and sensitive even to slight touch and to inspiration; the abdomen likewise distended, besides the above-mentioned symptoms in an increased degree. I gave *Belladonna* in the dose of *one drop of the tincture six times in the course of twenty-four hours.*

The night of the 3rd February was passed in quieter sleep, and in the morning moderate perspiration came on. Next morning there was considerable relief of all symptoms. The medicine was continued in the same dose and repetition till the 6th February, when it was reduced to five doses daily,

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and on the 9th to four doses. On the 12th the medicine was discontinued, and the boy was quite well and all the symptoms gone.

IV.—*Bryonia.*

A man near forty had suffered for two years from cramp in the stomach, as he himself termed his disorder. It consisted in the following:—The stomach becomes constricted and squeezed together, so that the breathing is thereby impeded; then an acrid corrosive fluid rises into the mouth (waterbrash) in large quantity. Such an attack has come on for a long time daily, *at least once*. There is, besides, diminished appetite and bad digestion, torpid and irregular bowels, and the abdomen distended with troublesome flatulence. The patient had hitherto been treated Allopathically, and had used a great variety of medicines, but all without benefit.

I gave him *Bryonia*, in the dose of *four drops of the concentrated tincture* four times a day.

Already on the following and immediately subsequent days the patient felt only a threatening of his trouble. After that he had no further complaint during the time he continued the medicine, which he earnestly requested to be allowed to do for several weeks, in order completely to eradicate his disease of two years' standing. At the same time the digestion and action of the bowels returned to their normal state.

The patient has, up to the present time—already above a year—had no return of his complaint.

V.—*Cantharides.*

A man upwards of fifty, whose physician I have been for the last six years, had suffered, when I first began to treat him, from paralysis of the lower extremities, so that he was not only unable to walk without assistance about the room, which he had not been out of for four weeks, but was no longer able to stand upright without support. Up till this time he had been treated Allopathically. The last medicine used was Corrosive Sublimate in the form of pills. Years ago the patient had suffered from ulcers in the feet, which were now

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healed, leaving discoloured spots and cicatrices. *Sabadilla* was the medicine which in my hands restored him to the use of his legs again.

But the case I wish to report is the following:—The patient had often since the above illness, during the night and for several nights in succession, paroxysms of violent pain in the lower extremities, sometimes in one spot and sometimes in another. The painful spot was neither swollen nor red, nor hot nor tender on pressure. The pain was digging and cutting as with a knife, and often so violent and continued that he mostly passed the whole night in moaning. Neither heat nor cold, nor mustard plasters, which the patient himself applied in despair, gave even the smallest mitigation of the pain. Several medicines administered by me were also equally fruitless. But all the more strikingly beneficial and rapid was the action of *Cantharides*, in the *dose of two drops of the concentrated tincture* every hour or two hours, according to the violence of the pain. The result was, that always in the first night of the use of this medicine a great remission of the pain took place, and on the following night there was at most only a threatening of it.

VI.—*Carbo Vegetabilis.*

E., a man of forty, had suffered, in December, 1843, from an attack of pleurisy, according to his own report: (it was most likely an inflammation of the heart or pericardium.) For this he had been treated Allopathically; local bleedings, cataplasms, and very warm relaxing drinks were used, with directions to keep very warm, and these, along with inward medicines, kept the patient in a constant profuse perspiration. Even before this illness, since the beginning of the previous summer the patient had been for the most part out of health, though he had never been confined to bed. According to his own report, he had suffered from different disorders of the abdominal viscera, and from rushings of blood; violent perspirations were brought on by even slight causes of excitement. Against these complaints he had used a great variety of medicines, without procuring any material and permanent relief.

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When the patient was at length freed from the above-mentioned inflammation, which had lasted longer than usual, still he could not regain his health and strength. Among the remaining symptoms it was chiefly the rushings of blood that not only annoyed and weakened the patient, but also, for the most part, deprived him of rest at night. This vascular orgasm was most marked and visible in the heart, by strong pulsation causing anxiety to the patient. Neither the venesection employed on account of it, nor the internal remedies—*Aqua Laurocerasi, Digitalis, Sulph. Quininæ*—had produced any improvement. Even Muriate of Morphia was unable to procure for the patient any refreshing sleep; the feeling of weakness after the night was spent, was greater than on the foregoing evening. Under the protracted duration and even increase of this disorder, at length wandering pains in the extremities came on, against which frictions and fumigations, with juniper berries, had been used. Thereupon these pains, it is true, ceased; but, on the other hand, there came on again such oppression of the breathing and constriction of the heart, that the patient, who was in great danger of his life, was already provided with the consolations of his religion when I entered the sick-room.

I found, besides the above symptoms, which still persisted, the pulse extremely irregular, intermitting, very frequent, weak, and empty; the beat of the heart of a corresponding character; profuse sweat, soon growing cold. The patient had no cough, but complained much of great inward heat, of anxiety, and of violent thirst. A paralysis of the heart seemed to me not improbable. I saw the patient in the evening, and gave Arsenic in the 2nd trituration. The night was passed pretty well, and the patient was even better, on the whole, next morning; the beat of the heart and pulse were no longer intermittent, and displayed also more energy. Auscultation and percussion showed no abnormity either in the heart or the other contents of the thorax. That was (if I mistake not) in February, 1844, between the 24th and 27th. On the 1st of March, the symptoms still persisted in their essential character, though better, and I gave the patient *Carbo Vegetabilis*, in the dose of five grains of the 1st tritu-

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ration (2 to 100) every two hours. During the following days, while this medicine was continued—six of the above doses in the twenty-four hours—the state of the patient was as strikingly, as rapidly, and materially improved, that I visited him for the last time by the 5th of March, although the medicine was still continued for several days, whereupon he was able to visit me.

The patient was, by the use of this medicine alone, not only freed from his vascular orgasm, palpitation, oppression of breathing, &c., but also the abdominal disorders, which he had suffered from before the above-named inflammation, were removed. Among these disorders, more particularly, he had never had a regular evacuation of the bowels since the summer of the year before. The stools were ash-gray, mostly consistent, but of a remarkably small size. *Carb. Veg.* brought also the stools to their normal appearance.

VII.—*Crocus—(Three Cases.)*

On the 1st February, 1844, I was sent for in the night to see a boy of ten years old, who had been unwell for several days. Towards the evening of this day his face became suddenly much flushed, and then soon pale again; and this recurred several times at irregular intervals. He displayed great indifference to what was going on around him, and at length, in one of the attacks of flushing, he became more abstracted, and fell into a short sleep. On waking he sat up in bed, and then stood up in it, and made various movements with great rapidity, without any consciousness of what he was about. After such a paroxysm there followed a short period of rest, in which he came to himself, but without any recollection of what had been done in the paroxysm. After the rest, came again an attack, followed again by remission, and so it went on. When I saw him he was quiet, had increased heat and redness of the face, slow pulse, scarcely sixty in the minute, and the individual beats unequal. He was unconscious, but when roused, he came to himself, and recognized the bystanders and me also. The eyes were fixed and brilliant, the urine pale and scanty, abdomen retracted, no stool the past day. No desire for food or drink. In former years he had

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often suffered from copious bleeding of the nose, and more lately from various eruptions on the skin. His mother I had frequently treated for hemoptysis, and she had first come under my care as a hopeless case. His father died suddenly in a madhouse. The patient received *Crocus:* of the pure tincture twelve drops in about four ounces of water, to be taken in six doses, one every two hours. The same remedy was continued for the four following days, only seldomer repeated, because the condition of the patient was materially improved on the next day. After the four days all functions were again normal. Also since that time the disorder has not returned, and the boy has not been again ill up to the present day.

VIII.

On the 14th of March, 1844, I was sent for to a puerperal female who had been delivered the day before. The afterpains and the great hemorrhage and prostration of strength had excited apprehension. She complained of the sensation of inward heat and anxiety. The pulse was feeble and intermittent, and slightly increased in frequency. Fœtid odour of the mouth and perspiration, tongue moist and dirty, coated in the middle, frequent eructation, bowels torpid. She received *twelve drops of the tincture of Crocus* in about four ounces of water, of which two table spoonfuls were to be taken every hour. Next day she was quite well, and afterwards suffered no further inconvenience.

IX.

A hemorrhoidal subject, about fifty years of age, who had formerly been operated on for degenerated hemorrhoidal excrescences, and whom I had afterwards once treated for inflamed piles, suffered thereupon from occasional icteric symptoms. There followed upon that a disorder of a peculiar character, of which the following were the chief symptoms:— Fulness and distension of the stomach; eructation and rancid heartburn; nausea, and at length straining vomiting of variously-degenerated fluids; fine cutting pain, beginning in the region of the heart, then spreading to the region of the stomach and fixing there; abdomen retracted, no stool during

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the attack, and clysters do not act well, and any artificial evacuation of the bowels affords no relief; pulse slow, seldom above sixty, and intermitting; as also the beat of the heart. Auscultation and percussion show no trace of any organic disease of the heart. At the height of the attack the patient is seized with such difficulty of breathing that he is scarcely able to contain himself.

I have already treated this state in the same patient pretty frequently, and have had much trouble with it. Many of the medicines employed, such as *China, Arnica, Ipec., Digitalis, Colchicum, Belladonna, Laurocerasus, Hyosciamus, Aurum, &c.*, have left me more or less in the lurch, and afforded, on the whole, only slight and tardy aid, so that this state has several times reached a dangerous height, and lasted above a week.

Crocus, in the dose of *one to three drops of the concentrated tincture* every hour, or two hours, is the medicine which alone has hitherto quickly and certainly relieved the attack. And this has happened several times visibly, so speedily, that not only after it has the attack ceased, but immediately the appetite has returned, and the digestion and action of the bowels been restored. The first stools are generally pappy, and of a yellow colour.

Remark.—I have not unfrequently cured obstinate cases of constipation with Crocus. Their fundamental character is indicated incidentally by the foregoing case, and it is, perhaps, sufficient to add, that those kinds of constipation which depend on disorders of the portal system of veins, such as often happens in newborn children, frequently find their radical cure in Crocus. In such cases, at least in newborn children, I have often seen the exhibition of one drop of the pure tincture of Crocus several times a day followed by natural evacuations, and have never observed any bad effects from it.

X.—*Digitalis.*

Josepha N., aged 30, had been ill for about two months of the following symptoms, which had gradually become worse:—Want of appetite; inconvenience after eating even a small quantity of the lightest food; distension and tenderness of the region of the stomach; wandering pains in different parts

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of the extremities, which at length increased to a stiffness, painful, particularly on motion; gradual decline of the strength and natural heat of the body; restless, unrefreshing sleep; great depression of mind and despondency. The painful stiffness of the limbs went away after a time; but, on the other hand, intense jaundice spread over the whole body. The region of the stomach became more tender and distended; therewith, disgust for food and frequent nausea, retching, and even vomiting of small quantities of tasteless watery fluid; distended abdomen, and bowels confined for days in succession; urine scanty and dark coloured; great prostration of strength, and coldness of the body; melancholy, and disposition to shed tears.

I had visited her on the 8th of February, and given China in the tincture, till the 12th, without any good effect. On this day I gave *Digitalis*, in the dose of *four drops of the concentrated tincture*, seven times in the course of twenty-four hours. Thereupon she became sick and inclined to vomit; nevertheless, I let her continue the medicine till the 16th, in the same dose and intervals of repetition. Even by the 14th improvement had manifested itself, and on the 16th there was desire for food and decline of the jaundice; the urine already almost of its natural colour again; the region of the stomach no longer distended and tender; the abdomen likewise no longer distended. On the other hand, there appeared again at times wandering pains in various parts of the body, and a feeling of painful stiffness in the shoulders. The bodily strength increases, and the disposition to weep has ceased, and the patient is even cheerful. The Digitalis was continued till the 20th, in the dose of three drops five times a day. From this time there was no longer a trace of jaundice. I did not see the patient again till the end of March, and her state of health was then and had been in every way quite good.

XI.—*Hydrargyrum muriaticum mite—Calomel.* (*Two Cases.*)

The patient was a girl of four years old, of pale and delicate appearance, with a swelled belly, and often suffered from irregularity of the bowels. Towards the end of November,

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1844, she was attacked with diarrhœa, and, according to the report of the father, it was at first accompanied with violent fever, but afterwards of a slow character. The evacuations are preceded by pains which were at first violent, but now milder; the evacuated matters are chiefly white and flocculent. She passes from three to six such motions daily. The urine is scanty and turbid, with a white mucous sediment. The child is shy and cross, and disinclined to play. On the 18th of December, she got from me *Hyd. mur. mite*, in the dose of three grains of the 1st trituration (5 gr. to 300) five times a day: continued for the four following days, three times a day.

On the 20th, the diarrhœa had ceased, and there was no stool at all till the 23rd, when it returned, and has continued regular and daily since; the urine has regained its natural appearance, and the patient is in other respects quite well.

XII.

A boy of five months old had diarrhœa. His mother was at the time ill of typhus, for which reason the infant had been weaned. The stools are mixed with matters like chopped eggs, acrid, and excoriating the anus, and are passed frequently, with much flatus. The infant is weak and feverish. On the 25th of December, I gave *Hyd. mur. mite*, in the above trituration, (three grains,) four times a day. Next day the diarrhœa had ceased, and the child was lively and well.

XIII.—*Ignatia.*

A woman above forty had been ailing for the greater part of the summer of 1844. As she was no friend to physic, she would not have sought medical aid for her complaints, had it not been for the appearances of a new ailment which excited in her serious apprehensions. This disorder came in paroxysms generally recurring about twice a day, and was of the following description:—An anxiety and disquiet as if she had done something wrong, or as if a great misfortune were about to happen, so overpowers her, that she can with difficulty refrain from weeping. During this she has oppression of the breathing, but feels distinctly that the oppression begins at the stomach and spreads up into the throat. She is during

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the time very weak, incapable of work, and disinclined to the company of others. The paroxysm often lasts for hours. She has, besides, no appetite; the bowels are torpid and insufficiently moved, and do not act daily. This irregularity of the bowels always accompanies any illness with her; but on the day that she has no evacuation she always feels much worse, and therefore the action of the bowels is a matter of much moment to her. She has no fever. She first consulted me on the 19th of September, 1844, when these attacks had already troubled her for several weeks.

She got *Ignatia:* about *ten grains of the first trituration*—(2-100)—dissolved in four ounces of water, to be taken *in five doses in twenty-four hours.* The action of this remedy was so strikingly beneficial that she praised it highly at my visit next day, and begged that it might be repeated. It was continued for six or eight days, and by the use of it alone she was freed from her disorder so completely that, after a threatening of it only once on the second and third day, it has never returned since. She also complained no longer of weariness, recovered her looks and appetite and the regularity of the bowels, and, on the whole, her state was so satisfactory that no further medical treatment was required.

XV.—*Iodine.*

On the 14th of January I was called to attend a girl aged twelve, who was affected with *Arthritis acuta vaga.*

On the 16th, about midnight, I received the intelligence that the patient was delirious, and very restless, at one time sitting up in bed, at another tossing about in it, and was on the whole in great danger, if not threatened with the speedy approach of death. At my evening visit of that day the inflammation had just attacked the right hand, and was subsiding in the left, which had been the last attacked before, and at the beginning it had affected both feet. In the interval between my evening visit and the sudden call at midnight the inflammation had already subsided in the right hand, and it was in the meninges that I judged the disease was now in the act of fixing itself, so that the patient was certainly in imminent danger.

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The patient received *Iodine* in the dose of *two drops of the solution*, (ten grains to half an ounce of spirits of wine,) *every half hour*. This remedy was continued for three days: in the next day every hour, and in the two following days every two hours. Already on the 17th, at my morning visit, the patient was not only again quite conscious, but the right hand was also again inflamed, and more strongly and painfully than any other part before. The inflammation affected subsequently the right shoulder also, but the membranes of the brain were not again attacked. The progress of the improvement and recovery went on hereafter quickly, for the patient was quite well on the 26th of January. As my object was only to point out in this case the dose and repetition of the Iodine when the Arthritis was in the act of going in, it will be sufficient to say respecting the further treatment, that after leaving off the Iodine the patient received *Antimonium crudum* and *Bryonia* with complete success. I use both these medicines in acute articular inflammation, and generally with good result, often in alternation in the doses of a few drops of the Concentrated Tincture of Bryonia four to six times a day; of the Antimonium crudum, five grains of the 1st trituration, (generally 5 to 100,) also four to six times a day.

XVI.—*Opium.*

B., a young man of strong constitution, had brought on the following illness by a violent fit of passion on the 17th of December, 1844. In the evening he was attacked by a violent shivering fit, followed by strong and continued heat. The night was sleepless, and the patient had very painful beating headach in the forehead, and on the following day was not only unable to leave his bed, but all his symptoms were worse. In the evening I was sent for. Besides the above symptoms, I found the pulse full and strong, and above one hundred. No stool, and urine scanty; no appetite; tongue dry; thirst moderate.

He received *Opium*,—six drops of the concentrated tincture in about three ounces of water; to be taken in six doses, one every hour.

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At my morning visit, on the 19th, the patient reported that, soon after the first dose, he had felt considerable relief, not only of the headach, but also of all the other symptoms; and that at midnight he fell into a perspiration so copious that his linen had to be changed twice. In the morning all his complaints were gone, and he was not only able to go out, but to return to his occupation without any bad effect.

XVII.—*Remarks on the Dose of Opium.*

It would be difficult to name, among the medicines in common use, one of which we have so little certainty of the result of its use in disease. There has been not only much abuse of this remedy, but also much positive injury has been done by it. This applies chiefly to the Allopaths. On the other hand, the Homœopaths are guilty of another fault, viz., that of neglect of this medicine. Whatever can do great and important injury can also be of important service when the proper opportunity offers. But the opportunity of effecting certain and definite good effects in diseases, is present whenever there occur diseased states to which this medicine has a Homœopathic affinity. Nor is there any want of such diseases. Nevertheless, the achievements of Opium, hitherto made known in the hands of Homœopaths, stand very far below its influence on the healthy organism, and the frequency of those diseases in which it may be partly proved and partly inferred that it must stand in Homœopathic relation.

But what is the cause of this neglect of Opium in diseases on the part of the Homœopaths? The first and chief cause is, no doubt, the difficulty of understanding its action. In this respect Hahnemann himself assures us: (Reine, A. M. Lehre, 2nd Edit. Vol. I, p. 268):—"Opium is far more difficult to understand in its action than almost any other medicine." And in reality, among the medicines proved by Hahnemann and others, I know no powerful and quick acting medicine, in the comprehension and useful application of which Hahnemann and his followers have found themselves less sure, and less frequently called on to exhibit, than Opium. Yet another reason of this lies in the error of the dose, and on this I propose to make a few remarks.

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With the exception of *Colica Saturnina*, in almost all other diseases the Homœopaths administer only small doses of Opium. But when the *dose is too small* it remains without result: it produces, it is true, no bad effect, but neither does it do any good, and leads us to the *false conclusion that Opium was not suitable to the case.* Hence the neglect of Opium, even in those cases in which it would have been useful had it been administered in sufficient dose. As respects the exhibition of larger doses in Colica Saturnina, most likely, after experiencing the inutility of the smaller doses in this disease they would have completely relinquished the use of this medicine in it, had not the repeated experience of the utility of large doses in the hands of the Allopaths, induced the Homœopaths to use large doses only exceptionally in this disease.

It appears to me, that the usual mode of dilution or so-called potentialization of the medicines is quite inapplicable to Opium. I have administered this medicine very often, and with the most strikingly beneficial and welcome results, and at times also with obvious aggravation of the disease, which I have several times been obliged to combat earnestly and speedily. But of this a too large dose was the cause, and in giving it I had been misled by the good effects of the same dose in other cases. I have already attempted a commentary on Opium, in consequence of my experience with this medicine, for which see the *Hygea* in 1841.* I have arrived at the conviction that the dose of this medicine must be regulated with reference both to the disease and the vital powers of the patient, and therefore can by no means be the same for all cases and for all patients, if the remedy is not only to do no harm, but to be of positive use. For several years now I administer Opium in the concentrated tincture only, in the dose of from one drop to be taken in several portions in the twenty-four hours, to one or two drops several times in the twenty-four hours.

I have not unfrequently, with a larger dose, cut short in strong individuals diseases which might have become dangerous

* *Hygea*, Vol. XIV, p. 298, and Vol. XVII, p. 131. Translated in the *British Journal of Homœopathy*, Vol. I, p. 370.

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if unchecked, and yet in other diseases and in weak individuals, or those whose powers have been reduced by long illness, I would on no account administer a larger dose of Opium. The above may serve as an illustration of the first. The patient was a robust man; the illness in its commencement was of that nature that an Allopathic practitioner would have had no hesitation in attacking it with a copious blood-letting. The action of the doses of Opium given—one drop every hour—was so strikingly rapid and beneficial that no rational objection can be made to them. Smaller doses, on the other hand, such as one or two drops during the twenty-four hours, in several portions, not unfrequently rouse into activity the vital powers when exhausted by long illnesses, and make it then possible for other medicines to exert a healing power; while larger doses and positively large doses still more depress and even exhaust them. That is the case in patients suffering from chronic diseases, and whose vital powers are already greatly depressed. Such patients bear only small doses of Opium. Larger and positively large ones produce generally great, and often irremediable evil. That is particularly the case when the morbid state to which Opium is the *simile* is not the chief disease, but only an episode in the same, or when the disease is a complicated or a compound one. Of this, proof will be found in the so frequent abuse which the Allopaths make of this remedy in the palliation of individual troublesome symptoms in chronic diseases, such as the cough in phthisis.

XVIII.—*Phosphorus—(Three Cases.)*

A girl, ten years old, was attacked on the 12th December, 1843, with shivering, followed by great and continued heat over the whole body, and soon after by erysipelas of the face from the chin to the eyes. Before I was sent for the fever had reached to a considerable height, and the erysipelas had spread over the eyes, the forehead, and hairy scalp. The patient, when I saw her on the 14th, was in a faint perspiration, with the head and face enveloped in cloths, and showed great anxiety and restlessness, and had passed the previous night delirious and very disturbed. It was bullous erysipelas.

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The pulse small, weak, empty, and about 130; the tongue furred, bad smell from the mouth, belly swelled, diarrhœa, (a purge had been given the day before.) I gave *Phosphorus:* twelve drops of the concentrated solution in about four ounces of water,* to be taken in twelve doses, one every hour. On the 17th, up till which day the medicine was continued in the same dose, but only every two hours, the erysipelas was not only at the stage of desquamation, but the patient was free from fever, the appetite good, and she already wished to be out of bed. No further medicine was required, and she recovered completely.

XIX.

On the 30th of January, 1844, late in the evening, I was requested to send something for a sudden attack of hæmoptysis to a woman upwards of thirty, whom I had often attended, and who was affected with pulmonary tubercles. I sent twenty drops of the concentrated solution of *Phosphorus*, in about six ounces of water,—to be taken in twelve portions, at first every half hour, and then every hour. On the 31st, I found that the quantity of blood expectorated in the evening amounted to fully half a pint, and early in the morning the hæmoptysis recurred to the amount of three-quarters of a pint. This last had been kept, and at my visit it was dark, thick and viscid like gum, in lumps. The symptoms were those usually accompanying hæmoptysis, and, therefore, need not be enumerated. Phosphorus was continued in the same dose, with directions to take it every half hour if the arterial excitement returned to a greater degree, but otherwise only every hour. At my evening visit there had been no return of the bleeding, but again in the night to the amount of a quarter of a pint. The blood was no longer so thick and viscid, and was mixed with mucous. A short cough now made its appearance, which had not been before, and was accompanied with expectoration of mucous mixed with blood. The

* To incorporate the Phosphorus completely with the water, the tincture must be dropped into a bottle about three-quarters full of water, which must then be corked and shaken until all the vapour disappears.

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Phosphorus was in the same dose, every two hours, till the 2nd of February. On that day the arterial excitement had ceased. When this is attained, I usually lay aside the Phosphorus, and combat the remaining symptoms with other medicines. Among these, Arnica holds the chief place, but Ledum must not be forgotten. On the 2nd of February, I gave Arnica, in the dose of two drops of the pure tincture,—at first every hour, and then every two hours. On the 3rd, the patient was out of bed; and on the 4th every trace of blood had disappeared from the expectoration, and the patient was cured as far as regards this attack.

XX.

On the 7th December, 1843, I visited a patient aged nineteen, who had been ill since August of the same year. Since that time her appetite had failed, as also all desire for work, and even amusement: her strength has diminished: sleep always restless, and no longer refreshing. During the day she was so drowsy as with difficulty to avoid falling asleep over her work. She had short cough, and pain and dryness in the windpipe. She had gradually lost her former blooming complexion. I found her on the forenoon of the above-mentioned day in bed asleep, and when awoke she said she felt unrefreshed. The foregoing night had been passed, partly without sleep, and partly in dreamy unrefreshing sleep. She has now distinct but moderate fever, complains of shooting pains in the forehead, tinitus aurium, general lassitude, and indeterminate pains in the legs, dryness in the mouth and throat, and want of appetite. The mucous membrane of the tongue is as if polished away, the tongue red, and in the state often met with in hectic fever. Nothing abnormal in the urine. She got Phosphorus in the dose of sixteen drops of the concentrated tincture dissolved in about six ounces of water, to be taken in eight portions during the twenty-four hours. This was continued till the 14th, on which day the fever, lassitude, sleeplessness at night and drowsiness by day, the pains in the legs, the dryness in the mouth, the depression of spirits, and dislike to work and want of appetite, were entirely gone, and the tongue had regained its natural appearance.

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Spongia.

But there remained, though in a slighter degree, the dryness in the throat and windpipe. On inspection of the throat the mucous membrane appeared excoriated. I gave now *Spongia*, in the dose of fifteen drops of the concentrated tincture in about six ounces of water, to be taken in seven portions during the twenty-four hours. This medicine was continued till the 18th, on which day she had no further complaint, and was quite cured.

XXI.

On the 6th January, 1844, I visited a strong young man who lay ill with inflammation of the testicle. It was a relapse. He had been treated before Allopathically, with the usual means, namely, repeated application of leeches, cataplasms, &c. On account of the violence of the pains, leeches had been again ordered when I was sent for. I ordered the cataplasms to be continued, and prescribed *Spongia* in the dose of ten drops of the concentrated tincture in about four ounces of water, to be taken in five portions during the night. The pains were thereupon as if charmed away, and the inflammation greatly relieved, and in two days quite removed under the continuance of the remedy in the same dose.

XXII.—*Remarks on the Treatment of Typhus.*

These remarks will be confined to merely naming the medicines I most frequently use in typhus, and their doses. As far as regards the medicines which among the hitherto-known might be used in typhus according to the Homœopathic law, I have the firmest conviction that we do not yet know the specific medicine or medicines for this disease. For not a single one of the known medicines—Arsenic and Phosphorus not excepted—fulfils the condition required by the Homœopathic law. Without attempting in the least to prove my position here, I merely name the medicines which I have found most serviceable in the treatment of typhus:—They are *Phosphorus, Arsenicum, China, Arnica, Bryonia,*

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Hyoscyamus, Rhus, Belladonna, Merc. vivus, Hydrargyrum muriaticum mite, Rheum, Iodium, Chininum sulphuricum, Cuprum aceticum, Sabadilla, Veratrum, Camphora, Crocus. In the following explanations I refer chiefly to the *Typhus abdominalis.* I give Phosphorus without more ado as soon as I recognise the case as typhus, in the above-mentioned, and even in larger dose every half hour or every hour according to the degree of the symptoms. As soon as the typhus is fully pronounced I give Phosphorus in alternation with Arsenic, and continue them till the disease is not only on the decline, but is almost quite extinguished. This is my treatment in the usual course of abdominal typhus. Of Arsenic I give the 2nd trituration (5 to 100) of this, two to six grains in twenty-four hours, according to the violence of the case: the more violent the greater the dose, and in more frequent repetition. When the typhus is in the stage of extinction, and the body, as is usually the case, is affected with various other symptoms, I give other medicines corresponding to the symptoms. So for example, *Chin. sulph., Sabadilla, Veratrum, Hyoscyamus,* for fever of a different character; for the diarrhœa, which often persists, and of a changed character, *Calomel* or *Rheum;* for rousing the exhausted vital powers of the intestinal canal, *Iodium, Cuprum aceticum, &c.*

The doses are—of *Chin. sulph.,* one grain dissolved in a few ounces of water, and taken in four portions during the twenty-four hours; of *Sabadilla,* three to six drops of the concentrated tincture in water, to be taken in from six to twelve portions in the twenty-four hours; of *Veratrum,* four to six drops of the 1st decimal dilution in three or four ounces of water, and taken in from eight to twelve doses in the twenty-four hours; of *Hyoscyamus,* one to three drops of the pure tincture *(pro dosi)* several times in the twenty-four hours; of *Belladonna,* from one-half to two drops of the pure tincture, *p. d.,* from four to six times a day; of *Calomel,* the 1st trituration, (2 to 100,) from three to five grains, *p. d.,* four to five times a day; of *Rheum,* the 1st trituration, (5 to 100) three to five grains three or four times a day; of *Camphor,* a few drops of the pure tincture in a little water, several times a day.

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XXIII.—*Veratrum—(Two Cases.)*

On the 25th of December, 1844, I was sent for to a patient who was liable to violent attacks of vomiting. I have already often treated such attacks in this patient. The first time was eight years ago, after he had been given over for dying by his Allopathic attendants. All the remedies—internal, such as Chamomile tea, Ipecacuanha, Opium, Pulv. Doveri, Hyoscyamus, Magisterium Bismuthi, Digitalis, Calomel, Aq. Laurocerasi, Camphor, Moschus; and external, leeches, emollient cataplasms, mustard plasters, frictions with cantharides on the epigastrium—had not only failed to give the slightest relief, but brought the patient to the brink of the grave.

I have never treated such a violent and obstinate case of vomiting as this. The matters vomited come at first in gushes, in great quantity, like verdigris, and very acrid,—the following portions are less in quantity, and are accompanied with retching, and at last they consist of viscid mucous. These attacks come at first every ten or fifteen minutes, and are excited by any thing the patient swallows—even cold water, for which he has great desire—when the quantity exceeds a few spoonfuls. Besides this, the breathing is oppressed as if from a load at the stomach, and is increased by pressure on it. The region of the stomach is distended, but the rest of the abdomen retracted; the patient is plagued with frequent hiccup; the pulse is quick, empty, and irregularly intermittent; clammy sweat, which soon grows cold, is continually poured out over the whole body; the thirst is great. The patient is at times delirious, and at intervals falls into a sleep with convulsive twitches; when startled out of this he falls into a paroxysm of the vomiting. Veratrum is the medicine which affords relief in these attacks. I gave this time six drops of the 1st decimal dilution, in about three ounces of water,—of which a teaspoonful was to be taken every quarter, or half hour, or every hour, according to the violence of the symptoms.

With the help of this medicine in general, the whole attack of vomiting is got over in twenty-four hours, after which the patient gets his appetite again, and leaves his bed, takes

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care of himself a couple of days, and is then able to resume his usual occupations.

Remark.—Instructed by manifold and repeated experience for a considerable time now, I *never* administer the *undiluted tincture* of Veratrum; for from it, in that dose, I have seen not only manifest, but even injurious aggravations produced.

XXIV.

On the 31st July, 1844, I was sent for in a great hurry to see a patient who lay in a state of weakness bordering on syncope. I found him in a cold sweat, with a very quick, empty, and weak pulse. He had had several loose stools, which were quite white, like a solution of starch, and which were passed with fatiguing straining, and followed by excessive prostration of strength and failure of his senses. There was no nausea or vomiting. I gave Veratrum in the above dose every half hour till he felt better, and then to be continued every hour. On the 2nd August he was out of bed, and on the 3rd able to return to his usual occupation.

XXV.—*Zincum oxydatum—(Flores Zinci.)*

On the 8th December, 1845, I visited a patient who was represented by her sister as being mad. My visit seemed to occasion anxiety and fear to the patient. She regarded me with a frightened look, which only gave way when she began to believe that I had come solely for the purpose of helping her. She then became confiding, and disclosed to me that she was persecuted by her neighbours; that the devil was after her, and was coming up through the floor of her room; that she lived in constant terror, like one who was going to be tried for a crime. She complained of heat in the head and face; the cheeks are dark dirty red, and the countenance fallen; in the rest of the body she has alternate heats and colds. The head is giddy and her walk unsteady. She is not confined to bed. She has no appetite, eats only soup, and this without any desire for it; bowels torpid, and the urine deposits a brick-dust sediment. In the day she is often overpowered by sleep, which is not refreshing; in the night she is very hot, and has

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at most one or two hours restless sleep, disturbed by dreams, such as falling into an abyss, or that she is chased, and runs with all her might, &c. When she awakes she feels great weakness, and cannot for a time recover herself. The pulse is natural in frequency, but unequal in the strength of the strokes. She feels much cast down, and is very sensitive, more inclined to weeping than anger. She has taken a dislike to her sister, who wished to convince her that nobody intended any ill to her, and that there was no devil persecuting her; for she said what she saw was true, and she would not let any one convince her to the contrary, &c., &c. She is unmarried, forty-six years of age, and her catamenia have ceased since February of this year, but have been irregular since her fortieth year, which has caused her various disorders requiring medical aid. Her present illness began two months ago, and was caused by vexation and anger. Gradually she was overtaken by the fear of being taken before the court for committing some fancied crime. Her nights were sleepless, with the exception of an hour or two, and in the day she had frequent short unrefreshing sleeps.

When I saw her she had already been bled and purged, without any good effect, but, on the contrary, increase of weakness. Her sister thought that from want of proper attendance they would be obliged to send her to a lunatic asylum.

I gave *Zincum oxydatum* in the dose of about one-sixth of a grain, carefully triturated with milk-sugar, six times in the twenty-four hours. After the first doses she felt slight and transient nausea. But already on the second day she felt in every particular better. The appetite, stools, urine, sleep, strength, and state of mind, were on the way of amendment; so much so, that at the end of eight days she complained of nothing morbid. Her mental anxiety, the fear of criminal prosecution, and the visions of the devil had left her, and had not since returned. Nevertheless, I continued the medicine till the 20th December, but only four times, and latterly three times in the twenty-four hours. Up to this time, that is, 28th January, 1846, I have heard of no medicinal aggravation.

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CHARACTERISTICS AND PHYSIOGRAPHY OF THE GENUS CROUP AND ITS SPECIES.

(From the N. Archiv., Vol. II, 2, with Modifications and Additions.)

I.

CHARACTERISTICS OF THE GENUS CROUP AND ITS SPECIES.

CROUP.

Attacks of suffocative cough, with deep, hollow, hoarse, rough, crowing, barking sound of the cough; with slow, short, irregular, hissing, whistling, rattling, sawing inspiration and humid expiration, or with complete loss of breath threatening suffocation; with mucous, purulent, or membranous expectoration, or without any expectoration; with irritation in the larynx or upper part of the trachea preceding the attack.

1.—*Bromine-croup.*

Formation of a false membrane in the larynx and trachea. Spasm of the larynx, and hence suffocation. Cough with croupy sound; hoarse; whistling; with great effort; hindering speech; conjoined with sneezing; with violent attacks of suffocation. Respiration with mucous rattle; whistling; alternately, sometimes slow and suffocative, sometimes rapid and superficial; difficult; painful; impeded; gasping for breath. Heat of face. Increased urinary secretion. Pulse hardish; at first diminished, then increased in frequency.

2.—*Hepar-croup.*

Violent fits of coughing, as if suffocation or vomiting would ensue; deep; arising from obstructed respiration; asthmatic; with raw pain in the chest at every cough; violent; striking painfully on the larynx; scratching; scraping; with expectoration of mucous, excited by a tickling in the throat; by a scraping irritation in the trachea; increased to actual vomiting by deep inspiration. Weakness of the voice and of the chest, so that loud speaking is impossible. Respiration short. Constrictive feeling as if he would choke, caused by a sensation of pressure in the throat. Urine pale, clear when

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first discharged, becoming afterwards cloudy and thick with white sediment; curdy, cloudy, when first discharged; dark yellow; scalding. Great and irresistible sleepiness. Perspiration day and night, profuse; viscid; excessive nocturnal diaphoresis; sweat before midnight. Melancholy; uneasy; lachrymose.

3.—*Spongia-croup.*

Hollow cough; with expectoration; with pain in the chest and windpipe; with roughness of the throat; (nocturnal cough with tearful disposition.) Respiration impeded as if from a foreign body in the larynx; slow; rapid; panting. Larynx painful, as if from pressure, aggravated by being touched; scraping, burning, and constriction in it. Painful feeling of swelling in the glands of the neck near the larynx and trachea. Shooting in the throat, and externally a sensation as if something was pressing outwards, morning and evening. Painful tension, to the left of the pomum Adami on turning the head to the right. Eyes deeply sunk. Urinary sediment thick, grayish-white. General perspiration in the morning; pulse rapid, hard. Sleepiness. Weariness of the whole body. Morose; every thing, even talking and replying, angers him.

II.

PHYSIOGRAPHY OF THE GENUS CROUP AND ITS SPECIES.

CROUP.

Synonyms.—Angina, seu Cynanche membranacea, strangulatoria, suffocatoria, stridula, exsudativa, orthopnœa cynanchica. Laryngitis, seu tracheitis infantum membranosa, humida, exsudativa. Angina polyposa. Cynanche trachealis, (Rusch.) Pœdanchone. Suffocatio stridula, (Home.) Angina Strepitosa, (Ghisi.) Angina exsudatoria laryngea, (Hufeland.) Häutige Bräune, pfeifende Bräune, Stickbräune, Hühnerweh, Kroup, (in German.) Strypsjuka, (in Swedish.) Croup, (in English.) [The name of *croup* is, we believe, of Scotch origin, and has reference to the peculiar sound of the cough; our German neighbours have barbarously Latinized it, and have, therefrom, invented the word *crouposus*, which they employ in all its inflexions to different diseases, to signify that they are accompanied by the formation of a false membrane.]

After some premonitary catarrhal symptoms, or sometimes suddenly without these, children are attacked with croup; they generally start up at night out of their sleep with a feeling of anxiety,

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and a violent fit of a peculiar kind of cough seems as if it would suffocate them; this has scarcely ceased when the patient again falls asleep.

The cough is sharp, violent, short, barking, afterwards crowing, hollow or rough, as if one should cough into an empty pot or a metal tube; it is generally dry; after every cough there follows a dry, hissing, slow, sonorous inspiration; the expiration betwixt the fits of coughing is more easily performed than the inspiration, but it is hurried. The cough afterwards loses its sonorous tone, and can only be heard at a short distance. Between the fits of coughing, which either arise spontaneously, or are brought on by talking, drinking, &c., a whistling sound is heard in the air passages on inspiration. The cough is sometimes accompanied by ineffectual efforts to detach something from the windpipe. There is generally an absence of expectoration. It is only in the latter stages of croup that there is sometimes an expectoration of mucous or cheese-like particles, (sometimes mixed with blood,) and afterwards larger or smaller shreds of membranous exudation, not unfrequently of a tubular form corresponding to the cavity of the larynx or trachea, are coughed up or vomited.

Hoarseness, also, in the intervals of the fits. The voice is altered; it resembles the crowing of a young cock, the barking of a dog, or the braying of an ass; it is sometimes hollow and deep, sometimes shrieking, sometimes whistling, sometimes lisping; occasionally it is, as it were, double, passing quickly from a rough deep tone into a crowing sharp treble tone. Subsequently the voice goes away altogether; the child tries to cry or speak, but cannot.

The larynx and upper part of the trachea are of themselves, but still more when touched, painful, and sometimes visibly swollen externally. The slightest contact of the finger with the larynx brings on a fit of coughing.

The breathing is very irregular,—at one time short, at another slow and deep; the expiration generally short; the inspiration protracted and whistling; the breathing becomes at last snoring, sawing, and is audible at a considerable distance. At each inspiration the larynx descends rapidly towards the sternum, the diaphragm at the same time drawing the epigastrium inwards and upwards; whilst, during the expiration, the larynx is elevated towards the lower jaw, the cartilages of the ribs and the sternum are drawn rapidly backwards, the shoulders elevated; the child sits up, looks anxiously about it, wishes to get out of bed, catches at its larynx,

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pushes out its tongue, throws its head back and its neck forwards; the face, carotids, jugular veins, and muscles of the neck swell; the heart and carotids pulsate violently; the reddened half open eyes sink, the nostrils are widely dilated, and cold perspiration bursts forth in the face, chest, and the rest of the body. The countenance collapses, becomes of a pale, bluish, or grayish colour. When the fit continues longer, the child tears out its hair, beats about it, seizes fast hold of every thing, or tries to dash its head against the wall. The difficulty of breathing is sometimes greater than at others; especially during the night, and in sleep. After the termination of an attack, the child sinks back in the bed, pale, blue, exhausted, and apparently in a slumber.

Concomitant Affections.—The anterior part of the throat and the sublingual glands are often swollen. Epistaxis. Bluish lips; tongue dry, afterwards with a blackish coating. Thirst. The cough sometimes accompanied by vomiting. At first constipation, afterwards involuntary, black, stinking evacuations. Portions of the membranous exudation of the larynx are often swallowed and passed by stool. Urine watery and clear, afterwards with white mucous sediment; the latter is often present at the very commencement of the disease. The urine (which has a sulphurous smell) is sometimes of a red or yellow colour, and is sometimes cloudy. Fever, with evening exacerbations. Pulse frequent, by and by irregular, intermitting, and scarcely perceptible.

ADDENDA.

1. *Pathological Anatomy.*—The mucous membrane of the larynx, trachea and bronchia, sometimes also that of the fauces and palate, is covered with a plastic exudation which is either continuous, and in the form of tubes corresponding to the cavity it covers, or is attached to the mucous membrane in insulated patches of an irregular shape. Among one hundred and forty-one cases, Hussenot found the plastic product not extending beyond the trachea in seventy-eight; in forty-two the bronchi were likewise affected; in thirty cases the exudation occupied both larynx and trachea, the state of the bronchi not being specified; and in twenty-one cases no plastic lymph was discovered. The longer the duration of the disease, the tougher and thicker is the exudation, and the farther downwards it extends. According to Heim, if the child die on the seventh or eighth day, it is almost always so extensive as to reach into the bronchi, and so consistent that it may be removed entire.

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The exudation is generally thickest on the posterior wall of the windpipe. Its colour is yellowish-white, grayish, greenish, dull yellow, dirty. Its attachment to the mucous membrane is sometimes loose, sometimes more close. About the exudation there collects gradually a grayish, viscid, or watery mucus, by means of which the detachment of the false membrane is effected.

Sometimes there is found in the air passages only a more or less considerable quantity of purulent mucous, either homogeneous, or mingled with shreddy particles, and of various degrees of consistence, up to such a state of viscidity, that it lies like a layer of cream on the mucous membrane, and represents the lowest state of the plastic exudation. The mucous membrane beneath is more or less reddened; the redness is sometimes very dark brown, more generally bright, sometimes extending over a wide space, sometimes scattered over the mucous membrane in an insulated form; not unfrequently the redness is spread over the whole surface of the air passages, from the larynx down to the minute bronchial ramifications, and even over the fauces, œsophagus, and cavities of the mouth, nose, and frontal sinus. The injection may, however, be absent. Heim, Schœnlein, and Ambore have observed several instances in which there seemed to be an inverse relation between the intensity of the redness and the quantity of the exudation. If the disease has existed a certain time, the redness is generally absent. The mucous follicles are often enlarged, seldom excoriated, the mucous membrane is puckered, swollen, rarely in a state of gelatinous softening, or brittle and easily torn; the submucous cellular tissue is generally infiltrated with serous, gelatinous, or purulent matter.

The lungs are generally congested with blood, sometimes hepatized, splenitized, emphysematous, œdematous; the pleura and pericardium reddened; not unfrequently in the cavities of these two membranes is found a serous exudation. The brain is congested with blood, and often contains no small quantity of serum.

2. *Pathological Chemistry.*—Chemical analysis has given the same result with respect to all pseudo-membranous deposits in the air passages. They are insoluble in water, in a strong solution of nitrate of potash they become soft, and of the consistence of transparent mucous; they are perfectly soluble in a hot or cold alkaline solution, as also in the mineral acids; when incinerated, they furnish phosphate of lime and carbonate of soda, and they present all the chemical reactions of albumen.

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3. *Ætiology.*—Those most frequently attacked with croup are children between two and seven years of age, but adults are exceptionally affected by it. Boys are more liable to it than girls, and among them the robust more frequently than the weakly, children of the lower classes badly nourished and clothed more frequently than those in better circumstances.

Croup occurs more frequently in moist and cold than in hot and dry seasons, the commencement of spring and end of autumn furnish the largest number of croup patients. Among the acute exanthemata which may be accompanied by croup in a secondary form, the measles occupies the first rank. The croup of measles generally disappears immediately on the appearance of the eruption; but it is not always innocuous, for Heim three times found after measles the same tubular exudation as in ordinary croup. According to P. Frank the period of convalescence from measles is very favourable to the occurrence of croup. More rarely does croup accompany scarlatina, rubeola, or small-pox; Albers has only seen it in cases of putrid variola. Aphthæ may, in children, extend to the air passages and develop croup.

4. *Course, duration, and issue.*—Croup frequently runs its course within from three to four days, often from nine to ten, very rarely from fifteen to twenty days.

It terminates:—

a. In recovery. The exudation is expectorated, vomited, hawked up, or (and this is particularly the case with little children) swallowed, and then it is often discovered in the evacuations, or it becomes softened and absorbed, or organized and attached to the mucous membrane of the larynx and trachea. Sometimes the formation and casting of the membrane is often renewed. When the cough becomes milder there is expectoration of thick mucous. The nose becomes moist, fluent, and sometimes bleeds. Sometimes there is great ptyalism. On the skin there appears perspiration; sometimes also a red miliary eruption. The voice remains long changed, and the larynx so susceptible that the slightest cause gives rise to catarrh or a relapse of croup.

b. In Phthisis of the larynx or of the trachea, or other chronic forms; also in pneumonia.

c. In death: 1, by suffocation either from violent spasms of the glottis, or from choking up of the air passage by the exudation; 2, by asphyxia (that is, cessation of the oxydation of the blood) from exhaustion or paralysis of the organs of respiration; 3, by apoplexy.

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5. *Locality.*—Croup is more frequent in the north than in the south. It affects the neighbourhood of the sea and lakes. On the coast of the Mediterranean, however, according to Schœnlein, it is rare. It is seldom met with on mountains or on high table lands.

It occurs most frequently in damp marshy localities, deep valleys, chiefly at the foot of steep hills and the shady side of valleys. Crawford remarks, that in the marshy districts of Scotland, where it used to be very frequent, it has become very rare after they have been drained.

Croup is endemic in North America. It used to be much more frequent in Britain and in Sweden than in Germany; but it has of late years become much more frequent in the latter country.

6. *Literature.*—Canstatt, Specielle Pathologie und Therapie. Meissner, Encyclopädie der med. Wissenschaften. Schmalz, medic-chir. Diagnostik in Tabellen, 1825. Schönlein, spec. Path. und Therap. Dreissig. Handbuch der med. Diagnostik, 1825.

From the following collection it will be perceived that our Materia Medica is very poor in croup medicines. With the exception of Bromine no remedy can exhibit the complete characteristics of croup, not even Hepar and Spongia. Those who have proved medicines can easily comprehend the cause of this.

I.—*Bromine-croup.*

a. On Animals.—Howling with very hoarse voice. Exudative character of the inflammation of the mucous membrane of the larynx and trachea, and commencing formation of pseudo-membranes. Spasmodic closing of the epiglottis, and hence violent suffocative symptoms. Short cough. Hoarse whistling cough. Dry cough, with croupy tone. Obstinate cough, with croupy tone, accompanied by sneezing. Frequent short cough, and from time to time violent attacks of suffocation. Mucous rattle during respiration. Very difficult breathing; impeded respiration. Great dyspnœa. Deep slow respiration, with whistling tone. Impeded, sometimes protracted and suffocative, sometimes rapid and superficial respiration.

(Death took place with violent convulsions, or in a very debilitated state, with signs of suffocation, from inflammation or paralysis of the lungs.)

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Dissection.—Inflammation of the organs of respiration. A quantity of bloody foam in the larynx and trachea. Inflammation in the larynx, trachea, and bronchi; sometimes consisting of slight reddish stripes, sometimes of dark redness, sometimes of reddish colouring. Great inflammation of the larynx and trachea, with exudation of plastic lymph, almost completely stopping up the air passages.

b. On Men.—Cough, with suffocative symptoms. Straining cough, not allowing speech. Great oppression of chest and impeded respiration. Very much impeded respiration and gasping for air. Difficult, painful breathing.

Concomitant Affections.—Epistaxis, (with relief.) Pale colour of the face; heat of face; thirst. Increased urinary secretion. Full, hard, at first slow, afterwards rapid, pulse. *(Noack and Trinks', A. M. L.)*

Remarks.—This proving of Bromine is derived from two prize essays, published in Tübingen, by Drs. Höring and Heimerdinger. If their experiments on animals and men are correct—and there is no reason to doubt their accuracy—then we must assign to Bromine the first place amongst the croup remedies we as yet know. It is very remarkable that among the many thousand poisonings of the toxicologists dissection has never yet exhibited effects similar to croup. In recent times croup has been observed to arise from chlorine vapours. Guersent says on this point, *(Encyclop. d. Med., Wissensch.)* "With respect to chlorine gas, Bretonneau, although he was aware that a young chemist on being exposed to the action of this gas was affected by a sort of croup, did not hesitate to employ it in croup; however, notwithstanding some successful results, he was forced to abandon it, as it produced inflammation of the lungs." It is evident from this that Bretonneau, in spite of his success, was constrained to give it up, as the large doses he administered attacked the lungs. Albers gives two instances of suffocation in consequence of inspiration of chlorine gas, with croup-like symptoms and expectoration of pseudo-membranous matter.—*(Vide Canstatt's spec. Path. and Therap.)*

Homœopathy has in recent times employed Iodine also in croup. Hahnemann showed Spongia to be a croup remedy. In sea water there has been found Iodine, Bromine, and Chlorine. Spongia is said to be useful in croup from containing Iodine. Ragazzini has also found Bromine in it. *(Scoperta del bromo nella spugna marina.* Padova, 1834.) Can we find out a natural historical con-

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nexion in these facts? Such hypotheses carry us still further. As Spongia contains Bromine, we may ask if its efficacy in croup does not depend more on its Bromine than on its Iodine? As croup is very frequent on the sea-coast, it would be important to ascertain if the effluvia from the sea are not an exciting cause of croup from their containing Bromine, Iodine, or Chlorine, or perhaps from the whole three.

II.—*Hepar-croup.*

Violent attacks of croup from time to time, as if suffocation or vomiting would ensue. (S. H.)

Deep dry cough, with obstructed breathing on inspiring, and pain in the top of the chest at every cough. (S. H.)

Asthmatic cough, solely from obstructed breathing. (S. H.)

Violent deep cough, consisting of several impulses; which strike painfully against the larynx, and occasion retching. (S. H.)

Scratching, scraping cough. (S. H.)

Cough with mucous expectoration, all day, excited by a scraping irritation in the windpipe, but especially in the throat. (F. H.)

Cough, day and night. (S. H.)

Cough so much increased by deep inspiration that it causes vomiting. (S. H.)

Cough, causing vomiting. (S. H.)

Weakness of the voice and chest, so that she cannot speak loud. (S. H.)

Shortness of breath. (S. H.)

Great pressure in the throat, so that she thinks it is quite constricted, and that she must choke. (S. H.)

Frequent deep inspiration, as after running. (S. H.)

Concomitant Affections.—Melancholy humour for many hours; she must cry bitterly. (S. H.)

Depressed, melancholy, uneasy. (S. H.)

Epistaxis, for two successive days. Epistaxis after singing. (S. H.)

Excessive thirst, from morning till evening. (Fr. H.)

Pale clear urine, when first discharged, becoming cloudy and thick, and depositing a white sediment. Curdy cloudy urine, with a white sediment when first discharged. Dark-yellow urine, scalding whilst discharged. Brownish-red urine. (S. H.)

Swelling of the right hand. Swelling of the fingers of both hands, with stiffness whilst lying. (S. H.)

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So sleepy and fatigued, in the evening, that he fell asleep whilst sitting. Great, irresistible inclination to sleep in the evening; he must lie down immediately after supper, and sleeps till morning. (S. H.)

Great perspiration, day and night. (F. H.)

Clammy profuse perspiration at night. Nocturnal sweat. Nocturnal perspiration before midnight. (S. H.)

ADDENDA.

1. *Clinical Observations.—Hepar* 2, one dose. At the commencement, catarrhal symptoms. Afterwards the boy (not quite five years old) must sit up generally, as lying makes him feel uneasy; he tosses about in his sleep. Respiration snoring, hoarse, whistling, frequently so short and anxious that the child, awakened by a violent, dry, hoarse cough, which causes retching, starts up suddenly, puts his hand to his larynx, and in the greatest alarm, with a very red face, projecting eyes, and frequent throwing back of the head, begins to cry. These attacks go off for a few minutes, and return all the more violently. Much thirst, heat, and perspiration. Rapid talking, Pulse quick and hard. Urine very dark; he must frequently empty his bladder. The medicine was administered at night, and the following morning the child was playing about as usual. (Hartmann. *Archiv*, V, Part 1, p. 105.)

Hepar, 3, was repeated with good effects after a few hours, the first dose not having produced any perceptible result. (Gross. *Archiv*, XI, Part 3, p. 72.)

Hepar, (2;) and, after sixteen hours, one-tenth of a drop of *Tinct. Spongiæ;* thereafter a still smaller dose of *Hepar*. The child (a boy of about eight years, who had been exposed to a cold wind whilst in a state of perspiration) lay in an almost comatose condition, with head thrown back. The chest rose high during inspiration, which was performed very noisily, and even the shoulders were in motion. He started up occasionally, anxiously grasped at any thing near him, in order to steady himself and facilitate respiration. Then ensued violent dry coughing, with a rough, shrill, whistling sound. Very considerable heat, great thirst, and renewal of the cough after drinking. Pulse generally hard, but sometimes soft or intermitting. Urine fiery red; bowels constipated. Complexion sometimes dark-red or bluish. The carotids swell and pulsate violently; on the head cold perspiration breaks out. After almost every cough, he grasps at his throat, and cries. In the region of

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the larynx there is a red elevated spot of the size of a penny piece Sometimes, especially after coughing, there is retching and even vomiting. A cure was effected on the third day of treatment.—(Gross. *Archiv*, VI, Part 1, p. 67.)

Hepar and *Spongia* were given with good effect, alternately, in croup, and cough with croupy sound, and this alternatiou apparently shortened the duration of the disease.—(Rummel. *Allg. Hom. Ztg.*, III, 26.)

Hepar, preceded by *Aconite*. The patient (a boy of four years old) awakes with a barking hoarse cough, which increases in violence. Respiration very much accelerated and short. He frequently grasps at his throat, where a loud rattle is heard at each inspiration. Face red; pulse very quick; constant tossing about of the head and perceptible difficulty in swallowing. The symptoms rapidly yielded to these medicines, and a dose of *Chamomilla* removed a slight catarrhal cough that remained. (*Jahrbücher d. hom. Heilanstalt*, I, 173.)

Hepar Sulph. was almost always successful in croup, without the assistance of *Aconite* and *Spongia*. In bad cases *Hepar* was given three or four times daily. (Gross. *Archiv*, XV, Part 1, p. 101.)

Hepar Sulph. 4, three hours after the administration of *Acon.* 24. The patient, (a boy of two and a half years,) lay with his head thrown back, buried in the pillow, face swollen, neck stretched, mucous and sibilant râles, clucking noise of the glottis, respiration noisy, cough loud and harsh, with distinct croupy tone, exhaustion, pulse 140, hard and full. The following morning the patient was up and well. (Gueyrard, *Doctrine Homœopathique*, p. 134.)

2. *Sources.*—Hahnemann's Chronic Diseases, Vol. III.

Abbreviations.—S. H., Samuel Hahnemann; Fr. H., Frederick Hahnemann.

III. *Spongia-croup.*

Hoarseness. (S. H.)

Difficult breathing, as if a plug were sticking in the glottis, and by narrowing the caliber of the larynx, prevented the breath from passing.* (Lehm.)

* "Homœopathy has discovered the most remarkable application of Spongia in that most frightful disease,—croup, chiefly from this and some other symptoms, when the local inflammation is first subdued by the smallest dose of Aconite. The subsequent employment of a small dose of Hepar is seldom necessary."—(Hahnemann's *Materia Medica pura*, Vol. VI, p. 199.)

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Painful pressure above the thyroid cartilage, increased by touch, (immediately. Hornb.)

Whilst singing, a pressive pain in the region of the larynx, (after six hours. Hartm.)

Scratching, burning, and constriction of the larynx. (Lehm.)

Hollow cough, with some expectoration, day and night. (Fr.H.)

Whilst coughing, pain in the chest and trachea, with roughness of the throat. (S. H.)

Dry cough, (after a quarter of an hour. S. H.)

Frequent nocturnal cough, lasting two minutes, with bad temper. (S. H.)

Great tightness of chest, (after ten days. S. H.)

Slow, deep respiration, as if after fatigue, for several minutes, (after half an hour. S. H.)

After dancing, great rapidity of breathing, very quick panting breath. (S. H.)

Concomitant Affections.—The eyes are deeply sunk. (S. H.)

Paleness of face. (S. H.)

During dinner, after blowing the nose gently, violent and long-continued epistaxis, (after three days. Haynel.)

Pain as if the cervical glands near the larynx and trachea were swollen, (after three hours. S. H.)

In the interior of the throat, especially after eating, shooting, and externally in the throat, sensation as if something were pressing out there, morning and evening. (S. H.)

Painful tension on the left side of the neck, near the pomum Adami on turning the head to the right side, (after an hour and a half. Wisle.)

The urine deposits a thick grayish-white sediment. (S. H.)

Swelling of the hands, the fingers cannot be bent. (S. H.)

In the morning, on awaking, he lay bathed in perspiration, (after twenty-five hours. Longh.)

Quick full pulse, (after half an hour. Wagner.)

Burning hot sensation in the forehead, without any perceptible external heat, with rapid hard pulse for half an hour, (after quarter of an hour. Wagner.)

Headach, anorexia, sleepiness, weariness over the whole body, morose; every thing vexes her. (Stapf.)

Morose; he spoke and answered unwillingly. (Wagner.)

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ADDENDA.

1. *Clinical Observations.—Tinct. Spongiæ*, gtt. j, preceded by *Aconite* 24. The patient (a girl, six months old) awoke with a violent, harsh, hollow-sounding cough. Voice hoarse. Respiration quick, little impeded, but with much rattling. Great fever, skin hot and dry. The cough had all the character of croup. The following morning nothing remained but a simple catarrhal affection, which yielded to *Hepar* 22. (Stapf, *Archiv*, VI, 2, p. 65.)

Spongia, (30;) four hours after *Aconite* (24.) After the cessation of a coryza, on awaking in the morning, the patient (a boy of three years and a quarter old) has a hollow, barking, dry cough, with croupy sound; short attacks of rattling in the windpipe whilst breathing. Skin hot. Frequent stretching and yawning. Whilst coughing he makes faces, and complains of pain under the larynx. Coughs most in the forenoon. Lachrymose humour. Pulse hard, rapid. In two days the child had completely recovered. (Tietze. *Annal.* I, 214.)

Spongia, (30;) six hours after *Acon.* (24.) The child (a boy of four years old) very scrofulous and cachectic looking, sat up in bed. Face bloated and bluish. Expression anxious. Breathing difficult, rattling, with much effort of the chest, and distortion of the facial muscles; the eyes project, the head is bent backwards. Cough whistling and resonant; the patient seizes hold of the nearest object and grasps at his larynx, which is painful, with perspiration from anxiety. Pulse quick, 110. Great heat, and continual thirst. Whilst coughing, frequently involuntary discharge of feeces and urine The affection had completely disappeared by the following morning. (Hartman, *Annal.* II, p. 220.)

Spongia, (30;) three hours after a dose of *Acon.* (24.) A little girl, two years old, presenting all the symptoms of croup. An hour after the *Spongia* she was quite well. A relapse that she had yielded to the same remedy with equal rapidity. (Hartlaub, *Annal* III, p. 151.)

Spongia, (30;) six or eight hours after *Acon.* (24.) The patient, a boy of eighteen months old, previously very strong and lively, was a prey to burning fever; face red; dry skin; violent thirst; constipation. Hoarse, rough, deep, barking cough, which he tries to suppress. Breathing rattling and whistling. Starting up in sleep and anxious breathing. When lying, he bores his head backwards into the pillow. In four days the recovery was complete. (Tietze, *Annal.* IV, p. 37.)

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Spongia, (30;) eight hours after *Acon.* (24.) The child, a boy five years of age, previously very robust, after a chill was affected at night, with burning heat of skin, redness of face, headach, and delirium. Violent hoarse, hollow, barking cough, with great pain in the larynx. Rough, hoarse voice. Rattling, whistling respiration. In two days the child was playing about in the open air as usual. (Tietze, *Annal.* IV, p, 38.)

Spongia, (30;) six hours after a dose of *Acon.* (30.) The patient (a girl of eighteen months old) had been treated previously by an Allopathic physician, with eight leeches to the neck, and a white powder, probably Calomel, and was declared by him to be beyond recovery. There was great heat, and frequent attacks of suffocation, with cough. Hoarse, rough voice. Whistling respiration, audible at a distance. The region of the larynx painful. Starting up in bed, as if she would be suffocated. Boring backwards of the head. Ill-humour, crying, indifference to every thing. The *Spong.* had to be repeated the following morning, and a slight cough that remained was successfully combated by a dose of *Hepar.* (Tietze. *Thorer's prakt. Beiträge*, I, 196.)

Spongia, (30;) three hours after *Acon.* (30.) The child (six months old) had been labouring for three hours under all the symptoms of croup. Eight hours after the treatment commenced it was out of danger. (Weigel. *Thorer's prakt. Beitr.* III, p. 128.)

There are many similar cases on record, and still more where a successful result was obtained by following up the administration of *Spongia*, by a dose of *Hepar* a few hours afterwards, but these will suffice.

2. *Sources.*—(Hahnemann's *Materia Medica pura.* Vol. VI.)

Abbreviations.—Besides those already given, are, Lehm., Lehmann; Hornb., Hornburg; Hartm., Hartmann; Wisle., Wislicenus.

APPENDIX. A.

Medicines which promise to furnish independent varieties of Croup, on further proving.

Arsenicum.

The larynx is dry. (S. H.)

The voice is shaky. (Guilbert.)

Unequal voice, at one time strong, at another weak. (Kaiser.)

Rough voice and hoarseness. (S. H.)

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Roughness and hoarseness of the throat in the morning. (S.H.)

Constant tickling in the whole windpipe, causing him to cough, irrespective of respiration. (S. H.)

Cough, from a constrictive sensation at the upper part of the trachea, as if from the vapour of sulphur. (S. H.)

Frequent, quite dry, short, barking cough, from a choking sensation in the larynx, as if from sulphureous vapour. (S. H.)

Short cough, without expectoration, from irritation in the trachea. (Langh.)

Cough, especially after drinking. (S. H.)

Cough awakes him at night; strong impulses, so that he almost choked, and his neck swelled. (S. H.)

Dry, fatiguing cough. (Störk.)

Breath very short. (Hlb. and Tr.)

Difficult breathing. (Tachenius.)

Impeded respiration, with great anxiety. (Kaiser.)

Anxious, groaning respiration. (Guilbert.)

Frequent oppressive dyspnœa, in all positions, with anxiety. (S. H.)

Great tightness of breath. (Pyl.)

Long-continued tightness of chest. (Güldenklee.)

Tightness of the chest, often returning. (Morgagni.)

His breath leaves him in the evening, the instant he gets into bed,—although he does so, and lies down as carefully as possible, yet there is a shrill whistling sound in his constricted windpipe, such as is produced by a fine harp-string. (S. H.)

She imagines she will be choked every instant, and is so weak, she cannot make a deep inspiration. (Whl.)

Sudden catarrh at night, threatening suffocation. (Majault.)

He is like to choke, and protrudes the tongue. (Wedel.)

Choking catarrh. *(Misc. nat. cur.)*

Inflammation of the lining membrane of the trachea has been occasionally observed in the bodies of animals poisoned by Arsenic. (Orfila.)

Iodine.

The larynx is painful. (Vogel.)

Pain in the larynx, and expectoration of hardened mucus. (Hlb.)

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Pressure in the laryngeal region, extending to the œsophagus as if these parts were swollen. (Jörg.)

Pressive pain with shooting in the region of the larynx and the lingual glands, several times repeated on the same day. (Jörg.)

Pressure in the larynx, compelling frequent hawking up of much tough mucus. (Hlb.)

Contraction and heat in the larynx. (Hlb.)

Contraction and heat in the throat. (Orfila.)

Pain as of a wound in the larynx and chest, in bed, with whistling in the larynx and drawing pain in the lungs, in the direction of the heart's beat. (Hlb.)

Inflammation of the windpipe. (Trs.)

Roughness of the windpipe, all day. (Jörg.)

Hoarseness. (Coindet.)

Hoarseness in the morning. (S.)

Hoarseness lasting more than a fortnight. (Hlb.)

Deeper and very deep voice. (S. H.)

Sensation as if something lay in the larynx which he could get rid of by hawking, all day and in the evening. (Hlb.)

Intolerable creeping and tickling in the larynx, only to be removed by hawking and coughing, with flow of water in the mouth, in bed, in the morning. (Gff.)

Expectoration of tough mucus from the larynx, with pressure there, as if something were in the way, which he feels as if he might swallow down, in the morning. (Hlb.)

Excitement to cough from great tickling in the throat. (S.)

Dry cough. (Matthey.)

Great difficulty of breathing. (Gölis.)

Impeded respiration. (Künzli, Matthey.)

Tightness of the chest with pains on breathing deeply, more violent, and quicker beat of the heart, with smaller and more rapid pulse. (Jörg.)

Tightness of chest, and impediment to the breath in the larynx, for a fortnight. (Hlb.)

Breathlessness. (Gardner.)

Want of breath. (Neumann.)

Choking catarrh. (Orfila.)

ADDENDA.

Dr. Koch gave *Iodine* alternately with Aconite in thirteen cases of croup and with such good effects that none died. (Vide *Hygea*

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XIV.) He affirms repeatedly that the cases were genuine croup. The result does not speak decidedly enough in favour of Iodine, for a second remedy, often of essential service in croup, was always given in alternation. Dr. Koch refers to the Pharmacodynamic Repertorium of the *Hygea*, where he found recorded effects of Iodine, which present a great analogy to croup, and which induced him to try that remedy in this disease. We have been unable to discover the place alluded to in the Repertory. The circumstance is very important, and it is greatly to be desired that Koch's observations respecting Iodine in croup were either definitely refuted or substantiated. Several of the symptoms of Iodine we have given above point very plainly to croup, although they do not contain the chief features of the disease, but neither does any of the other Homœopathic remedies celebrated in croup. Moreover, Iodine is a constituent part of *Spongia*, one of the best croup remedies we have. Jahr takes no notice in his "Codex" of Koch's cases of croup, he alludes to them neither under *Aconite* nor *Iodine*. In a patient affected with stenosis of the larynx, Iodine produced the most frightful suffocative symptoms, and a sound like the most violent croup. Four cases of the cure of croup by Iodine are recorded by Tietze in the *Neues Archiv*, Vol. I, p. 1.

Kali bichromicum.

Slight dyspnœa, as if the mucous membrane of the bronchi were thickened. (Nn.)

Pain, as of ulceration of larynx. (Dgn.)

Tickling in the top of larynx on lying down at night, causing considerable coughing. (Dgn.)

Feeling of irritation in the larynx in the morning, causing to cough up mucus. (Dgn.)

Insupportable tickling of larynx, causing cough at almost every inspiration; not much mucus ejected. (Dgn.)

Loud wheezing cough, for five minutes at a time, with retching and expectoration of mucus, so viscid that it can be drawn in strings down to the feet. (Emm.)

Immediately on waking, violent wheezing and panting, then violent cough, causing him to sit up and bend forwards. (Emm.)

During sleep, wheezing and rattling in the chest, heard at a distance. (Emm.)

Traces of blood in sputa. (Dgn.)

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Cough, with dense transparent sputa, in small lumps, easily detached. (Nn.)

Dyspnœa, especially in the morning, with cough and expectoration of white mucus "as tough as pitch," and which could be drawn out into strings. (Gall.)

Dyspnœa.

Dyspnœa in sleep. (Mty.)

Pathological Anatomy—Dogs.

Epiglottis and rima glottidis congested, and covered with thick ropy mucus.

Larynx and bronchi filled with muco-purulent matter.

Mucous membrane of larynx, trachea and bronchi deeply injected.

Larynx, trachea, and bronchi, lined with a false membrane, easily detached.

In the bronchi, polypus-looking masses, which could be traced like cords through all the branches of the air tubes. (Vide *British Journal of Homœopathy*, Vol. II, App. p. lxxxix.)

This medicine was successfully employed by Dr. Bayard, of New York, in a case of croup, occurring in a girl of thirteen, who had for three days been suffering from catarrhal symptoms, for which she had received *Bell.* and *Merc.* In the afternoon of the third day, her face became flushed, skin dry and hot, stridulous breathing, face puffed and livid, pulse frequent and small, extremities cold, restlessness, dysphagia. She awoke between nine and ten with a rough, hoarse barking cough accompanying each respiration. *Acon.* (4) and *Spon.* (4) were given alternately without relief. She then got *Kal. bich.* (6) and shortly after fell asleep. The medicine was repeated at six next morning, and the patient's recovery was very rapid. (*American Journal of Homœopathy. Vol. I, No. XX.*)

APPENDIX B.

Medicines whose pathogeneses, though they cannot be said to show actual species of croup, present symptoms which bear a great resemblance to that disease.

Aconitum.

In the morning, hoarseness, (after eight hours. S. H.)

Tussiculation from a tickling in the upper part of the larynx, (immediately. S. H.)

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Coughing after drinking. (S. H.)

Sensitiveness of the larynx to the inspired air, as if its mucous membrane were divested of its covering. (Zl.)

Sensation as if the larynx were compressed on both sides. (Stz.)

Very weak voice. (Ot.)

Dry feeling in the trachea. (Rl.)

Pressure and burning pain in the course of the trachea, extending down into the pit of the stomach. (Rl.)

Raw feeling in the throat along the course of the trachea, provoking frequent short cough. (Stz.)

He (though accustomed to smoke) cannot smoke without constantly hemming and coughing, either because the epiglottis permits the entrance of smoke into the larynx, or because the glottis is more sensitive than usual, (after six hours. S. H.)

Cough from irritation in the larynx, with expectoration of gelatinous mucus. (Zl.)

Short cough from a tickling in the larynx, after midnight, every half hour; the more it is attempted to be repressed, the more frequent and severe it becomes. (S. H.)

Hoarse, dry, loud cough. (W. K.)

Frequent dry cough, sometimes with expectoration of bright red blood. (H. K.)

On coughing, pain in the larynx. (W. K.)

On coughing, soreness in the chest and smarting pain in the larynx. (Wz.)

Rattling and vibration in the trachea. (Sn.)

Morbid state, (attacks of paralysis ?) of the epiglottis, food and drink easily pass into the windpipe on swallowing, threatening suffocation and causing cough. (S. H.)

Slow, difficult respiration. (Ot.)

Short, incomplete, laborious breathing. (Sn.)

Oppressed breathing.

Difficult respiration, anxious gasping for air.

Anxiety impeding respiration, with warm perspiration on the forehead. (S. H.)

Anxiety with dread of suffocation. (Rödder.)

Quickened respiration. (Schw.)

Sterterous breathing. (Schw.)

Clinical Observations.—Croup in the first stage:—Great weakness followed by violent heat, in a boy of seven years of age. He is speechless, or only speaks with difficulty in a croaking voice; points

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to the larynx, where he seems to have pain. Tries to cough, but cannot. Face red and swollen, eyes sparkling, sweat on the brow, pulse full and strong. Great thirst. Frequently passes water. On the left side of the face an eruption of small pimples. Face red and pale alternately. Breath perceptibly impeded. Restlessness and delirium. *Aconite* (30) was given him; in two days he was well. (*Annalen*, Vol. II, p. 223.)

A boy, aged seven, plethoric, who had had croup two years before, was again attacked in a similar manner; cough barking and hoarse. Red face, great oppression of chest, heat, and threatened suffocation. He got two doses of *Aconite*, at five hours interval, and was as well as ever in two days. (*Jahrb. d. Hom. Heilanst.* I, p. 171.)

A child was attacked, in its first sleep, with a laryngeal affection presenting all the symptoms of croup. He got a dose of *Aconite*, at nine, P.M. At twelve, he was perfectly well. (Peschier. *Bibl. Hom.* IV, 140.)

Aconitum, in fine, should always be first administered in the inflammatory stage, it thereby assists the action of the next remedy indicated. (*Rückert's Hom. Therapie.*, p. 273.)

Jahr's Symptomencodex.—° Spasmodic, rough, croaking cough, also with danger of suffocation and constriction of the glottis.

° Croup, in the inflammatory stage, especially as long as the nervous and vascular systems are much excited, with burning heat, thirst, *short cough and rapid, accelerated respiration.*

° Breathing anxious, difficult, sighing quick, and superficial.

° A kind of Millar's asthma, with nocturnal, violent cough, with hoarse crowing tone, danger of suffocation, and constriction in the windpipe.

The symptoms enumerated above, are derived from Hahnemann's *Materia Medica pura*, Vol. I, and from the *Austrian Hom. Journal*, Vol. I.

Belladonna.

Rough hoarse voice. (S. H.)

Hoarseness. (Vicat.)

Hollow and scraping cough. (S. H.)

Before each attack of conghing, the child was quiet, but cried just before the cough came on. (S. H.)

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Noise and rattling in the bronchi. (Rau.)

Oppression of chest. (Schmucker.)

Difficult breathing. (Rau.)

Violent, short, frequent, anxious respiration. (Grimm.)

At one time he breathed, and then he seemed almost as if he had breathed his last, in attacks which lasted a quarter of an hour at a time, and returned four successive times. (El. Camerarius.)

At night, in bed, such an oppression of the chest, which is not to be got rid of by voluntary coughing; he could with difficulty make an inspiration, as if hindered by an accumulation of mucus in the windpipe; at the same time a burning in the chest; (after sixty hours. S. H.)

Jahr's Symptomencodex.—° Great soreness of the larynx, with danger of suffocation on touching it, turning the head, coughing, speaking, or inspiring.

° Spasmodic constriction of the glottis.

° Croup ?

° Barking cough.

Bryonia.

Some hoarseness, and want of clearness of the voice whilst walking in the open air. (S. H.)

A kind of hoarseness, and at the same time tendency to perspire. (S. H.)

Voice rough and hoarse, (after four hours. Herrm.)

Hoarseness for twenty-one days. (Fr. H.)

A dry hacking cough; single, spasmodic, powerful impulses against the upper part of the trachea, which seems covered with dry viscid mucus; tobacco smoke excites the cough. (S. H.)

In the throat a scratching, painful, hacking cough, as if from rawness of the larynx, after lying down in bed at night. (S. H.)

Excitation to hawk; a feeling as if there were some mucus in the windpipe; after hawking some time, he experiences a pain as of rawness and pressure; the pain is more violent on talking or smoking, (after four hours. Herrm.)

On coming out of the open air into a room, sensation as of vapour in the windpipe, which causes him to cough; he feels as if he could not inspire air enough, (after two hours. Herrm.)

A hacking dry cough, impinging on the larynx. (S. H.)

Whilst coughing, shootings internally in the throat. (S. H.)

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Immediately before a fit of coughing, frequent gasping for breath; quick spasmodic respiration, as if the child could not recover its breath and consequently could not cough; a kind of suffocative fit, followed by cough, especially after midnight. (S.H.)

Impeded respiration. (S. H.)

Breath shortened; he must breathe quicker. (S. H.)

Tightness of chest, (after one hour. S. H.)

Jahr's Symptomencodex.—*Hoarse and rough voice.

Chamomilla.

Whistling and rattling in the windpipe whilst breathing. (S. H.)

Hoarseness from tough mucus in the larynx, which can only be brought away by hawking strongly, (after eight hours. S. H.)

Catarrhal hoarseness of the windpipe, with dryness of the eyelids, (after one to eight hours. S. H.)

Hoarseness and cough from rattling of mucus in the upper part of the trachea; the place whence the mucus is detached by coughing feels painful, (after two hours. S. H.)

Oppression of the chest. (S. H.)

Constriction of the upper part of the chest, which gives pain on coughing, (after four hours. S. H.)

Suffocative tightness of the chest (the glottis feels as if constricted) about the top of the sternum, with constant excitation to cough, (after a quarter of an hour. S. H.)

About midnight an attack of coughing, whereby something appears to come up into the throat, as if she would be choked. (S.H.)

Short hurried respiration. (St.)

Short deep respiration, with high rising of the chest. (St.)

Clinical Observation.—An infant of two years, previously quite healthy, was attacked with croup. *Acon.* and *Spong.* failed to relieve it. *Cham.* was given, soon after which it fell asleep, perspired, and expectorated abundantly. (Schweikert, *Allg. Hom. Zeitg.*, Vol. II, p. 64.)

Jahr's Codex.—*Hoarseness from viscid adhesive mucus in the larynx.

* Catarrhal hoarseness.

° Croup.

* Cough with hoarseness, and rattling of mucus in the larynx.

° Captiousness of children.

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Cina.

Difficult, loud respiration, (after half an hour. S. H.)

Very short breath, as if he had much mucus in his chest, without being obliged to cough, (after six hours. Lghm.)

The child is very short breathed, with loud rattling in the chest. (St.)

Whilst inspiring, a loud whistling whoop in the trachea, not audible on expiration, (after twelve hours. Lghm.)

Attacks of violent coughing from time to time. (S.H.)

Before coughing the child starts suddenly up, looks wildly about, the whole body is somewhat stiff, she is senseless, as if she were going to have an attack of epilepsy, and this is followed by cough. (S. H.)

After coughing the child whimpers; a clucking noise is heard, she is anxious, gasps for breath, and becomes quite pale in the face: these attacks last two minutes. (S. H.)

Cuprum.

Cough which takes away the breath, after consciousness has returned. (S. H.)

Cough with interrupted, almost suppressed respiration. (Voigtel.)

Dry cough, without intermission, for which he could not speak, (immediately. Pelargus.)

Very rapid respiration, with rattling in the bronchi, as if they were full of mucus. (S. H.)

Tightness of chest. (Pelarg. and others.)

Spasmodic fits of tightness of chest; the chest full, drawn together; the breathing oppressed to suffocation; and on the cessation of these spasms, there is a spasmodic vomiting, whereupon the fit ceased for half an hour. (S. H.)

Continued hoarseness, so that he cannot speak a word, with desire to lie down. (S. H.)

Spasm of the glottis, preventing speech. (Orfila.)

Clinical Observation.—Dr. Hirsch says he has employed *Cupr. sulph.* with success in croup. The dose was one-eighth of a grain, and generally brought on vomiting, which is, in fact, the most usual method of employing it in Allopathic practice, so that until we have evidence of its successful administration in doses insufficient to develop its primary effects, we cannot accept Dr. Hirsch's evidence in favour

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of its specific action in croup, though undoubtedly it has been employed and esteemed useful by practitioners of the old school, not merely as an emetic, but even as a specific in croup. The dose employed by Dr. Hirsch is the same as that advised by Hoffmann, who was the first to recommend *Cuprum* in this disease.

Drosera.

Tightness of chest, especially in talking, or even uttering a single word; the throat seemed to contract; he did not feel the tightness of chest whilst walking. (S. H.)

Creeping sensation in the larynx, exciting cough, with the feeling as if a soft body were lodged there, with fine stitches to the right side of the gullet, (after four days. Gutmann.)

Clinical Observations.—After croup, there frequently remains a sort of chronic form of this disease which returns periodically, is accompanied by spasmodic croup and rattling in the bronchi. It not unfrequently changes into hydrocephalus when neglected. *Drosera* in such cases is frequently of service. (*Hornburg, in Allg. Hom. Zeitg.* Vol. I, p. 147.)

Jahr's Codex.—**Hoarseness and deep bass voice.*

°Barking cough.

Noack and Trinks' Handbuch.—Acute and chronic inflammation of the larynx and trachea, with roughness, hoarseness, and tickling cough.

Moschus.

In the larynx superiorly, a sudden feeling as if the breath would be excluded, almost as if he had inspired sulphureous vapour. (Gross.)

In the larynx a sensation as from sulphureous fumes with constriction of the windpipe, from the smell of the medicine, (immediately. Stapf.)

Suffocative constriction of the chest. (Fr. Hoffmann.)

Oppressed breathing; she is forced to inspire deeply. (Stapf.)

Compression of the chest. (Tralles.)

Pressure on the chest, so that he cannot lie; he felt as if he would be suffocated, and gasped for breath, (after twelve hours' from triturating the medicine. Hromoda.)

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A kind of pulmonary spasm, commencing with an inclination to cough, and increasing until it attains a desperate height, (in the first twenty-three hours.) In five minutes all was past. (Hromoda.)

Clinical Observation.—Moschus is often useful in the last stage of croup when all sorts of remedies have been used in vain. (Hartmann, in *Obs. on Rückert's Darstellung.* Vol. II, p. 61.)

Nitri Acidum.

Extremely violent coryza, with great hoarseness, and cough with stitches in the throat at every impulse, (after twelve days. S. H.)

Shooting pains in the region of the larynx. (S. H.)

Shooting in the throat (larynx?) on speaking for a long time. (S. H.)

Sharp scratching sensation in the windpipe, (after nine days. S. H.)

Roughness in the throat like a file, not felt on swallowing, but on breathing, with oppression of chest and coryza. (S. H.)

Hoarseness, (after some hours and two days. S. H.)

Hoarseness, so that she could not speak. (S. H.)

Tickling cough, with soreness in the throat. (S. H.)

Cough as if from a constrictive sensation in the throat, especially at night and during sleep. (S. H.)

In the evening especially, dry barking cough. (S. H.)

Before midnight, rough dry cough. (S. H.)

At night especially, cough which gives not five minutes' rest, and shakes the whole body, whereby the respiration often ceased as in hooping cough; at the same time stitches through the chest, pain in the throat and fever. (S. H.)

Much more cough by night than by day; he can only get to sleep towards morning; by day much more cough whilst reclining or slumbering. (S. H.)

Breathlessness, palpitation of the heart, and anxiety, whilst going up stairs. (S. H.)

Sudden loss of breath and palpitation of the heart when walking gently. (S. H.)

Shortness of breath, (the first hour. S. H.)

Oppression of the breathing in the morning, so bad that she could scarcely respire, (after thirty days. S. H.)

Oppression of the chest, so that she cannot breathe, (after twenty-two days. S. H.)

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Oppression on the chest, short, anxious, difficult respiration. (S. H.)
Hooping respiration. (S. H.)
Whilst breathing, wheezing and rattling in the chest. (S. H.)
Jahr's Codex.—*Barking cough, especially at night.

Phosphorus.

Roughness in the larynx and trachea, with frequent coughing and hawking. (Ng.)

Roughness in the throat for four days in damp weather. (Mbn.)

Hoarseness in the morning. (S. H.)

Hoarseness, the larynx feels as if lined with something, he cannot speak a word aloud. (S. H.)

Violent catarrh with hoarseness. (S. H.)

Hoarse thick voice for several days. (S. H.)

Cough, chiefly whilst drinking (cold or warm.) (S. H.)

Hollow, generally dry cough, with pressure in the scrobiculus cordis, preventing sleep all night.

Hollow cough, chiefly in bed in the morning, and also at night; when she wished to sleep, it kept her from doing so.

A sort of hooping cough, with smothering in the chest, and some expectoration of mucus, (after eight days. S. H.)

Whilst coughing, sensation in the throat, as if a piece of flesh would be coughed up. (Ng.)

Breathing very short after each cough. (Ng.)

Difficulty of breathing at night in bed. (S. H.)

Respiration loud and rattling. (S. H.)

Chest much oppressed, breath very short. (S. H.)

Dyspnœa and vertigo. (S. H.)

Clinical Observations.—Dr. Marenzeller treats croup with *Phosphorus* alone (*Allg. Hom. Ztg.*, Vol. I, p. 147.) Dr. Liedbeck, of Upsala, cured his son of a croupy cough with *Phosphorus*. Dr. Gross relates a case of croup the cure of which he attributes to *Phosphorus*, but as he gave it alternately with *Hepar* and *Spongia*, this case cannot be admitted as evidence in favour of the action of *Phosphorus* in croup. (*Archiv.* Vol. XV, 1. p. 100.)

Sambucus.

Slumber with eyes and mouth half open; on awaking he could not get his breath; he was forced to sit up, and then the breathing

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became very quick, with whistling in the chest as if he would be suffocated, he struck about him with his hands; the head and hands were blue and swollen; he was hot without thirst; when the attack came he wept; all this without cough, and especially at night from twelve till four. (S. H.)

Hoarseness occasioned by much tough viscid mucus in the windpipe. (Franz.)

Clinical Observations.—A child (boy) of five months had a coryza which went off suddenly, and on the following night it was affected with a very rough, hollow, croup-like cough; agitated sleep. The following morning frequent fits of hollow, deep cough; whistling respiration; constant crying; burning head; crying or coughing, as if the throat were painful. He got *Samb.* (30,) and the following day was quite well. (Tietze. *Annal.* 1, p. 215.)—A boy of four years of age, robust and plethoric, had croup; there were present sopor, snoring, and whistling, with open mouth and head bent back; the child starts up, strikes about it, is like to be suffocated, becomes brown and blue in the face, then came cough with rattling breath; suffocation and paralysis of the lungs seemed inevitable. *Acon.*, *Spong.*, *Hep.*, then a blister. *Cupr. sulph.* as an emetic had been administered in vain, and it was now the twentieth day of the disease. Two doses of *Sambuc.* saved the child's life. (Fielitz, *Allg. Hom. Zeitg.*, IX, p. 67.)

Sanguinaria Canadensis.

Loss of voice with swelling of the throat.

A dry cough which wakens him and will not cease until he sits up in bed, and then there is a discharge of wind above and below.

Hering's Proving.—* Constant violent cough without expectoration, with pain in the chest and circumscribed redness of cheeks.

* Troublesome cough, with expectoration and circumscribed redness of cheeks.

* Croup.

Clinical Observations.—Recommended in all stages of croup by Hoadly. (*Med. Repository of Orig. Essays.* New York, February, 1824.) Dr. Ives gave it with effect in the first stage of croup. Rafinesque says that many trust entirely to it in croup. (Hering, in *N. Archiv*, I, 2.) "Very efficacious in croup," says Dr. Bute. (*Archiv*, XVII, 3.)

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Sulphur.

Roughness in the throat. (S. H.)

Very rough throat; (after sixteen days. S. H.)

Drawing and dryness in the larynx, occasionally.

Hoarseness and complete loss of voice; (after twenty-four hours.)

Hoarseness in the morning. (Fr. H.)

Hard lumps of mucus, like starch, are expectorated by hawking. (Ng.)

The larynx appears swollen. (S. H.)

A painful blow in the larynx while coughing.

Creeping in the larynx; speaking excites cough.

He feels inclined to cough but cannot; all becomes black before his eyes. (S. H.)

Cough, each time from roughness in the larynx. (S. H.)

Dry cough, with hoarseness, dryness in the throat, and coryza of clear water. (Ng.)

Cough, with rattling in the trachea, and hoarseness.

Attacks of breathlessness, sometimes whilst moving and walking, sometimes whilst sitting or lying; he is forced to take a forcible deep inspiration, whereupon the tightness of chest goes off. (S.H.)

Frequent stoppage of the breath causing suffocation during the day. (S. H.)

Frequent stoppage of the breath whilst asleep; she must be awoke in order to prevent suffocation. (S. H.)

Attack of suffocation at night whilst asleep, but without pain. (S. H.)

She had scarcely fallen asleep, at night, when her breath went away; she was like to suffocate, started up with a loud cry, and could not regain her breath; towards morning, violent palpitation, followed by clammy sweat. (S. H.)

Clinical Observation.—Recommended in slight cases of croup, after Aconite, by Goullon. (*Archiv*, XIX, 2, 7.)

Tartarus emeticus.

At the commencement of each fit of coughing, she gasps anxiously for breath, before she has the power to cough. (S. H.)

At three in the morning her breath was stopped and taken away; she had to sit up in order to get air; she was relieved by coughing and expectorating. (S. H.)

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At night in bed he is like to be choked; there is great constriction; he cannot get breath; he must sit up all night. (S. H.)

Unusual oppression of the chest; (the fourth day. Rekt.)

After eating, the child coughs and vomits its food and mucus. (S.H.)

When the child is angry it coughs.

Violent tickling in the middle of the trachea excites a short cough. (Sf.)

Clinical Remarks.—Dr. Griesselich treated several cases of croup with *Tartar emetic*, in large doses, so as to produce vomiting, and generally along with other Allopathic remedies. The success of this practice speaks more for the efficacy of emetics than for the specificity of *Tartar emetic* in croup. (*Hygea*, II.)

Jahr's Codex.—° Larynx painful to the touch.

° Croup after, or alternately with, *Hepar*, where much mucus remains after the dangerous symptoms are past.

° Hoarseness.

* Catarrh, with much mucus rattling in the air passages.

* Cough, with vomiting of food.

* Cough, with suffocative loss of breath, like tussis suffocativa.

Pathological Anatomy.—Larynx covered in the centre with large deep pustules. Trachea similarly affected. (*Noack & Trinks, A.M.L.*)

CASES OF PERICARDITIS RHEUMATICA.

By Dr. Joseph Laurie, of London.

Messrs. Editors,—The following cases are not submitted to you from any thing very remarkable in their features, but simply as illustrative of the power of Homœopathic remedies, in arresting a disorder which, in Allopathic practice, is considered to require what are denominated the most prompt and vigorous measures,—such as a free and bold use of the lancet, &c., &c.

Case I.

A. M., thirteen years of age, of sanguine lymphatic temperament, was seized, on the 4th of March, 1845, with acute rheumatism, for which, according to *time-honoured rule*, an aperient was

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first given, and the pains sought to be relieved by means of fomentations and hartshorn embrocations. Delirium having supervened on the morning of the 8th, I was sent for in the evening, and found the patient lying on her back, in bed, complaining of severe darting, aching, rending pains in all the joints, but particularly those of the shoulder, elbows, and wrists,—the affected parts being at the same time much swollen, tense, shining, and very sensitive to the touch; countenance flushed, and wearing an expression of anxiety; tongue furred white, mouth parched, thirst considerable; skin hot and dry; pulse 130, full, and bounding, but regular; respiration hurried, but unattended with pain; no cough. On examining the region of the heart, the impulse was abnormally strong, the pulsations loud, accelerated, and occasionally reduplicated. About the middle of the sternum a gentle superficial rustling sound was distinctly audible, particularly while I kept the patient in the sitting posture; there was no dulness on percussion, and total absence of pain in the region of the heart.

℞ Tinct. Aconiti, ℥, gtt. iij.
Aquæ puræ, ℥ iij.
Dosis.—Cochleare mediocre, tertia quaque hora.

March 9th.—Fever diminished; pulse 120, not so full; skin moist; mouth not so parched; thirst lessened; recumbency on the right side supportable, not so on the left; respiration laborious and quick; sound of superficial friction increased in extent and loudness, audible in all positions, and in the interval *between* as well as *during* the occurrence of the heart sounds; no perceptible dulness on percussion. The patient had passed a restless night, and was now and then delirious; joints still inflamed and painful.

℞ Tinct. Belladonnæ, ℥, gtt. ij.
Aquæ puræ, ℥ ij.
Dosis.—Cochleare mediocre, tertia quaque hora.

On repeating my visit in the evening, I found the rheumatic sufferings of the patient considerably alleviated, the redness of the joints no longer so intense, and the tumefaction much reduced; heart symptoms little changed, perhaps a slight diminution of the friction sound; skin inclined to be hot and dry; pulse the same as in the morning.

℞ Tinct. Aconiti, ℥, gtt. ij.
Aquæ puræ, ℥ ij.
Dosis.—Cochleare mediocre, sexta quaque hora.

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March 10*th*.—Patient has passed a good night; perspired copiously soon after the first dose of the medicine; skin still moist; no thirst; yellow furred, moist tongue; aversion to all food; pulse 100, somewhat hard; patient cannot yet lie on the left side, and on sitting up in bed she complained of a darting pain proceeding from the region of the heart to the left shoulder and scapula, with aggravation of the pains in the joints on movement; sound of friction same as on the previous evening; no perceptible dulness at or near the sternum, and no abnormal sound in any other part of the chest; respiration free, slightly hurried, but occasionally interrupted by the darting pain already noticed, on making a succession of deep inspirations.

℞ Tinct. Bryon., 3, gtt. iij.
Aquæ puræ, ℥ iij.
Dosis.—Cochleare mediocre, quarta quaque hora.

March 11*th*.—Considerable improvement in every respect.
Prescription as before.

March 12*th*.—Further improvement; the patient can lie on both sides; tongue clean; appetite returning; pulse 84, feeble, but regular; action of the heart still rather powerful, particularly on the least movement; friction sound only audible after any slight exertion, such as turning in bed or sitting up; all redness and swelling of joints have disappeared, some stiffness and pain on movement alone remaining.

℞ Bryon., 6, Glob. XXIV. (Redig. in pulv.)
Pulv. Sacch. Lact. gr. iv.
Misce intime, et divide in partes equales iv. quarum capiat unam quotidie.

March 17*th*.—Convalescent. Twelve months afterwards I saw the patient, and discovered no trace of disease of the heart of any description.

Case II.

R. H., twenty-one years old, of bilious temperament, was attacked with rheumatic fever about the middle of November, 1845, after having been exposed to a cold and damp atmosphere for several hours. During the three following days the sufferings were so

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severe, that the patient was unable to remain at rest in any posture, (feeling, if any thing, rather easier whilst sitting up in bed, with his head between his hands, resting his elbows on his knees, and giving a rocking motion to the body ;) towards evening, fits of coldness and shivering alternating with heat, accompanied the pains, and about midnight, copious sweats supervened, which were followed by remission of pain and some sleep. Early in the morning, however, there was recurrence of suffering, with increased violence. On the evening of the fifth day of his illness, the patient was induced to drink some hot gin and water, in the double hope of arresting the chills, and allaying the pain. The day afterwards the rheumatic pains had nearly vanished, but were substituted by intense headach, nausea, giddiness, palpitation of the heart, and sharp pains in the left breast. These symptoms continued in an unmitigated form for five days, and on the day following, the tenth of the patient's illness, I was requested to visit him. I found him sitting on his bed, half dressed, having been unable to complete his toilet, in consequence of the distressing dyspnœa and palpitation which he experienced on making any slight exertion ; his countenance wore an expression of intense anxiety, which, together with the history of the case, led me at once to infer, before resorting to auscultation, that some affection of the heart had arisen from rheumatic metastasis ; no pain was complained of beyond an occasional twitch in the left side of the chest, during the performance of a somewhat full inspiration, or on turning the body towards the right side : a degree of stiffness in the back and limbs was the only inconvenience complained of in the parts which had been previously so severely affected with rheumatism. The pulse was feeble, irregular, occasionally intermittent, and rather frequent ; the tongue furred white, covered with mucus, and increased in volume ; appetite wanting ; taste metallic ; no thirst ; bowels confined for four days.

On auscultation, the sounds of the heart were somewhat muffled at the cardiac region, but the impulse greater than natural, and there was distinct, though not loud, friction sound immediately to the left of the inferior third of the sternum, particularly when the patient inclined the trunk forward, or made any trivial effort, such as rising from his seat, or raising up the left arm quickly.

On percussion there was decided dulness confined to an area of three inches, at the lower end of the sternum. In the carotid and subclavian arteries the normal heart sounds were audible in their natural strength. The case thus afforded unequivocal evidence of

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pericarditis from the metastasis of rheumatism, resulting in liquid effusion.

℞ Laches., 6, gl. XII.
Aquæ puræ, ℥ j.
Dosis—Coch. medioc. ter die.

November 27th.—The patient intimated that he felt easier; had passed a better night than he had done since the day he was first seized with indisposition; the bowels had been freely moved early in the morning; pulse same as yesterday; dulness on percussion; sounds and impulse of the heart unchanged; expression of countenance still anxious.

Former prescription repeated.

On the 28th, and two succeeding days, the patient remained in much the same state; he imagined himself better, but his countenance bore the same anxious expression; and, if any thing, an increase of dyspnœa, with tendency to syncope on movement, seemed to have taken place; the pulse was rather more feeble and intermittent. Arsenicum, (6,) dose gl. 6, every four hours, was substituted for *Lachesis*, on the 1st of December, and continued until the morning of the 3rd, when the patient's state was as follows:—Dulness on percussion over a larger space, nevertheless the friction noise at the sternum was somewhat stronger than it had been the previous four days; the impulse was also somewhat more powerful, but the natural heart sounds impaired and distant; great dyspnœa and faintness on the slightest movement; pulse still weak and quick, but not so intermittent; some appetite, but increased oppression on the introduction of the smallest morsel either of liquid or solid food into the stomach; no pain in the region of the heart; sleep restless; decubitus dorsal, with the head and shoulders raised.

℞ Arsenic., 6, gtt. iij.
Aquæ puræ, ℥ j.
Dosis—Coch. med. quarta quaque hora.

December 4th.—Patient felt stronger, and had passed a tolerable night; no thirst; tongue foul; in all other respects the same as on the day previous.

℞ Colch., 6, gtt. iij.
Aquæ puræ, ℥ iij.
Dosis—Cochleare amplum, tertia quaque hora.

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Under the employment of this remedy, a striking improvement soon became manifest;—the patient began to breathe more freely, and to be enabled to move about without much inconvenience arising from palpitation, dyspnœa, or faintness: the dulness on percussion commenced gradually to give way, and the sounds of the heart resumed a normal intensity. *Colchicum* was continued for six days, latterly at longer intervals between the doses. On the 11th of December, *Nux vom.* and *Arsenicum* were prescribed in alternation, at intervals of twelve hours,—the former in consequence of the deranged state of the digestive organs, and some slight rheumatic pains, of a dragging, aching description, in the back, chest, and joints, accompanied by a feeling of torpor in the fore-arms; the latter from the circumstance that the patient complained of occasional attacks of dyspnœa and palpitation of the heart at night. A week afterwards, convalescence was not only firmly established, but the patient was, moreover, restored to a much better state of health than he had enjoyed for a year or two past. No relapse has taken place, and recovery appears to be complete.

Case III.

C. W., aged fifteen, of melancholic temperament, and of somewhat robust and muscular build for his years, but disposed to suffer from deranged digestion in consequence of frequently over indulging a naturally keen appetite, (to which an additional stimulus was usually given by the amount of severe exercise he was daily in the habit of taking,) had been confined to the house for a week, with a severe attack of acute rheumatism. March 3rd, 1846, the patient was seen by me for the first time, when I was instructed that, three days previously, he had been seized with an increase of fever, attended with palpitation of the heart, and some oppression at the chest. These symptoms had continued to gain ground, and formed the reason that induced the parents of the patient to send for me, (previous to which they had been allowing the disease to take its course,—the father having become a complete sceptic in medical science.)

I found distinct indications of inflammation of the pericardium, with some symptoms of complication with endocarditis, as was evinced by the existence of the following physical signs:—Loud friction sound not only about the middle of the sternum, but also pretty clearly beyond the proper cardiac region, in various directions, and greatly disguising the natural sounds of the heart; strong and very

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abrupt impulse, accelerated pulsations, and prolonged first sound. On listening at the top of the sternum, and also in the carotids, the normal heart sounds were heard with tolerable distinctness attended with a grating murmur, which although somewhat faint, was yet sufficiently well marked to denote endocarditic implication, with regurgitation through the semilunar valves of the aorta.

The expression of countenance was painfully anxious, the restlessness great, the skin hot and dry, and the pulse full, strong, rapid, but regular.

℞ Tinct. Aconiti, 3, gtt. iij.
Aquæ puræ, ℥ iij.
Dosis—℥ ss. quarta quaque hora.

March 4th.—Patient somewhat easier; perspired freely after the second dose of Aconite; countenance not quite so anxious; physical signs as before; impulse of the heart perhaps rather less violent; pulse still full, but softer and rather slower; no pain in the region of the heart when the patient lay perfectly quiet, but any sudden movement was immediately followed by excessively increased action of the heart, dread of suffocation, and a sensation of severe constriction as if the heart were violently squeezed or drawn together. Position in bed either dorsal, or on the right side, with the head raised—a sense of suffocation being experienced whenever the patient attempted to recline sinistrad.

℞. Tinct. Spig., 6, gtt. iij.
Aquæ puræ ℥ iij.
Dosis—Coch. amp. sexta quaqua hora.

The general symptoms having much improved under the employment of the Spigelia, that remedy was continued until the 7th of March, on which day the symptoms encountered were as follow:—Respiration freer; anxiety of expression only perceptible after the performance of any slight exertion, which was still followed by violent palpitation; valvular murmur no longer audible; friction sound only perceptible when the heart is tumultuously agitated; pulse quick, somewhat irregular, and rather feeble, even when the action of the heart is powerful.

On percussion, a slight degree of dulness was discernible to the left of the sternum. The appetite, which had returned immediately after the improvement effected by Aconite, and could with difficulty be kept within the proper limits necessary in such a dis-ase, was now supplanted by a strong aversion even to the smell of

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food of every description, and there was considerable thirst, which seemed to be materially caused by a sensation of intolerable dryness and burning heat in the throat, as the patient drank but little at a time, and seemed to experience temporary relief from sipping a little cold water every now and then; tongue rather dry, and furred; bowels had not been relieved for five days. No pain was complained of in the region of the heart, the feeling of severe constriction having readily yielded to Spigelia.

℞ Arsenic. alb., 6, gtt. iij.
Aquæ distil. ℥ ij.
Dosis.—℥ ss., quartis horis.

March 8th.—General symptoms considerably amended; physical signs the same. Medicine continued.

March 9th.—Appetite returning; dryness of the mouth and throat, together with the thirst, removed; palpitation of the heart somewhat diminished; friction sound still perceptible on particular occasions, such as after a sudden movement of the body, or even of the arms, but only to a slight degree; dulness on percussion neither increased nor diminished since the 7th; bowels not yet relieved; spirits very depressed.

℞ Laches., 6, gtt. iij.
Aquæ distil. ℥ ij.
Dosis.—Coch. mag., quarta quaque hora.

March 10th.—Rather less dulness on percussion; friction sound no longer audible; pulse more regular, but still weak and accelerated; impulse of the heart stronger, rather more abrupt, and the palpitation very distressing on movement, but particularly on turning in bed during the night; the patient can lie on either side, yet prefers lying on the right, or on the back. Spirits better, although sudden fits of indescribable anxiety still occur at intervals. Arsenicum and Lachesis were given in *alternation* every twelve hours during the six succeeding days: at their expiration the patient was convalescent. The bowels were copiously relieved on the 12th without the aid of an enema. For the space of a fortnight afterwards, there was some tendency to violent palpitation of the heart on going up stairs rather quickly; but this completely subsided ere long under the action of the remedies (such as *Sulphur, Bryonia, Nux v., Natr-m.*, and *Acid-n.*) which were called for by the chronic derangement of the digestive functions.

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CALENDULA OFFICINALIS,

AS A VULNERARY.

By Dr. THORER, of Görlitz.

(From the N. Archiv, III Bd., 1 Heft.)

POPULAR Medicine, the practice and experience of the unlearned peasant, are almost the only sources of the Allopathic Materia Medica. The history of every medicinal substance proves this, and all that the Allopathic doctrine has done is to invest its adopted children with what it calls a scientific garb, which is, in fact, generally mere false and fantastic tinsel. The Allopathic Materia Medica possesses no better history than this miserable one, spite of all its bluster and fanatical bravado. It would be very easy to adduce the most recent proofs of this, but *exempla sunt odiosa.* The Allopathic Materia Medica has no internal resources, it possesses no mode of obtaining an accurate knowledge of remedies; the only means at its command is the impure and deceptive plan of bed-side experience; and according to this infallible touchstone, what is at one time positively asserted is again as dogmatically denied, and at last forgotten, that is, declared obsolete *lege artis.* If we look at any manual of Allopathic medicine, or any of the pharmacopæas, we shall find every where a corroboration of this statement.

Of late, indeed, a new field has been opened up for the Allopathic Materia Medica, and its *chevaliers d'industrie* to all appearances so quiet and harmless, are slily appropriating the knowledge and experience of Homœopathists with respect to their medicines and their effects in diseases, and are announcing splendid cures by means of them. This new kind of literary larceny is pretty well known in these days, and has been more than once exposed and branded as it deserved. I need only allude to Dr. Schlesier of Peitz, with his Aconite in measles and Belladonna in sore throat.

Should any think I have, in the above, judged too harshly, I shall just refer them to Osiander, or to the declaration of

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the amiable old Heim, in his Biography, who, when occupying the situation of municipal physician in Spandau, openly confessed that, with respect to the Materia Medica, he had learned from "hinds and shepherds." Thus it is with the ostentatious, but shallow Materia Medica of the Allopathists. Every remedy there has had its periods of rise, of decline, and of total oblivion. Sad proceedings of a would-be science, where nothing like certainty is ever attained. Like every other drug, the Calendula officinalis is also a striking proof in point. If we take the trouble to look through all the Allopathic Pharmacopæas and Materia Medicas, we shall find that it was at one time officinal, then it was erased from the *codex medicamentorum*, anon it was suffered to appear in the list, but was not held to be a necessary remedy, as will be seen by comparing the new and the old Prussian Pharmacopæas, it then became again obsolete, again, according to Lieutaud, it was announced to possess anti-hysterical and emenagogue virtues, besides many other properties which subsequent teachers of medicine announced *ex-cathedra* not to be the case, although Lieutaud asserts, *variis profuisse experimentis constat, &c.*

The history of one medicine is that of all others, and what is to blame for so groundless, so irrational a mode of proceeding? Certainly not the medicines, nor the proofs capable of being furnished by nature of their powers residing in them and their curative action, but the absurd and unscientific modes adopted for discovering their powers. *Discite moniti!* the great departed still calls aloud to you.

The healing powers of the *Calendula officinalis* were not unknown to the common people. From the earliest times down to our own days, the knowledge of its use, especially in external injuries, has been transmitted. But, as was to be expected, it was only empirically employed. The petals of its flowers were generally rubbed up with unsalted butter, and employed as an ointment, or they were infused and drunk as a tea,—but this was a rarer mode of administration. What is termed *Ringelrosenbutter** is a well-known external remedy

* *Ringelrose* or *Ringelblume* is the vernacular German for the Calendula.

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among the country folks in my own neighbourhood. How far and in what cases the curative action of the Calendula is Homœopathic was and must be doubtful. Its careful proving and investigation, according to Homœopathic principles, could alone furnish a sure and trustworthy result. Dr. Franz, who has done so much for our Materia Medica, undertook its proving, the results of which are detailed in the *Archiv*, Vol. XVII, Part 3. His provings were commenced prior to the year 1838. It was interesting to me to find in this proving, proofs of the efficacy of *Calendula* in those very affections for which it had been celebrated by authors with whose writings I was familiar, although I readily admit that further provings, on healthy individuals, may give more special indications for the cases of scrofulous tumours in which its virtues are celebrated, than can be had from the symptoms, numbered 6, 9, 10, 11, and 12. Yet we may, even from these symptoms, infer that its leaves have a *vis resolvens. (Folia extus admota, vi resolvente gaudent.)* Another sphere of action of Calendula is that on wounds. Popular Medicine employs Calendula in such cases, and the results of its Homœopathic proving are so well marked (*vide* symptoms 33, 34, and 35,) that the corroboration of this power in practice ought certainly to be tried. From these indications of the power of Calendula, I resolved to try it externally in cases of wounds. I was further encouraged to do so from the recommendation of the medical counsellor Schneider, of Fulda, although he does not mention where he derived his knowledge of its healing powers. I now subjoin the cases of wounds in which I have experienced its exceedingly beneficial effects. Three of these surgical cases were lacerated flesh wounds; one with laceration of the tendons; the others with enormous loss of skin, cellular tissue, and muscle, assuredly no very easy or pleasant sort of cases to treat. Formerly I had frequently employed diluted tincture of Arnica in recent external wounds, as some of my Homœopathic brethren still do, yet I have always entertained the belief, that, in such cases, Arnica is less specific than Calendula; that Arnica is properly Homœopathic to contusions, sprains, and bruises, without solution of continuity of the soft parts, whereas the true

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province of Calendula is recent wounds, with or without loss of substance. But further experience is needed in order to determine this point. I may only observe that the effects of Calendula on the process of cicatrization seems to be very favourable,—a circumstance which, however desirable it may be, is not always under the control of the physician, least of all in lacerated wounds with loss of substance.

For the external employment of *Calendula officinalis*, as an *aqua vulneraria Homœopathica*, I made two different preparations; one was made by filling one-third of a bottle with the petals of the plant, the other two-thirds with pure spring water, and exposing this well corked to the sun's rays for from two to three days. In this manner a slightly aromatic smelling water was prepared, which I decanted off and sealed up, just like wine, and placed in the cooler temperature of the cellar. One must take great care not to wait till fermentation commences in the vegetable mass exposed to the heat of the sun, in which case the infusion would be useless. The other preparation was a *Spiritus Calendulæ*, made with the same proportion of materials, as in the former one, using pure rectified spirits of wine in place of water. This preparation I have only once employed, in a very diluted state, so that the spirit should not act prejudicially on the wounds; its effects were equally good.

The first case of wound that I treated with *Aqua Calendulæ* only, was the following:—

1. The coachman of Mr. R. K. received a kick from the newly-shod coach-horse, which completely cut through the lower lip on the right side. The wound was an inch long and of irregular shape. I brought the edges together with a narrow stripe of adhesive plaster placed near the border of the lip, and gave the patient a bottle of *Aqua Calendulæ*, with directions to apply compresses moistened with it to the wound. In the course of three days, cicatrization without any formation of matter began to take place. The cure of this lacerated wound, by first intention, went on uninterruptedly and rapidly, and the scar of the severed lip is now scarcely observable. The patient never experienced any particular pains.

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2. M. A. had the misfortune to fall down a whole flight of stairs, and, in addition to several contusions in the chest, received a deep wound in the forehead, and a similar but much larger one in the point and dorsum of the nose. Besides the pain she felt, she was very much annoyed by the injury done to her nose. But, in this case also, the *Aqua Calendulæ* produced such a rapid and beautiful cure without suppuration, that now no one could imagine that she had received a wound that might easily have produced a very disagreeable deformity.

3. Of much more serious character were the wounds, lacerations, and fractures which occurred to an unfortunate boy, of the name of Flöder, sixteen years old, on the 6th of July, 1844. The poor fellow was employed at a cloth manufactory in the country, and his left arm coming in contact with a fly-wheel of the water-engine, he was caught up by it, and wounded in the following manner:—The left upper arm was broken, the splinters of bone pierced through and projected from the skin; there was a deep flesh wound at the bend of the elbow; the flesh was entirely stripped off the left forearm; the ulna and radius were quite denuded for six inches of their length, and the hand, which was completely torn off, only adhered by means of a flap of skin. On the external part of the right thigh the skin and muscular parts were torn off and presented a large and deep wound down to the bone. The face and breast were very much bruised and showed many small flesh wounds. The eyes were black and blue from extravasated blood. The boy thus horribly disfigured was in the utmost state of exhaustion from the loss of blood and the excessive pain. He had still to undergo amputation of the left arm, which I performed at the spot where the splinters of the humerus had penetrated the skin. I shall not dwell on all the details of the treatment of this case; suffice it to say, that the wound on the right thigh was first dressed with compresses moistened with *Aqua Calendulæ*. This was the only dressing employed until the complete cure which took place about the end of August; and it was remarkable how dry and without suppuration the granulations sprung up in the right thigh, in comparison with suppurative process that went on in the amputated stump of the arm, which was

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subjected to the usual surgical treatment. I was not previously aware of this peculiarity of the *Calendula*, but, whenever I discovered it, I delayed no longer treating the amputated wound with the same remedy. Here also a most favourable cicatrization ensued, as had previously occurred in the right thigh. All the wounds healed capitally, filled up, and skinned over; and any one who should now see the parts, formerly so fearfully disfigured, could have no idea, from the well-restored soft parts and the excellent cicatrix, of the destruction which had taken place. As before hinted, the boy (except that he has lost his arm,) has completely recovered, and, as far as my experience goes, I can only ascribe the successful cure of such a disfigured and exhausted patient to the rapid granulation and healing process brought about by the employment of the *Aqua Calendulæ*.

4. Mr. C., landed proprietor in G——, met with an accident in his corn mill, whereby the first joint of his left forefinger and both the joints of the ring-finger were completely torn off, together with the flesh of the point of the middle finger. On the ring-finger there still remained a small piece of the bone of the second joint, but completely divested of soft parts, and the patient was anxious that I should remove this small portion of bone. I forbore doing so, however, hoping it might be covered by granulation, and I was not disappointed. After the hemorrhage had been stopped by means of cold-water dressings, on the second day after receipt of the wound, *Aqua Calendulæ* was applied. This application suited the patient very well, except that it produced some sensations at first, which I had not observed in any of the former cases. The wounds became more dry in appearance, granulation took place uninterruptedly, and a perfect cure was effected. An inconsiderable exfoliation took place from the denuded bone of the ring-finger, the rest of which became covered over. The patient was highly pleased with the result, and with the good effects of the *Calendula*.

I made known to Surgeon Schulz the healing properties of *Calendula*. He has employed it extensively for two years past, and has communicated to me the following cases:—

5. A labourer in Trintschendorf, whilst loading a cart

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with stones, crushed his right fore-finger, shattering the bone of it. The loose broken fragments of bone were removed, and *Aqua Calendulæ* applied. The cure took place rapidly, and without much suppuration.

6. A miller's apprentice in Sohrneundorf got two of his fingers so completely crushed by the millstone, that, as in the former case, the splinters of bone had to be removed. The application of *Aqua Calendulæ* caused as rapid a cure without any particular suppuration.

7. In a compound fracture of the leg, with a wound nine inches long, whereby the tibia was completely exposed, diluted Arnica was employed for a few days on account of great bruising and extravasation of blood in the leg, thereafter the wound was dressed with *Aqua Calendulæ*. The cure took place rapidly without much suppuration.

I could bring forward many similar successful results effected by *Calendula* alone; I may, however, only remark, that in all cases where there is loss of the soft parts, and where the union cannot be effected by means of adhesive plaster, *Calendula* is the best *Aqua vulneraria.*

If the foregoing observations are few in number, they may suffice as a commencement to draw the attention of Homœopathic practitioners to *Calendula*, and enable them to corroborate its beneficial effects in fresh wounds with and without loss of substance. Homœopathic surgery now possesses a new remedy which presents the advantage of causing very slight suppuration, a circumstance of no small importance in the cure of extensive wounds, where there is often exhausting suppuration, lasting a long time, and consuming the strength of the patient.

One more observation and I have done. Has *Calendula* never yet been employed Homœopathically in uterine complaints? It has been employed in Allopathy, but, as usual, in conjunction with other remedies, that is, irrationally; from this nothing can be learned. The Homœopathic provings are not complete on this point, but symptoms 17, 18, and 19 seem to indicate its usefulness in such diseases. Schneider in Fulda employs with the best results the extract in indurations of the stomach and uterus.

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TREATMENT OF HEADACHS.

By Francis Black, M. D.

Headachs are frequent subjects of Homœopathic treatment, and are interesting not only from the relief frequently afforded, but as exhibiting an excellent means of studying the Materia Medica. Headachs have been too much viewed in the light of secondary symptoms, and thus their existence as primary disorders greatly overlooked. This error has, no doubt, rendered the Allopathic treatment so uncertain, and it will also confuse the Homœopathic practitioner if not guarded against. Headachs, treated purely empirically, will ever be, as Juncker styled them in his treatise, "*Scandalo medicorum difficulter removendo;*" but, studied with a careful regard to their pathology and a due knowledge of remedial measures, their treatment becomes satisfactory, and their prognosis very generally favourable.

It is difficult to assign a seat to the numerous pains excited by natural or medicinal action in and about the head; but the seat of the pain is not of essential diagnostic value. What throws greater light on the nature of a case is the history of the malady, the character of the pain, the circumstances under which it arises, the habits of the patient, and the presence of other disordered functions. The importance of attending, in the selection of a remedy, to the characteristic action, the genius of a medicine, is shown in the well-known fact, that very dissimilar conditions of the nervous centres may be attended with similar symptoms. Loss of blood, or a powerful stimulant, disease of the heart, or suppressed action of the kidneys, will often produce nearly identical cerebral symptoms, which similarity may deceive the practitioner, and lead to the selection of an erroneous treatment. But attention to the history of the case, and to concomitant symptoms, diminishes the risk of error, and guides to the adoption of an appropriate remedy.

The totality of the symptoms, viewed scientifically,—that is, with the lights of physiology and pathology,—is our surest

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guide. To dwell on this, we may appear to be enunciating a truism; but here, as in ordinary matters, it appears that a familiar truism becomes neglected, in as far as its practical recognition is concerned. Hence we find, in considering the totality of the symptoms, that the subjective (that is, those narrated by the patient as sensations) attain too great an importance, throwing the objective (that is, those the physician should discover) into the shade. The former are, no doubt, of the greatest assistance in selecting and often suggesting the remedy; but, if unduly trusted to, they become fallacious. The latter are of great consequence when they can be had, as they afford clear indications, and enable one medical man to convey to another his knowledge in a definite shape. Many examples might be quoted as illustrating the error of neglecting the totality of a pathogenesis, and giving undue importance to certain symptoms. For example, we find Cina recommended in cerebral *inflammation* of children, in *hydrocephalus*. Let us ask what is the indication? "Vomiting with clear tongue, or evacuations of lumbrici upwards or downwards."* Now, in referring to Cina, we find that there are a few symptoms which resemble some of those observed in hydrocephalus, but it is a mere apparent resemblance; the general action of the remedy differs wholly from a case of hydrocephalus. Cina is like Chamomilla, and differs materially from Belladonna and Aconite. The first two are Homœopathic to sympathetic irritation of the brain and spinal cord,—such a state as might be excited by lumbrici or teething,—the other two to hydrocephalus. Thus disregarding the absence of valuable signs denoting the genius of the medicine, the above indications for Cina have been copied from one work into another. But it may be said, Hydrocephalus has been cured by Cina; to which we confidently reply, working deductively the principle, "*Similia similibus curantur*," that the case could not have been hydrocephalus.

The object of the present paper is to present, along with a brief sketch of the history of headachs, first, the pathogenesis of some medicines which I have generally found useful, and

* Jahr's Manual. Art. Meningitis, Hydrocephalus.

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in such a shape as to give the special symptoms of disorder of the head, with a concordance of analogous medicines, together with the general characteristics of the medicines; second, cases and clinical remarks. It is to be regarded, not as a treatise on headachs, but as an aid in studying the Materia Medica. I have found, and no doubt others do, that the study of the Materia Medica becomes much more interesting, and more easily remembered when it is pursued with a special object, such as the treatment of a particular disease.

Headachs may be divided into Nervous, Congestive and Inflammatory, Organic, Dyscrasic, and Sympathetic.

The nervous headach is the most frequent kind of chronic headach, and includes those which have been styled megrim, neuralgic, and sick-headach. They occur most frequently in females, in persons of a highly-nervous temperament, in those who have been exposed to depressing emotions, to loss of blood, venereal excesses, masturbation, the abuse of mercury and other drugs, spirits, strong tea and coffee. They are induced by the least excitement, anxiety, fasting, and exposure to cold, and are very apt to occur previous to, or during the, catamenial period.

The pains are generally acute, darting, and lancinating, frequently confined to one side of the head, commencing at the occiput, the nucha being stiff, and extending to the forehead and eyes, which may be intolerant of light; or again affecting more the forehead and extending down to the face. This variety of hemicrania is frequently attended with vomiting, and sometimes followed by a copious discharge of urine. (*Vide* Cases 1, 2, 3, 4, 5, and 6.) Again, the pain may affect simply the vertex, attended with throbbing, and heat in the crown of the head. (*Vide* Cases 7, 8, and 9.) In another variety the pain may be more of compression in the temples, tensive frontal pain, or sense of constriction of the head, often attended with vertigo, tightness of the throat, and feeling as if the face were covered with a mask. This variety partakes most of the character of the congestive headach. (*Vide* Cases 10 and 11.) There may again be dull frontal headach, especially over the root of the nose, extending to the eye, and in the course of the affection this becomes an acute pain,

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attended with throbbing; often there is languor, and frequent yawning. (*Vide* Cases 12, 13, and 14.)

The pain may be limited to a small space, and is described as a nail driven into the head, or it may follow more the course of a nerve. (*Vide* Cases 15, 16, 17, 18, and 19.)

Another variety is ushered in by dimness, and sometimes almost complete loss of vision, generally more of one eye than the other, as the sight returns, which it does in half an hour to an hour, a dull but more generally an acute rending pain sets in to one side of the head, and is followed by bruised pains in the limbs, exhaustion, uneasiness, and sense of fatigue all down the spine, sometimes followed by vomiting. (*Vide* Cases 20, 21, and 22.)

Congestive headach. A common cause of this kind is a diminished energy of the brain and nervous system, which has been brought about by loss of blood, or excessive secretion from the testes, mammæ, or uterus, and by a dissipated life,—by low diet, and by mental anxiety. Under such circumstances, a partially congested state of many organs, and especially of the head, takes place. The circulation becomes languid, the skin and extremities chilly, the head heavy, full, and dull; noise in the ears; paleness more than redness of the face; sight and hearing often impaired. In such a pathological state very slight exciting causes will produce pains and uneasiness in the head, which may be regarded in some cases as simply nervous, or as congestive headachs of a passive kind. (*Vide* Cases 23, 24, 25, 26, and 27.) Again, the symptoms may assume a more active character:—Flushing of the face; suffused eye; dimness of sight, or intolerance of light; noise in the ears; heat of the head; dull weight or a sharp pain, attended with throbbing, and sense of fluctuation in the head; tearing pain with fulness in the occiput, or tension of the scalp, and feeling as if the head were bound with a cord; giddiness; confusion of the mind; pulse full and throbbing.

The passive congestive headach occurs frequently in females, attended with torpor of the alimentary canal, and deficient or retarded menstruation, in those who lead a sedentary life, or who are exposed to prolonged mental emotions. It may not be out of place to allude specially to a very fre-

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quent cause of this headach, viz., masturbation, and venereal indulgence; the latter error is more readily acknowledged by the patient, and therefore easily checked, but the former is an inveterate vice, which shame on the part of the patient, and delicacy on that of the physician, too often excludes from inquiry. It is a cause much more prevalent than is generally supposed, (especially among females,) and which, if not rigorously abandoned, renders remedial agents entirely nugatory.*

The second variety, of an active kind, occurs more in those of a full plethoric habit; such headachs arise from the use of spirits or narcotics, the sudden suppression of any usual discharge from the bowels, uterus, &c., the repelling of a cutaneous eruption, the existence of disease of the heart or of the kidneys, or a torpid state of the bowels and liver. The late interesting experiments of Dr. Burrows have overthrown the doctrine that the quantity of blood circulating within the cranium is, under all circumstances, a fixed quantity;—on the contrary, he has shown that changes in the circulation within the cranium have a much wider pathological scope than they are generally supposed to have.† This view, however, in no way increases the argument in favour of blood-letting in congestion of the brain.

* We recommend Tissot's work *(Sur les Maladies Produites par la Masturbation.* Lausanne, 1778,) as giving a clear description of such affections.—"There can be no question, although the subject has been but rarely approached by British medical writers, that indulgence in solitary vices and sexual excitement is not an infrequent cause of this (*i.e.*, hysteria,) as well as of other disorders. Numerous writers have insisted upon the propriety of giving due consideration to this cause of mischief, as well as to the ennui and chagrin attending celibacy and continence. I agree with Dr. Conolly in believing that English practitioners pay perhaps too little attention to these and other related circumstances; and that, in a country where the passions and emotions are so carefully suppressed, or concealed, they sometimes seem to forget their silent operation on the frame, and charge the medical writers of other countries with being somewhat fanciful and extravagant."—*Copland, p.* 282; *art. Hysteria.*

"Without the confession of the patient, the occurrence of a cartilaginous hardness of the corpora cavernosa affords diagnostic evidence of long-practised habits of onanism."—*Diag. and Patho. Untersuchungen, &c., von Dr. Remak. Berlin,* 1845. *Quoted, &c., in Brit. and For. Medical Review, No.* 46, *p.* 508.

† "On Disorders of the Cerebral Circulation," &c., by G. Burrows, M.D. London, 1846.

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The active congestive headach bears a resemblance to the inflammatory; and the diagnosis of organic and functional headach is a point often of great difficulty. When the attack is acute, then the symptoms resemble somewhat those of the congestive headach; but when the disease assumes a chronic character, it takes on the appearance of a nervous, a rheumatic headach, &c. As the chronic ailment is generally local, the pain is frequently referred to the same spot, is deeper and more continued than when arising from a functional cause. But again the pain frequently remits, and takes on an intermittent character. It may continue for weeks, and then be absent for many months, again return and cut off the patient, and the autopsy reveals tubercle in the brain. (*Vide* Case 28.) Again, there may be headach and vertigo for two or three years, but at last become so slight, and the symptoms arising from the stomach, such as vomiting, indigestion, &c., become so prominent, that it remains a matter of doubt whether there is any fixed disease in the head, until examination reveals considerable ramollissement. (*Vide* Case 29.)

The prognosis of chronic headach attended with vertigo, vomiting, with numbness or threatening palsy, requires, therefore, to be given with caution, and to be considered as unfavourable, except when the patient is an hysterical female.

Dyscrasic headachs are those arising from gout or rheumatism. The rheumatic can sometimes only be distinguished by the existence of the rheumatic habit. It may in general be described as a sharp, tearing, gnawing pain, referred to the scalp or to the bones of the head and face; the pains frequently extend to the neck and shoulders. The affected parts are painful to the touch, and are very susceptible to changes of weather. (*Vide* Cases 30, 32, and 33.)

This headach may present more serious symptoms, such as drowsiness, giddiness, violent rending pain in the head, with suffusion of the eyes and flushed face, convulsive movements, when we may justly apprehend that the dura mater is affected. An uncommon but curious variety of what may be classed as a rheumatic headach, is attended in general with uneasy feelings in the head, severe headach confined to one

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spot, where the pericranium is very tender, and often swelled. Pressure over this spot has produced insensibility and convulsions. This variety is remarkably relieved by a crucial incision over the pained part. In such cases, the pericranium is merely thickened; in others, indurated like cartilage, and rarely the bone carious. Sometimes there is a more simple chronic inflamed state of the pericranium, as observed after the abuse of mercury. (*Vide* Case 31.)

The existing causes are exposure to cold, disorder of the digestive organs, the abuse of mercury, syphilis, and gonorrhœa.

The arthritic headach closely resembles the rheumatic; generally speaking, it occurs in those who are subject to irregular and imperfect attacks of gout; the male members of a family may be found to suffer from sharp attacks of gout in the limbs, the females to suffer from gouty headach. The arthritic headach is attended with more constitutional disturbance than the rheumatic.

Sympathetic headachs may depend on disease of the digestive organs, the uterus, or kidneys.

The dyspeptic or bilious headach is closely allied to the nervous, and, no doubt, many of the sick headachs which are met with may as well be regarded as depending on the state of the brain, as of the stomach, bowels, or liver; and this same remark applies to those depending on disease of the uterus. What is styled a bilious headach is felt on waking in the morning, commences as a dull frontal headach, which turns into a gradually increasing oppressive, and lancinating pain in the temple, attended with nausea, intolerance of light; at last vomiting ensues, either of undigested food, or of frothy mucus and bile. Such a headach lasts about twelve hours, and is relieved then by sleep; it may, however, return the next day on the least cause. The headachs, again, may partake less of this nervous type which are frequently periodical, and present more a dull, bruised, frontal pain, attended with disorder of stomach and depression of spirits.—(*Vide* Cases 33, 34, 35, 36, 37, 38.)

The uterine headachs will be considered under the clinical remarks.—(*Vide* Cases 39, 40.)

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The division of headachs now given may not always be applicable in practice, but they appear to be useful as a mode of examining those affections, and of grouping the medicines. A rigid adherence to symptoms will select the appropriate remedy; but the selection is rendered more certain and infinitely more satisfactory when the physician can come to some conclusion as to the pathology of the case. The truer the diagnosis, the better data for a prognosis and adoption of a correct treatment.

ACONITE.

1. Vertigo, swimming in the head, objects appear to turn round.

2. Ars., Bell., Cocc., Spig., Calc., Merc. — 2. Vertigo, with weight, especially at the forehead, on stooping forward, with nausea, sensation of weakness, and of disgust at the epigastrium.

3. Nux. — 3. Vertigo and confusion, intoxication, staggering with sickness, not coming on when seated, but especially on rising up, and on walking.

4. Vertigo, which is much increased by shaking the head, causing dimness of the sight.

5. Vertigo, with headach in anterior and posterior part of the head, especially on stooping and walking.

6. Anac., Cocc., Hyos., Lauro., Spig., Ver. — 6. Weakness of the memory, unable, without a great effort, to express definite ideas.

7. Bell., Cocc., Spig. — 7. Head is loaded as if a board were placed on the forehead.

8. Bell., Bry., Nux, Spig., Sulph., Alum., Chin. — 8. Sensation of fulness and weight in the forehead, as if the contents of the head would be forced out, especially on stooping.

9. Bell. — 9. Sensation of fulness, and weight in the head, with redness of the cheeks.

10. Bell., Cann., Cocc., Chel., Merc., Sulph., Chin., Anac. — 10. Pain of tension, pressure, and constriction in the forehead; the head feels as if pressed by a cord tied tightly round it.

11. Chin., Sep. — 11. Compressive tensive pain and tightness in the forehead above the root of the nose, also behind the ear; feels as if about to become mad. Drawing in one half of the head.

12. Agar., Anac., Bell., Spig., Plat. — 12. Pressive pain at the temporal region, which is felt at intervals in the occiput, then confusion of the head and constrictive pain.

13. Bell., Cocc., Spig. — 13. Headach, as if a portion of the brain were raised here and there; the least movement increases this.

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14. Merc., Spig., Ars., Hell., Sulph. 14. Burning headach, as if the head were full of boiling water.

15. Cann., Ruta. 15. Towards the evening great heat in the head, which becomes very painful, especially in the forehead.

16. Bell., Calc., Camph. 16. Great heat of the head, redness of the cheeks, dilated pupils, pulse quick.

17. Bry., Bell., Spig. 17. Stooping, motion and speaking increase the headach.

18. Sulph., Acon., Merc. 18. Sensation as when one is chilled after a copious sweat; headach, noise in the ears, coryza, pain in the abdomen, especially on moving.

19. Anac. 19. Tearing pain in the left temple, attended with violent tingling in the ears. Lancinating, pulsating headach; sensation as if the head were ulcerated.

20. Ars., Bell., Bryon., Cham., Puls., Sil. 20. Headach in the forehead, sometimes lancinating, sometimes pulsating or pressive, felt on waking, disappears when at rest. Lancinating pains in paroxysms in the left temple, especially in the forehead; the pains shoot across the temples into the head.

21. Agar., Con., Ignat., Nux v., Bell. 21. Lancinating headach, in some measure pressive, above the orbits, and extending to the upper jaw, attended with desire to vomit, and vomiting.

22. Agar., Coff., Cocc., Hepar, Ignat. 22. Sensation as if a nail were driven into the forehead, felt in a warm room. Drawing in the left temple, with noise in the ears. Twisting drawing pain at the occiput.

23. Agar., Bell., Spig., Calc. 23. Lancinating, tractive pains, at the right side of the vertex, occurring in paroxysms.

Post mortem Appearances.—In fatal cases of poisoning from Aconite, the pia mater and arachnoid have been found much injected, with serous effusions under the arachnoid and in the base of the cranium.

GENERAL REMARKS.

The general effects of Aconite on the nervous system closely resemble Belladonna, but it produces less of an hypnotic effect, and its action is probably more on the spinal and ganglionic nerves than on the cerebrum. It is rare that even large doses of Aconite excite unconsciousness. Dr. Copland, however, reports a case where there was complete apoplexy, followed by permanent paralysis. Aconite closely resembles Spig. and Agar. in its action on the nervous centres, and in exciting violent lancinating headach. Aconite has a marked power of producing a general inflammatory diathesis, and experience has shown it to be the most useful remedy in the early stages of inflammation. It has a greater action on the serous membranes; Belladonna, again, more on the mucous. Aconite closely resembles Spigelia in its effects on the heart, but more especially on

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the alimentary canal, marked by symptoms of great irritation, amounting even to inflammation. Aconite has been found very useful in congestive and inflammatory headachs, especially when marked by a sense of fulness and tightness, as if the head were bound with a cord, in this resembling Bell., Anac., Chin., Cocc., Merc., and Sulph. Also useful in dull, pressive, weighty, frontal headach, attended with catarrhal symptoms, resembling Bry., Sulph., and Merc.; it is also given with advantage in violent lancinating hemicrania and neuralgic headachs. It is indicated in those of a sthenic habit, liable to inflammatory complaints or to active congestion, in those of a nervous temperament, and susceptible constitution. The duration of the action of this remedy is short, and it therefore admits of frequent repetition, and alternation with other remedies.

AGARICUS MUSCARIUS.

Bell., Op., Stram., Acon., Hydroc., Lauro., Lach. 1. Vertigo, dimness of vision, debility, trembling, and loss of recollection. Recovery for a short time, and then recollection again failing. Countenance expressing anxiety. He reels about, and can hardly articulate; pulse slow and feeble; can be kept awake only by being dragged about. Vertigo, somnolence, dulness and confusion in the head.

2. Attacks of vertigo, combined with a tottering gait and indistinct vision. These attacks come and go every five minutes, and can be entirely removed by diverting the mind; appearing principally in the morning, and returning several times during the day at short intervals.

Bell., Acon., Spig., Lach. 3. Dull, stunning, pressive headach, especially in the forehead, sometimes attended with vertigo.

Lach. 4. Pressure downwards over the upper portion of left temporal bone, much increased when the scalp over this part is touched, and attended with great depression.

Nux vom., Bell., Carb. v., Spig., Sil., Lach. 5. Violent pressive headach, especially in the occiput, after dinner.

Sil., Chin., Spig., Lach., Con. 6. Aching, drawing, and tearing pains in the head, in all directions, across the forehead, temples, and eyeballs. Drawing and cutting pain in the forehead when standing, assuming a pressive and stunning character when sitting. Headach as if the brain were torn.

Nux vom., Spig., Sil., Chin., Lach., Con. 7. Tearing and pressure on the entire left circumference of the brain; the pain is most severe in the left orbit and zygoma, accompanied with a sensation of desolate confusion in the head.

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8. Bell., Acon., Con., Anac., Lach., Spig. 8. Jerking tearing in the head, most painful behind the right ear. Violent lancinating tearing pain from the vertex to the left ear. Tearing stitches in the occiput, from one side to the other; also in the right temple.

9. Ver. 9. Grinding pain in the head; it lasts only a few minutes, but frequently returns.

10. Bell., Bry., Spig., Sulph. 10. Boring pain deep in the vertex. Throbbing pain in the vertex, with despair, bordering on rage and delirium.

11. Acon., Ign., Coff., N-mos, Nux vom. 11. Pain as if from a nail in the right side of the head.

12. Acon., Bell., Spig., Chin., Lach. 12. Tearing and drawing pain in the integuments of the head, increased on pressure, especially in a small spot over the vertex, where there is a sensation as if the part were festering.

13. Bell., Nux., Spig., Chin. 13. Sensitiveness of the scalp, as if ulcerating.

14. Plat. 14. Twitches on the skin of the forehead above the eye, and on the temple. Cramp-like pain in the temple.

15. Ver., Laur., Val., Plat. 15. Icy coldness of the head, especially in the superior frontal region, although on touching the parts the head feels hot.

16. Bell., Lau., Acon., Hydro. Ac., Stram. 16. Troublesome itching of the scalp.

Morbid Appearances.—Sinuses of the dura mater, as well as the arteries greatly distended with blood; the arachnoid and pia mater of a scarlet colour; vessels of the membranes between the convolutions, together with the choroid plexus, gorged, and the substance of the brain red. A clot of blood, as large as a bean, has been found in the cerebellum.

GENERAL REMARKS.

Agaricus Muscarius, like many of the poisonous fungi, exerts a violent action on the brain and spinal cord; it produces excessive sensitiveness to all external impressions; and this attended with weakness, great liability to twitching of the muscles, irregular convulsive movements, and desire to dance; resembling Bell., Stram., Cupr. ac., and Lach. It excites great sensibility of the skin (in this the very opposite of Plumbum, which causes cutaneous anœsthesis,) so that the slighest pressure produces intense pain, and a very slight blow ecchymosis; resembling, in the latter symptom, Con. and Lach., and in the former, Sil. It brings about a curious state of the nervous system, which becomes so acted on by mental emotions, or the exercise of the will, that muscular twitchings and convulsive movements are excited,—a condition of body closely

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resembling that of a patient suffering from chorea and hysteria,—resembling, in a measure, Cupr. and Zinc. These symptoms, together with sympt. 2, are very characteristic of Agaricus. This remedy will be indicated in nervous and congestive headachs, attended with depression and drowsiness, frequent and violent yawning, lassitude, sensitiveness to pains all over the body, pains in the back and limbs as if bruised and weak, the joints as if dislocated. The headach of Agar. resembles that of Lach., Spig., Con., and Sil., in the drawing, tearing, lancinating pains, which are attended with low spirits, sometimes delirium, sense of weight, and oppression. The pains are all increased by movement and mental exertion. They also agree in this respect, that they are all indicated when the headachs occur in connexion with disease of the spine, organic affections of the head, the effects of masturbation, atony of the genital organs. Agar. is also indicated in some mental affections (resembling Anac.) and in hysteria, also in neuralgia of the head and face.

ARSENICUM.

1. Acon., Bell., Cocc., Lach. 1. Vertigo, principally in the evening, with loss of sense, dimness of vision, desire to vomit, and headach.

2. Merc., Puls., Sep. 2. Heaviness, sensation of weakness and confusion in the head and eyes, chiefly in a room, mitigated in the open air.

3. Ver. 3. Headach, either in the whole of the head, but more generally in the frontal region, and to one side, chiefly over the eyebrow and lower part of the forehead; pain, accompanied by a sensation of weakness, or confusion in the head, sometimes continuous.

4. Chin., Puls., Nux., Sil. 4. The pains are throbbing, oppressive, drawing, shooting.

5. Acon., Spig., Merc., Bry., Sulph. 5. The pains are sometimes burning.

6. Acon., Cocc., Ignat., Puls., Ver. 6. Throbbing headach, especially in the forehead, with desire to vomit.

7. Chin., Carbo v., Anac., Puls. 7. Headach, often intermittent.

8. Puls., Sep., Graph. 8. Headach, relieved by motion and the open air.

GENERAL REMARKS.

Arsenic resembles Mercurius in possessing a most extensive range, sometimes in one or two cases manifesting its action in every tissue of the body. It excites irritation, and inflammation of many parts, especially of the skin and mucous membranes, and these

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affections have a tendency to take on a low sthenic type, running into sloughs, and obstinate ulcerations. Few medicines exercise so depressing a power on the animal economy, almost every symptom being attended with a sense of excessive weakness, frequently with great anxiety, and general restlessness. The headach, as well as many other pains excited by Arsenic, are often attended with a sensation of burning; they are increased by rest, and relieved by motion and exercise in the open air. Arsenic, partly in its headachs, but more especially in its action on the pneumogastric nerves and on the heart, bears a close resemblance to Lach., and, in some respects, to Baryta and to Dig. Again, it corresponds with Merc., Puls., and Ver. in its effects on the digestive organs. Puls. and Ver., however, act more rapidly on the nervous system than Ars. and Merc.; the last acts on both the serous and mucous membranes, the other more especially on the mucous. It is difficult to speak decidedly as to their action on the bowels. They all occasionally produce costiveness; but it may, perhaps, be safely stated, that relaxation is their principal indication; the diarrhœas that they excite, as well as the vomiting, have, however, marked differences. Arsenic has a decided action on the liver, in this again resembling Lach., Merc., Dig., and Puls.; not unfrequently these remedies, by relieving the congested or otherwise disordered state of the liver, remove existing costiveness. Digitalis, however, seems to diminish the secretion of bile, or to retain it in the gall bladder; the other remedies increase its flow.

Arsenic has not been so much used in headachs as its symptoms warrant. Wurmb speaks rather disparagingly of this remedy in idiopathic headach, but we cannot agree with him; the symptoms of the headach are well marked, and, added to this, its action on the nervous system, as shown in the production of great weakness, muscular debility, partial palsy, and even epilepsy, lead to the belief that it should prove a valuable medicine in headach. The headach is principally seated over the eye, often pulsating and attended with nausea, and great depression; tendency to appear periodically. Additional indications will be an irritable, emaciated, weak patient suffering from disease of the heart or digestive organs, especially marked by great irritability of the alimentary canal.

The symptoms which Hahnemann gives as referable to the scalp have been omitted; for the pain, heat, tenderness, and excessive swelling of the scalp followed the local application of an arsenical

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powder. Œdematous swelling of the face, eyelids, and partly of the scalp have, however, not unfrequently arisen from the internal use of Arsenic.

BELLADONNA.

1. Puls. 1. Dullness and swimming in the head, relieved in the open air, increased in the room. Vertigo, with trembling of the hands.

2. Calc. 2. Vertigo in all positions, walking or sitting.

3. Cocc., Ars., Sil., Lach., Spig. 3. Whirling giddy sensation in the head, with nausea, burning sensation in the stomach; unable to distinguish surrounding objects—felt on rising and walking.

4. Stram., Lauro., Opium, Cocc., Acon., Lach., Agar. 4. Staggering on walking; complains of anxiety and vertigo; talks incoherently; mental excitement often with convulsion, intoxication, general excitement. Mania, hallucinations of the sight and imagination, staring of the eyes, dilatation of the pupils, roaring noise in the ears, stupor and somnolence. Loss of consciousness, spasms in the arms, apoplexy.

5. Stram., Opium, Agar., Hydroc. Ac. 5. Profound sleep, with subsultus tendinum; paleness and coldness of the face and of the hands; pulse hard, small, and quick. Lethargic state bordering on apoplexy; remains long without moving.

6. Acon., Cocc., Spig., Calc. 6. Great sense of weight in the forehead, causing vertigo, and as if about to fall.

7. Acon., Ign., Calc. 7. Headach like a weight across the eyes on waking in the morning, causing pain in the eyes when touched.

8. Acon., Anac., Bry., Carb. v., Spig., Sil., Cinch. 8. Pressive sensation of weight in the forepart of head, with diminution of hearing; noise in the ears, also at the occiput, especially on throwing the head back; on stooping the blood seems to rush to the forehead, or as if something would fall out; heat and flushing of the face and neck.

9. Plat., Acon., Cocc., Nux., Spig. 9. Sensation as of water fluctuating in the brain.

10. Sulph. 10. Pressure deep in the brain, throughout the whole head, on going out into the open air.

11. Acon., Bry., Spig., Plat. 11. Pressive headach, especially in the forehead, increased much by movement; easier when sitting, relieved by lying down, attended with peevish temper, and sometimes dilated pupils.

12. Acon., Anac., Bryon., Cocc., Merc., Plat., Sulph., Cinch. 12. Pressure, with tension in the vertex and the forehead; sensation as if the head were tightly bound round with a cord, and rendered smaller.

13. Bry., Cocc. 13. Sensation as if both sides of the head were compressed in a vice.

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14. Puls.,Calc., Cann. 14. Weight and pressure in the forehead as if the head would burst, extending to the eyes, often with shooting pain, dilated pupil, intolerance of light, muscæ volitantes.

15. Acon.,Bry., Spig., Plat. 15. The frontal headach obliges the prover to cease walking, for at each step it seems as if the brain were raised and depressed; relieved by strong pressure; throbbing headach.

16. Strong pulsations of the temporal and frontal arteries. Violent beatings in the brain from before backwards and to the sides, which terminate externally in painful lancinations.

17. Bry.,Chin. 17. Cutting and pressive pain from within outwards in the temples, which becomes more and more violent, spreads through the head, and produces strong throbbings, constant in every position.

18.Cocc.,Hep.s. 18. Throbbing and boring in the right side of the head and cheek, increased by every movement.

19. Bry. 19. Pulsating headach, which becomes extremely violent on walking quickly; at each step the occiput feels as if drawn backwards.

20.Acon.,Agar. 20. Boring, jerking, drawing pains in various parts of the head, sometimes here, sometimes there, especially in the forehead and temples.

21. Acon., Ign., Puls., Cocc. 21. Lancinating pains in various parts of the head, especially about the temples; violent lancinating pain to right side of head, from vertex to the occiput, increased on stooping, extending to the face, often painful where parts are touched. Drawing and lancinating pain in the forehead, above the eyes and summit of the head.

22. Agar., Sulph., Bry., Plat., Spig. 22. Headach in the vertex; pressive, sometimes boring, sometimes drawing pain; external pressure renders the pain much more violent.

23. The scalp is painful to the touch.

24. Stram.,Op., Hydroc. ac. 24. *Morbid Appearances.* General congestion of the brain and its membranes.

GENERAL REMARKS.

Belladonna has a marked action on the cerebro-spinal system; in this it resembles Op., Stram., Acon., Lauro., Anac., and also, in a less degree, Nux, Lach., Cocc., Spig., Agar, Ign., Puls., and Ver.; but the latter group act more on the true spinal system, and less on the cerebrum. Opium differs in a marked degree from Belladonna, in that it produces somnolence and sopor, and is the only medicine which causes no pain during its primary action; whereas with Belladonna the stupor generally follows the delirium, and various pains and spasms are apt to be excited. Opium appears to reduce the susceptibility of the nervous system, Belladonna to exalt

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it. Belladonna dilates the pupil, Nux and Ver. and Opium contract it. Belladonna has a marked effect on the pneumogastric nerves, as shown in the dryness and redness of the throat, (see Merc.,) the tickling and convulsive cough, difficulty of articulation and deglutition, constriction of the neck, nausea, and sometimes vomiting; resembling Lach., Stram., and, in a less degree, Nux, whose effects are more shown on the branches going to the stomach. Belladonna produces increased vascular action of the skin, of the mucous membrane of the respiratory and elementary passages, often with increased secretions,—resembling Acon., Ars., Calc., Merc., Lach., Sulph. The mucous membrane of the urinary organs is less apt to be affected. Belladonna acts powerfully on the uterine system, provoking menorrhagia and metritis; resembling Cannab., Plat., Calc., Sec., Sepia, Merc., and Cinnabar. Belladonna affects also the lymphatic and glandular system, especially the tonsils, salivary and cervical glands; resembling Con., Merc., Hep., Iod., Bar., and Calc.

Belladonna excites an inflammatory, a congested, and also a nervous headach. The headach is seated principally in the sinciput and temples; it is marked by pressive pain, a sense of fulness, frequently heat of head, flushed face, coldness of the feet, noise in the ears, sometimes diminution of hearing and dilated pupil. The headachs are increased by motion and stooping, relieved by rest and quiet. In this headach Belladonna resembles principally Acon., Anac., Calc., Bry., Stram., Sulph., Spig. Belladonna is most indicated in individuals liable to congestions, especially of an active kind, in plethoric persons, and those of a sanguine temperament; in females of a full and excitable habit with tendency to over-action of the uterus; in scrofulous children, those who walk badly, and who are liable to convulsions. Belladonna also apparently resembles, in symptoms 8 and 12, the headach of Cinch., Merc., and Carbo.; but a reference to these medicines will show that the states are pathologically different. Belladonna resembles Plat. somewhat in its headachs. Belladonna is found to be a valuable medicine in congested and inflammatory affections of the head, and may be given with great advantage in many headachs of females, alternated with Calc., Plat,, and Sulph.

Belladonna, in symptoms 20 and 21, resembles the lancinating, drawing headach of Acon., Spig., Ign., and Cocc., and is given with advantage when these pains extend down to the face, have a tendency to be unfixed, and are attended with disorder of the uterus. Noack writes,—" Belladonna is said to be powerless against fixed pains."

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BRYONY.

1. Bell., Calc. 1. Vertigo, all day, with weakness of the limbs. Dull movements in the head, which cause vertigo and suspend thought. Difficulty in turning the head, on account of a sensation of fulness. Confusion and dulness in the head, with loss of memory.

2. Nux., Cocc. 2. Headach, attended with irascibility and peevish temper. On waking, head is confused and painful, as if after a debauch; unable to leave the bed.

3. Acon., Bell., Calc., Sil., Chin. 3. Violent headach, as if a great weight were on the head, which seems to be pressed outwards on every side,—much increased on waking and stooping; easily fatigued; with great desire to lie down.

4. Spig., Ac., Phosph., Sil. 4. Dull pressure at the occiput; in bed, on waking, and lying on the back, experiences headach at the occiput, which spreads to the shoulders like a weight pressing on an ulcerated surface.

5. Nux., Bell., Hep. S., Chin., Ign. 5. Pressive headach to one side of forehead and over the eye.

6. Acon., Bell., Lauro., Sulph., Spig. 6. Headach, as if every thing would come out at the forehead, with shooting pains and coryza.

7. Bell., Acon., Sulph., Sil., Calc. 7. Flow of blood to the head; compressive pains, with beatings and pulsations; in the morning, sensation of tension and weight in the head, with shooting pain, which renders it difficult to open the eyes; and, on stooping, the head can hardly be raised.

8. Bell., Acon. 8. Headach, with heat of the head and face.

9. Bell., Sulph., Alum., Calc. ac., Thuja. 9. Hemicrania; boring, pressing pain over a small point of the right side of the head; pain, more twisting than pulsating, in the head, with heat of the face; pain in the temple as if dragged by the hair; commence in the morning, increased by motion and towards the afternoon.

10. Bell., Acon., Alum., Cann., Puls. 10. Pain in the forehead and occiput, with dull throbbing; pulsating headach, which seizes the eyes and obscures vision, with noise in the head; during movement the pulsations are increased, and she thinks she hears them.

11. Spig., Ara., Plat., Lauro. 11. Burning pain, over a surface the size of a crown piece, on the top of the head, which is not painful to the touch.

12. Acon. 12. Sensation of burning in one of the sides of the occiput on touching it.

13. Carbo v. 13. Tearing pain in the right side of the head, above the forehead, then in the muscles of the neck, and then in the arms.

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14. Spig., Chin., Agar. 14. Darting, drawing, tearing pain, extending from the right malar bone up to the temple, increased by touch, also in the maxillary bones.

GENERAL REMARKS.

The general action of Bryony is shown in the development of fever, which may present itself as rheumatic fever, very frequently attended with derangement of the alimentary canal, or simply as a gastric fever, which may assume a nervous typhoid type, frequently changing its character;—resembling Nux, Arn., Rhus, and Puls. Bry. proves very useful in affections of the serous membranes, (resembling Sulph., Merc., and Kali,) and few medicines manifest so decided an action on the muscular fibres,—(resembling Arnica.) The rheumatic pains of Bry. are generally increased by motion, relieved by rest, often attended with swelling; and it appears to be more useful when the pain is seated in the muscular tissues than in the joints. The headachs of Bry. are of three kinds,—symp. 1 to 5, 7, and 8, congestive; symp. 5, 6, 9, and 10, nervous; symp. 4, 6, 11, to 14, rheumatic. In the congestive headach Bry. resembles Acon. and Bell., but the sense of fulness and pressive-out pain is attended less with the feeling of constriction and sense of undulation in the head, and is more of a rending pain, as if the head would burst; it is also attended with more irascibility and peevishness, disorder of the stomach, especially costiveness. These two medicines have a less decided action on the muscular tissues, in which respect, and somewhat in its headach, Bry. resembles Rhus, Sulph., and Spig. In the nervous headach Bry. resembles Alum., Sulph., and China: there is general weight and boring pressure, but more confined to one side of the forehead; the pain increases, sometimes spreads to the neck, the arm, and down the face, as a drawing jerking pain; gradually as pain increases the headach becomes pulsating. This headach somewhat resembles that of Bell. and Acon., but it has less of the shooting lancinating pains, and differs in this, that Bry. is seldom indicated when there is vomiting; the absence of this latter symptom, together with the different temperament and state of mind, also distinguishes it from the Puls. headach. Bry., in its headach and general action, resembles Alum.,—both have the congested feeling, the capricious contradictory humour, the same hepatic symptoms, and costive state of the bowels. Alum. and Bry. are beneficially administered alternately; and in headach, attended with chronic affections of the alimentary canal, marked by costiveness

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and inaction, they rank in the same class as Nux, Sul., and Lach. Bryony is very useful in rheumatic headach,—(see Spigelia.)

CALCAREA CARBONICA.

1. Bell., Bry. 1. Vertigo, in the open air, on ascending, with tendency to fall. Vertigo after walking; on sitting down, objects appear to whirl round, attended with lassitude.

2. Headach in the morning on rising; every thing seems to turn round in the head; the prover experiences much vertigo whether walking or sitting, accompanied with a sensation as if pins were driven into the right side of the head, and with cold.

3. Ars., Bell., Cocc., Sil., Spig., Lach., Acon. 3. Violent vertigo on stooping, then nausea and vomiting. In the morning after rising, the head feels confused, noise in the ears, nausea, and a sensation as if about to be deprived of consciousness.

4. Acon., Bell., Spig. 4. The head is as if too full and constantly confused, as if pressed on the forehead by a board.

5. Sil., Cocc., Ign., Nux, Chin., Bell. 5. Wakens every morning with headach; head feels stunned; often with nausea; with languor; feels unrefreshed. Weight in the forehead on waking, continuing all day; often, with heat, confined to the forehead; increased by reading or writing, or mental exertion.

6. Bell., Lach., Spig., Acon., Sulph., Plat., Bry., Carb. v. 6. Sensation as if from blows of a hammer on the head after walking in the open air. Every morning headach, throbbings deep in the brain, which continue all day. Flow of blood to the head, with heat of the face.

7. Bell., Cocc., Ign., Plat. 7. Compressive pains and pinchings on the left side of the head; sensation as if something were forced in over the eye and left temple.

8. Carbo. v., Cina. 8. Dull headach in the forehead or above the nose, with trembling, and pulsating movement in the eyelids.

9. Bell. 9. Severe lancinating pain in the vertex, on stooping.

10. Bell., Hep. s., Merc., Calc. 10. Painful sense of pressure from within outwards, all over the head.

11. Acon., Agar., Bell., Spig., Cham. 11. Drawing pain, sometimes continuous, sometimes spasmodic, at the vertex, with shootings in the temples and heat in the ears.

12. Merc., Hep. 12. Drawing pain, all day long, in the temples, bones of the orbit, and in the cheeks, which swell much.

13. Sil., Spig., Sep., Lach., Sulph., Chin. 13. Headach, which seems to mount up from the back, and produces drawing pain under the vertex, and in thetemples.

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14. Bell., Cocc., Sil. 14. Pain and pressure, extending from the vertex to the eyes, nose, teeth, and cheeks, rendering the person very sensible to noise, with slight attacks of syncope.

15. Chin. 15. Cutting pain at the occiput and at the forehead, as if stabbed with a sharp instrument, increased by walking and applying the hand.

16. Cocc., Ign., Chin., Sil. 16. Lancinating pains in various parts of the head, also in the limbs; a sensation of emptiness in the head, with lancinating pain in the brain: lasting three days.

17. Merc., Acon., Sulph. 17. Great disposition to take cold in the head, and headach; it seems as if a board were on the head, with internal pains and shivering.

18. Cann., Val. 18. A portion of the scalp at the right side feels as if benumbed. Icy coldness of the scalp.

19. Hep. s., Merc., Bell., Agar., Chin. 19. Itching with heat of the hairy scalp. Various parts are painful to the touch.

GENERAL REMARKS.

Belladonna closely resembles Calcarea in its general action and in the kind of headach which it produces; this is shown in symptoms 4, 5, 6, and 7,—viz., sense of fulness, pressure, and weight, with languor, and sometimes throbbing with heat of face; a pressive congestive headach, which is frequently met with in those who apply closely to study and who lead sedentary lives. Calcarea is also well indicated in a dull pressive feeling at the lower part of the forehead and over the eyes, attended with a sensation of quick, disagreeable movement, generally in the lower eyelid; the patient wakens unrefreshed and stupid, and complains of languor, which ceases towards evening; this is a headach occurring along with great nervous exhaustion. Carbo vegetabilis and Cina have somewhat similar symptoms. Calcarea and Sulphur have also a close resemblance, but the former seems more indicated in the case of children and females. Calcarea acts more decidedly on the lymphatic, glandular, and osseous systems than Sulphur, which, however, exerts a greater effect on the thoracic and abdominal organs and on the skin. Calcarea has also a beneficial action on the nervous system, and is administered with advantage in chronic cases of epilepsy and in some cerebral affections, in alternation with Belladonna, Cuprum, and Silica. Calcarea resembles Silica, and, in a less degree, Sulphur, in its beneficial action in muscular weakness and a rickety state of the bones, as also in nervous debility such as is attendant on spinal irritation. Calcarea resembles Sulphur, Bella-

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donna, Platina, and China in its action on the uterus, and is indicated when there is a tendency of the catamenia to appear too early and too profusely,—a state which we often see producing or increasing lowness of spirits, hysteria, &c. Calcarea is well indicated in scrofulous children suffering from muscular weakness, disorder of the mucous membrane, painful dentition, and disposition to catch cold; a tendency to obesity is also considered an indication for Calcarea. Calcarea is also indicated in rheumatic and arthritic headachs—symptoms 10 to 15 and 18. In this it resembles Hep. S., Sulphur, and Silica. Symptoms 12 to 15 indicate a headach of a neuralgic character; and Croserio reports that in his own person he prevented the return of an agonizing supra-orbital neuralgia by taking Calcarea. One of the indications he considers was, that this neuralgia had the peculiarity of always coming on after using milk for some time, which he states to be characteristic of Calcarea.

CARBO VEGETABILIS.

1. Agar., Nux vom., Spig. 1. Dull headach at the occiput. Pressure at the occiput, especially after supper.

2. Nux vom., Sepia, Agar., Lach. 2. On rising from the table, pulsating frontal headach, and pressure in the occiput, with heat in the head and risings.

3. China, Lach., Spig. 3. Very violent headach; pain at the occiput, as if the skin below were painful, from the morning to the evening.

4. Chin., Merc. 4. Pinching pain in the occiput; cutting and constrictive pain above and behind the ear.

5. Chin., Sulph., Spig. 5. At the right side of the occiput occasional drawing pains.

6. Merc., Hep. S. 6. Pressive frontal headach, especially above the eyes, which are painful when moved.

7. Pressure at the temples and vertex.

8. Bell., Acon., Sulph., Calc., Spig., Chin. 8. Flow of blood to the head, which feels confused, with heat of the forehead, and pressure on the eyes. Violent headach for some days; on stooping, the contents of the head seem as if they would issue at the forehead and the occiput.

9. Merc., Sepia, Spig., Hep. S. 9. Drawing pains here and there, especially at the forehead, and at the root of the nose.

10. Merc., Mez., Bry. 10. Drawing pains in the bones of the head, during four days, also in the left side of the head, accompanied with rheumatic drawing pains in the left arm.

11. Chin., Merc., Puls., Lach. 11. Headach as if the integuments of the head were constricted, rendered tense, especially after supper.

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12. Merc., Plat., Sepia, Chin., Spig. 12. Pressure as if from a weight on the vertex, or as if the scalp were tightly bound,—the pressure extending to the forehead. Constricted headach, especially during motion.

13. Merc. 13. Attacks of a dull drawing pain at the vertex and temples.

14. Merc., Spig., Cham. 14. Shooting and drawing pain from below upwards, directed to the temples, and over various parts of the head.

15. Calc., Chin., Cina, Lach. 15. Drawing pain in the head, above the right eye, with trembling movements of the eyelid.

16. Bell., Agar., Spig., Chin. 16. General tenderness of the head, with shootings here and there, from without inwards.

17. Nux v. 17. Sensation of formication in the integuments of the occiput, as if the hairs moved.

18. Calc., Merc., Hep. s., Nit. ac., Sep., Sul. 18. The hair falls very readily off.

GENERAL REMARKS.

Carbo resembles Sulph., Calc., Sep., and Nux, in its general action, but it is characterized by more debility, a depressed instead of an excited or irritable state of the nervous system, its action, in this respect corresponding, in a measure, to Opium. In the debility which it produces, and in the slight tendency to periodicity, Carbo may be compared to Ars., China, Lach. (See Chin. for the points of difference.) Carbo v. acts like Sulph. and Calc. on the skin, the lymphatic system, and glands. The Carbo. an. is reported to have a special effect on the inguinal glands.

Carbo is indicated in congestive and nervous headachs; the feelings of fulness and pressure, increasing sometimes to throbbing, are situated principally in the occiput, and come on and are increased after meals,—resembling Nux, Sulph., Sep., Lach.

But the headach which is more characteristic of Carbo are symptoms 3, 5, 9 to 12, composed of drawing, constrictive, and occasionally shooting pains; these pains seem greatly referable to the scalp, which is tender to pressure; they extend, especially the drawing pains, to various parts, especially about the neck, shoulders, and arms; resembling China, Hep., Lach., Merc., Spig., and Sep., and, like these remedies, well indicated in many cases of rheumatic and arthritic headach. But with Carbo these pains arise more in connexion with disorder of the stomach, especially with flatulence: China and Lach. have also this, but in a less degree. The tendency to congestion about the abdominal organs, the production of flatulence exciting drawing pains through the limbs, especially about the

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arms and chest, with even spasmodic asthma, and the coldness of the extremities, sluggish circulation, tendency to eruptions, or ulcers, are good indications for Carbo.

CINCHONA.

1. Lach., Sulph., Merc. 1. Vertigo on the occiput when seated.

2. Spig., Ac. Phos., Fer. 2. Vertigo; the head has a tendency to fall backwards; noise in the ears, deafness, dimness of sight; greatest when walking; disappears on lying down.

3. Spig., Ac. Phos., Rhus. 3. Weight on the head, with tendency to fall backwards, while seated.

4. Puls., Calc., Sil., Cocc., Ign., Merc., Fer. 4. Dulness of the head, heavy stupifying headach, and languor in the limbs, in the morning on waking.

5. Cocc., Ign., Nux, Fer. 5. Great sensation of emptiness in the head in the morning, as if after drunkenness, with dryness of the mouth.

6. Merc. 6. The brain feels as if too full of blood; pain of compression as if the brain would be forced out at the forehead, (pain much increased in the open air,) with copious perspiration of the scalp and frequent change of colour in the face.

7. Acon., Bell., Bry., Calc., Sil., Sulph., Fer., Puls., Carbo. v. 7. Congestion to the head, pain in the temples, noise and tingling in the ears, frequently deafness and confused vision, heat and redness of the face and head, whilst the rest of the body is cold and chilly.

8. Pressive frontal headach; on leaning back the pain is most severe in the temples, and again in the forehead when sitting.

9. Merc., Plat., Sep., Carbo. v., Cocc., Sulph., Bell., Puls. 9. Violent pressive pain deep in the brain; sensation of constriction as if bound with a cord, especially on the right side of forehead and occiput, much increased by walking, when there are violent throbbings, and the head feels as if it would burst.

10. Puls., Calc., Hep. s., Bell., Acon., Sulph., Spig., Merc., Bry. 10. Painful pressure towards the forehead, as if some thing would fall out, relieved by pressing the hand firmly on it.

11. Pressive headach to that side which is leant to.

12. Puls., Bry., Ac. Phos. 12. Severe pressure on the occiput, as if the cerebellum would be forced out.

13. Fer. 13 Fulness in the head, sensation as if the brain were rolled round, with great excitement and nervous susceptibility increased.

14. Tractive pains in various parts of the head, increased by motion.

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15. Cham., Acon., Sep., Ars., Colch., Puls., Carbo v., Fer. — 15. Tractive headach, from the occiput to the forehead, as if the latter were compressed, which terminates in throbbing at the temples; it is relieved after walking, and increases on sitting still.

16. Bry., Puls., Fer., Calc., Agar., Cooc., Phos. Ac., — 16. Violent tearing, darting pains in various parts of the head, especially in the temples and frontal region, increased by walking, relieved when sitting still. Compression in the temples, and darting pain through the parietals, which descends along the neck. Heat in the head, weight and darting pains in the forehead, especially on moving the eyes. Darting pain disappears by the evening.

17. Calc., Bell., Acon., Carbo v. — 17. Constant dull cutting pain, extending from the temples to the orbits and occiput, increased by stooping and motion. Lancinating pains in various parts, especially in the frontal region.

18. Calc., Sep., Hep., Alum., Bell., Spig., Puls., Mez., Nit. ac., Fer. — 18. The integuments of the head are so sensitive that the least touch causes pain. Constriction of the scalp.

19. Ac. Phos., Rhus. — 19. Pain as if seized by the hair of the head.

20. Carbo v., Merc., Fer., Spig., Sil., Lach., Sul. — 20. Painful drawing in the articulation of the occiput on being touched; constrictive pain in the skin over the left side of the occiput, with shootings in the nape of the neck, which becomes, in a measure, stiff.

21. Carbo v., Ars., Fer. — 21. Symptoms are found to have a tendency to be periodical.

22. Hep. s., Ign., Rhus., Plat. — 22. Headach, attended with yawning and great weakness.

GENERAL REMARKS.

Cinchona had long been regarded as a tonic in its primary action; but now, as in the case of Arsenicum, an examination of its primary effects has shown the error of this view. Pereira, in the second volume of his work on the Materia Medica, at page 1404, says,—"None of the effects [of Cinchona] now enumerated include those to which the term tonic is properly applicable. These are to be sought for in patients suffering from debility without symptoms of local irritation." The general symptoms of Cinchona are lassitude, languor, with excessive irritability of the mind and body, over-excitement of the nervous system, annoyance on the least noise and on exertion, over-sensitiveness of the organs of sight and smell, weakness and perspiration—a state closely resembling that produced by famine, and by great loss of blood, or of any of the secretions. China resembles Carbo. v., Arsenicum, and Ferrum in

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its general action, and in its tendency to cure, and probably to produce, periodic affections characterized by great weakness; also in its tendency to produce congestion of the abdominal organs. But Arsenicum produces violent inflammation, which we have not evidence to show to be the case with the other two; these, however, produce congestion of the head, which is not so common a symptom of Arsenicum. Again, these medicines differ with regard to the kind of weakness they produce. The weakness of Arsenicum, Ferrum, and China accompanies the pains or other symptoms, and is attended with a very sensitive state of the nervous system, whereas that of Carbo. v. appears after their cessation, and is attended with diminished susceptibility of the nervous system. Again, it appears that the weakness and exhaustion of China and Ferrum resemble more that produced by loss of humours, while that of Arsen., Carbo. v., Phos. ac., and Veratrum, seem, judging clinically at least, to be more that state of body shown in influenza, and in that arising from masturbation and mental over-exertion. The general pains of these medicines differ somewhat. In China, they are principally drawing, tearing, pressive, and sometimes darting; relieved by rest and increased by the least motion; changing often their place, and gradually increasing in intensity. The pains of China which are relieved by motion are the bruised pains in the bones and joints, which are felt most on sitting or lying down, accompanied with a great desire to move the limbs, general restlessness, "fidgets," and usually relieved by movement. In this restlessness China resembles Anacardium and Arsenicum, but the pains of the latter are frequently attended with burning, and are relieved by exercise in the open air. China is indicated in congestive headach, especially of a passive kind, arising from loss of blood, violent purging, nursing and seminal emissions. Symptoms 7, 9, and 10 resemble apparently those of Belladonna, Aconite, and Bryonia; but in these medicines the symptoms are of an active character, often inflammatory, and are marked by an opposite state of the nervous and vascular systems. (Symptom 6—see Merc.) Cinchona is also indicated in nervous headach, attended with a sense of emptiness in the head, noise in the ears, weakness of sight, tearing, drawing, darting pains,—the more especially when these symptoms are attributable to causes above stated or to menorrhagia, resembling Phos. ac., Cocc., Ferrum, Anacard., Sulph., and Nux v. It is also indicated in some kinds of arthritic headachs, resembling Mercurius, Carbo. v., Hepar s., and Nitric acid.

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COCCULUS.

1. Acon., Bell., Spig. 1. Vertigo as if intoxicated, with dulness in the forehead as if a board pressed upon it.

2. Ars., Nux., Lach., Sil. 2. Attacks of vertigo with nausea, muscæ volitantes.

3. Bell., Lach., Agar., Op. 3. Somnolence and stupor.

4. Puls., Ign., Nux. 4. Weight, obtusion of the head, noise in the head, stupidity, increased by reading.

5. Want of memory; head readily fatigued by mental exertion.

6. Nux. 6. Obtusion of the head, increased especially after eating, or drinking.

7. Ver. 7. Weight in the head, with great weakness of the muscles of the neck.

8. Ign., Sil., Calc. 8. Pressive dull headach, especially in the anterior part of the head, also over the vertex, often attended with somnolence. Violent pressure over all the head, principally in the forehead, increased by reading or thinking, so as to obscure the intellectual faculties.

9. Acon., Bell., Nux., Plat., Spig., Fer. 9. Compression, dull and undulating sensation in the left frontal region.

10. Plat., Coff., Agar., Hep. s., Bell. 10. Sensation of a blunt body forced slowly into the right temple.

11. Ign. 11. Pressive and contused pain in the eyes at night, with difficulty in opening the eyelids.

12. Lauro., Puls., Lach. 12. Constrictive headach, tearing and boring pain, with heat and nausea.

13. Acon., Anac., Bell., Bry., Chin., Plat., Merc., Sulph. 13. Pain in the head, as if tightly bound with a cord.

14. Bry., Merc., Bell. 14. Headach at the temples, as if the head were seized in a vice.

15., Ars., Puls., Ign., Acon., Eug., Lach. 15. Drawing pulsating pain, especially in the forehead, with nausea, violent vomiting, with a sense of contusion in the hypogastrium.

16. Nux., Ver. 16. Frequent attacks of headach over the right frontal eminence, which last a few minutes, followed by a violent lancinating throbbing pain, then a sensation of formication felt over this part, after which the headach ceases.

17. Puls., Sep., Ign., Chin. 17. Lancinating pain, especially to one side of the head.

18. Swelling of one eye and half of the nose in the morning, after a violent headach during the night.

19. Bell, Spig. 19. Shooting pains in the eyes from within outwards.

20. Ign., Calc., Puls., Fer, Chin. 20. Painful sensation of emptiness in the head.

21. Convulsive trembling of the head.

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22. Agar., Plat. 22. Dull sensation of pressure on the left malar bone; cramp-like pains in the temporal and malar regions, increased on opening the mouth.

GENERAL REMARKS.

Cocculus in its general action resembles Acon., Bell., Calc., Ignat., Sil., Nux, and Puls., but more especially the four last. In its action on the brain, in producing sopor and somnolence, it corresponds with Agar., and holds a middle place between Bell., Lach., and Nux.

It produces violent convulsions and cramps, especially in the lower extremities, in the chest, and in the abdomen. Its action may be compared principally with Nux., Puls., and Ign., especially with the two latter. Their headachs closely correspond; they are all well indicated in the case of females. The moral symptoms of Cocc. are characterized by a changeable hypochondriacal humour, melancholy reflections, disposition to be anxious and frightened. Cocculus is well marked by producing a giddy empty feeling, as if there were no head; a sense of emptiness or of constriction in the chest, in the heart, or the stomach; convulsive movements and cramps: these, together with a congested state of the head, often indicate its employment in congestive headach, and in nervous, especially in hysterical, females. It is also a very useful remedy in nervous or gastric headachs, attended with nausea as if at sea, violent vomiting, or cramps; frequently it is an admirable intercurrent in such cases in checking or relieving the sickness, while a course of Sil., Lach., or Sep. may be given as deeper working remedies. It is also useful in headach occurring at the catamenial period, especially when they are rather premature, attended with colic, abdominal spasms, or spasms in the chest, vomiting, or hæmorrhoidal colic—resembling Nux, Bell., Ign.

HEPAR SULPHURIS.

1. Vertigo, and headach on shaking the head; on waking, pressive headach.

2. Merc. 2. Drawing and pressive pain in the temples, or quick pressive pain in the right half of the head.

3. Ign., Acon., Agar., Plat., Cocc., Thuja, Coff., Nux. 3. Constant pain in one half of the brain, like a nail driven into the head; shootings in the head, after stooping, especially after walking in the open air.

4. Carbo. v., Merc., Sep., Sulph. 4. During the night violent headach, as if the head would burst, with general heat without thirst.

5. Carbo. v., Merc. 5. In the morning continued frontal headach, with pains in the hypogastrium; the headach increased by moving the eyes.

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6 Ign., Plat., Calc., Sulph. 6. Headach, with sense of tension at the root of the nose; contused pain at the root of the nose.

7. Sulph. 7. Pain in the forehead, like that caused by a boil, with pricking pain on stooping and coughing; a similar pain excited on touching the forehead; lasting from midnight to noon, for several consecutive days.

8 Puls., Cocc., Bell., Phos. Ac., Chin. 8. Boring pain over a small part in the right temple which extends to the vertex.

9 Calc, Carbo. v., Merc., Nitric ac., Ruta, Rhod., 9. Piercing pains in the supraorbital bones; cutting pain in the angles of the eye; drawing and tearing pains extending from the ears to the temples and cheeks.

10. Merc, Carb. v., Nitric acid, Sulph, Sep. 10. The hair falls off very readily.

11 Ars., Graph., Rhus, Chin., Calc., Sulph. 11. Eruption on the hairy scalp and nucha.

GENERAL REMARKS.

Hepar closely resembles Mercurius in its action on the osseous and fibrous tissues, as also on the skin and mucous membrane of the respiratory organs; they have both a marked action in producing suppuration, in this resembling Sil. Hepar acts on the functions of digestion, but not in quite the same manner as Mercury. It is well indicated in young people of a delicate constitution, who catch cold readily, become hoarse—whose stomachs are easily deranged. Few medicines, with the exception of Nitric acid and Sulphur, act so powerfully against the symptoms arising from the abuse of Mercury.

Hepar produces two kinds of headach; symptoms 2, 3, 5, 6 indicate its employment in similar symptoms, when occurring especially in young nervous women, who suffer from weak digestion: the pain over the nose and extending to the eye is much akin to that of Calcarea—symptom 8. Symptom 3 indicates its employment in a headach occurring in nervous females, resembling Ign., Plat., Cocc., Thuja, or the effects of a debauch; or long watching, resembling Nux. The second headach is of a rheumatic character—symptoms 4, 7, 8, 9, 10; the pains appear to arise in the pericranium and the cranium; they are described as piercing, boring, drawing; they are worst at night, and after exposure to cold. This is exactly the symptom which the abuse of Mercury produces, and we find that the bony and fibrous tissues throughout the body, especially when near the surface, are apt to take on the same action.

In this rheumatic affection of the head and face Hepar resembles Merc., Nit. ac., Carbo v., and Sulphur. Mez., Rhod., Staph. have also a somewhat similar action.

(To be concluded in our next.)

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REVIEWS.

1. *Homöopathische Pharmacopöe, in Auftrag des Central vereins Homöopathischer Aerzte bearbeitet und zum Gebrauch der Pharmaceuten herausgegeben, von* CARL ERNST GRUNER, *Apotheker zu Dresden, mit einem Vorwort, von Medicinalrath,* Dr. C. F. TRINKS. Dresden und Leipzig, 1845.

Homœopathic Pharmacopœa, compiled and published for the use of Pharmaceutists, by CHARLES ERNEST GRUNER, *Apothecary at Dresden, by the authority of the Central Society of Homœopathic Physicians; with a Preface, by* Dr. C. F. TRINKS. Dresden and Leipzic, 1845.

2. *Homöopathische Arzneibereitung und Gabengrösse, von* Dr. GEORGE SCHMID. Wien., 1846.

Homœopathic Pharmacy and Posology, by Dr. G. SCHMID. Vienna, 1846.

THE most zealous advocates of Homœopathy, when relating the immense advantages which this system of practical medicine possesses above all others, are in the habit of adding to their laudatory observations, that, notwithstanding this superiority, Homœopathy is still only in its infancy, so that there is no saying what wonders it may effect when more fully developed; if, however, the same enthusiast hears of some daring Homœopathic practitioner, who has presumed to express an opinion, no matter on how insignificant a point, at variance with that of Hahnemann, he at once gives him the cold shoulder, and hints significantly to his friends that so and so is no true Homœopathist, and, therefore, not to be trusted. Under such circumstances, how is the science to advance? Hahnemann avowedly left it in an undeveloped infantile condition, but whoever presumes to add one jot or tittle to the dicta of the great founder, or deems it necessary to modify any of his suggestions, is at once viewed with suspicion. As a consequence of this unhealthy state of things, there is much war and discord within our camp, and our

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enemies are exulting over this as a necessary precursor of the destruction of our cause. We have no fears, however, of any such catastrophe, for it has altogether escaped the observation of our enemies, that while among our ranks there are conservatives who blindly follow Hahnemann, and appear resolved to leave the science in the same undeveloped state in which they found it, and liberals and reformers who are bold enough to declare that they want something more perfect in its details, and more scientific in its individual parts, and while, we regret to add, these are as bitter against each other as their analogues in the political world, still both parties are as thoroughly *Homœopathists* as Hahnemann himself; none of our friends have ever disputed about the fundamental law of Homœopathy, though we certainly differ not a little among ourselves as to the practical working of that law. What we claim as our distinctive mark, the banner which, in spite of sneers and ridicule, we have unfurled on the field of medical polemy, bears the motto *Similia similibus curantur;* to it we all give testimony, and to advance its claims and establish its mild and peaceful rule in the chambers of the sick is our constant aim, but let friends and enemies never forget that this law refers—not to the *dose*, but to the *mode of action* of our remedies. Grains and drachms may cure homœopathically, and may, in some cases, be proved experimentally to be the best, but to assert, as is often done, that the use of such quantities is an evidence of a return to the doctrines of the old school, is manifestly incorrect.

The present state of Homœopathic pharmacy is any thing but satisfactory. On examining into it we find that Hahnemann and his followers have sacrificed much for the purpose of obtaining an external and *apparent* uniformity of preparation, in the doing of which, however, our great founder has apparently, in some instances, quite forgotten his chemistry, and has produced a series of most dissimilar preparations under the external garb of exact resemblance. We are told that the great object in preparing medicines for the use of the Homœopathist is "to bring each substance into that condition in which it is capable of exerting its whole remedial powers, in the most perfect, free, and certain manner, without

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any alteration being made in its original and peculiar properties." If, however, we examine into the Homœopathic pharmacopœa we shall find that many of the substances must, of necessity, suffer loss in respect of their original medicinal properties by the mode of preparation to which they are subjected, the only advantage of which appears to be the preserving of uniformity in the pharmaceutical processes.

Many of these errors, such, for example, as using alcohol for the purpose of diluting nitric acid, would, we feel convinced, have been long since rectified, were it not that Hahnemann, and many of his followers, in attempting to explain the possibility of infinitesimal doses acting upon the animal organism, have thrown a veil of mystery over the whole pharmaceutic proceedings by surmising that certain hitherto unknown and unsuspected powers are eliminated during the progress of the preparation in virtue of which the substances so prepared can exhibit an energy altogether unpossessed by the crude article; this being the case, every alteration, however slight in the mode of preparation, was dreaded, lest the new process should fail to develop this mysterious but unknown property. Now we maintain that there is no shadow of proof that any such development of power is produced by the Homœopathic mode of preparations, and we firmly believe that all that is effected is explicable upon well known and universally acknowledged physical laws. For example, we believe that the value of trituration, as applied to insoluble substances, consists solely in the removal by comminution of the previously existing insurmountable obstacle to their action, viz., the size of their particles being too large to gain admission into the animal organism. Again, chemical and pathological researches have proved to us that many medicinal substances in their undiluted condition have such a marked *local* action on whatever portion of the organism they come into contact with, that the disturbance thus caused, masks, to a considerable extent, the pure dynamic action of the drug, which latter effect is the only available one in Homœopathic treatment;—the local, as contrasted with the purely dynamic effects of the mineral acids, may be quoted as good examples. Now, since it is more than probable

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that this holds true in all cases to a greater or less extent, it follows that simple dilution has the effect of modifying, in an important manner, the action of all medicinal substances; and we can quite as easily find in this way a solution of the question, "How can infinitesimals act?" as by referring to the hypothesis of the elimination of some new and unknown influence during the process of preparation.

Nothing tends so much to hamper the progress of scientific investigation as the introduction of any mysterious unknown property into our calculations,—nay, all progress is at an end in such a case, for the subtile intruder meets us where'er we turn, and slips through our fingers so soon as we attempt to grasp it. We hold that it is utterly unscientific to conclude upon the existence of any unknown property before we have proved, by most rigid experiments, the impossibility of accounting for the results obtained, in accordance with any known law, physical or chemical, which can be brought to bear upon the subject; and this not having been done in the case before us, we hold that the Homœopathic chemist is as much at liberty to modify the processes for preparing our drugs, where the ascertained laws of chemistry prove its expediency, as is the manufacturer or mechanician to vary the processes connected with their peculiar spheres of business. That the Hahnemannic method of drug-preparing cannot have been considered essential, even by himself, to the development of the peculiar actions of the remedies, is proved by the fact, that he unhesitatingly quotes symptoms from other than Homœopathic observers, in which case the remedy cannot be supposed to have been prepared according to his method. Laying aside, then, all ideas that we are dealing with any thing mysterious, let us examine into the present state of Homœopathic pharmacy, and determine what course should be pursued for the purpose of advancing it some few steps towards perfection.

ON THE PREPARATION OF HOMŒOPATHIC REMEDIES.

The first question which demands our consideration is, What is required in a Homœopathic preparation? Is it simply to obtain the substance in a convenient form for ad-

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ministration? or is it necessary to separate its active principles and condense these into the smallest possible space? The supposition that the latter is the object of what are termed our peculiar modes of preparation, appears to be widely diffused; and not a little of the popular dread of our system seems to have originated therein. We have frequently heard it remarked, that our mode of preparing the remedies must surely have the effect of concentrating their powers in a most extraordinary degree, for in this way alone can these persons account for the action of such minute doses; and, as a corollary to this, is the statement that all our drugs are dangerous, being rank poisons in the most concentrated form. That there is no such chemical concentration of power, however, every Homœopathist knows right well, and he is equally aware that there is in our mode of preparation no kind of concentration, be the term used in a chemical sense or otherwise. Nay, more than this, he knows that we decidedly object even to the separation of the active principles of our drugs from those other less active substances with which they are in nature associated. The great primary object of the various modes of preparing Homœopathic remedies appears to be to obtain the medicinal substance in its *pure unaltered condition*, while at the same time its physical form shall be such as to facilitate, as much as possible, its reception into the organism. Experience has long since decided that extreme minuteness of subdivision, either by solution or reduction to a very fine powder, is at all times an essential part of the process by which a substance should be prepared for absorption, and accordingly this method is universally adopted in the preparation of Homœopathic remedies. There are three distinct forms of preparation used by Homœopathists,—viz., Tinctures, Aqueous Solutions, and Triturations.

I.—Of these, *the Tincture* or solution in Alcohol appears decidedly the favourite, since it is almost invariably had recourse to where practicable; and even in those cases where the raw material is totally insoluble in this medium, it is nevertheless employed in making the higher dilutions so soon as the absolute proportion of the crude substance to the alcohol is sufficiently small to admit of its employment; this proceed-

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ing appears based upon the supposition that there is no such thing as *absolute* insolubility, and that substances which in the crude state appear insoluble, nevertheless are so to a certain extent only, so that if some different mode of preparation be had recourse to during the first steps of dilution, we shall arrive at length at a period at which alcohol may be employed as a menstruum without any injury to the efficacy of the medicinal substance. This point, however, which we hold to be one of great importance, will be more conveniently treated of when considering the triturations. In the preparation of the Tinctures three processes were recommended by Hahnemann, according to the character of the substance from which the tinctures were to be formed. 1. When fresh plants were used, they were directed to be chopped fine, then bruised in a mortar to a pulp, and then submitted to pressure, so as to obtain as much as possible of the juice, which was then directed to be mingled with its own bulk of alcohol and clarified by standing, after which it was considered fit for use. 2nd. When the plants naturally contained very little sap, it was directed that the pulp should be mixed with alcohol before it was subjected to pressure, while the process in other respects agreed with the former. And, lastly. Where the substances could only be obtained in a dry state, the tinctures were directed to be prepared by maceration for some days in alcohol, as was formerly the custom in Allopathic pharmacy. None of these processes, however, appear to us to be satisfactory, and this we shall now endeavour to prove. For the proper appreciation of the following observations it must be borne in mind, that the grand object in forming a tincture is to obtain *all the active ingredients of the substance employed in a state of solution, while at the same time their medicinal properties remain totally unchanged.* For this purpose simple solution, in contradistinction to chemical solution, is alone applicable, since in the latter, viz., where a direct chemical combination occurs between the alcohol and the substance acted upon, it is contrary to all experience to suppose that the compound thus formed will have precisely the same effect upon the organism as the original substance. Keeping this in view, if it can be proved that in the above mentioned modes of prepara-

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tion all the active ingredients are not taken up by the alcohol, and if, further, some other process can be pointed out by which complete solution can be effected without the existence of any chemical combination such as that just referred to, it is clear that this latter process must be altogether superior to the former, and will yield preparations more valuable than any with which the practical Homœopathist has hitherto been supplied. It will very probably be objected here, that since the Homœopathist very seldom uses his remedies in a concentrated state, it cannot be of much consequence, in a practical point of view, whether the substances are completely exhausted of all their medicinal properties by the alcohol or not, since, in the latter case, we merely obtain a somewhat less concentrated tincture, and the difference will become quite inappreciable when we prepare the dilutions. That this, however, is not exactly the case, the following example will prove. On referring to Dr. Christison's Dispensatory, we find, under the head of Aconite, the following observations:— "Two active principles probably exist in *Aconitum Napellus.* An acrid principle has not yet been separated, but has, with justice, been indicated by Geiger, who shows that it is volatile, and easily decomposed. A narcotic principle was first doubtfully indicated by Pelletier and Caventou, and afterwards by Brandes; but was, probably, first obtained pure by Geiger and Hesse, in 1833." Again: "The acridity exists in the expressed juice very feebly, and is imperfectly removed from the pulp by expression, either with or without maceration in water; but rectified spirit removes it readily by the process of percolation." Again: "The narcotic properties of the plant are possessed energetically by the expressed juice and by the alcoholic extract of the leaves." Hence it would appear that Tincture of Aconite, prepared from the expressed juice in the way recommended by Hahnemann, will contain but little of the acrid principle, and, consequently, does not completely represent this plant as it exists naturally. We have, indeed, no data for proving that the acrid principle is by any means so powerful an agent as the narcotic "*Aconitina,*" as it is termed; still its presence will, unquestionably, exert some modifying influence over the action of the drug; and, accordingly, we

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think its presence in due proportion should be insured in the tincture, which would be readily accomplished in the manner we are about to suggest. Again, in Hahnemann's proving of Aconite, some of the symptoms are referred to different preparations of the drug, such as the tincture, the infusion, the extract, and the dried leaves, some of which contain the full proportion of the acrid principle,—(that is, the dried leaves,)—and, accordingly, some of the symptoms may, for aught we know, be traceable to this principle. This example will suffice to point out what we mean, and we believe that all Homœopathists will agree with us when we assert, that, independent altogether of the fact that the majority of our medicines are used in a diluted state, it is advisable, if not essential, that the mother tincture should contain all the medicinal ingredients of the plant, and that these should exist in the same state of combination and same relative proportion in which they existed in the natural state. To effect this, there is no mode of preparation at present known which at all bears comparison with *percolation*, and this is the process by which we should like to see all the tinctures prepared; for, among its many other advantages, it is equally applicable to all the three classes enumerated above,—viz., the very juicy and the less juicy fresh plants, and the perfectly dry materials. The process by percolation, which, we presume, all our readers are acquainted with, consists essentially of the mechanical displacement of all the soluble portions of a substance by means of the presence of a column of fluid placed above it, and this is effected in such a manner that each particle of the substance is continually exposed to fresh portions of the percolating fluid, so that complete solution of all that is soluble is readily effected. If, for example, fresh leaves of Aconite, or any other plant, were chopped fine and then bruised to a pulp, and, instead of having their fluid part expressed, were placed in a percolating apparatus and alcohol poured over the pulp, the juice would first be pressed out by the superincumbent weight of alcohol; but this fluid would assume its place in the pulp, and would then pass through in the form of a concentrated tincture, holding in solution all the acrid principle and any other which had not been actually dissolved in the natural

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sap; and the mixture of juice and tincture which formed in the vessel below could, by calculation, be easily made to correspond exactly with Hahnemann's proportions of equal parts of juice and alcohol, and would possess the great advantage of containing *all* the medicinal properties of the plant in the proportion and state of combination in which they previously existed in the entire plant, in place of containing, as at present, all the narcotic, and but little of the acrid principle. This mode of preparing tinctures is still more valuable when the medicinal substance can only be obtained in the dry state, and it has in this case the additional advantage of saving much time, since a concentrated tincture can be obtained by percolation in from twenty-four to thirty-six hours, whereas, in the ordinary way, ten, twelve, or sixteen days are required, and after all, the tincture is by no means so good. In Allopathic pharmacy the superiority of the process by percolation is now generally admitted; and we would refer those of our readers who are not convinced by the foregoing observations, to Dr. Christison's Dispensatory, from which we have already quoted.

In whatever way the tinctures are prepared, there are four important questions on which it would be highly advisable if Homœopathic practitioners came to a distinct mutual understanding,—and these are, *First*, What should be the strength of the tincture? *Second*, What strength of alcohol should be employed? *Third*, How often should the mother tinctures be renewed? *Fourth*, Should the dilutions be made from the mother tinctures when required, or may they be prepared at any time and kept for use in the diluted state?

1st. *What should be the strength of the tincture?* According to Hahnemann, the following proportions are used,—namely: (*a*) In tinctures prepared from juicy plants he directs equal parts of fresh juice and alcohol.* (*b*) In tinctures from plants containing but little juice he orders two parts of alcohol to one part of the bruised plant.† (*c*) In tinctures from dry substances the proportion recommended is ten of alcohol to one of the drug.‡ Dr. Schmid, on the

* Gruner. Hom. Pharmak., p. 22. † Gruner. Hom. Pharmak., p. 23.
‡ Gruner. Hom. Pharmak., p. 21.

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other hand, advises that all the tinctures should be concentrated, and, for this purpose, he recommends that less alcohol should be used than would be required to exhaust the material, so that the excess of the latter would ensure the concentrated condition of the former. For our own part, we incline to the latter opinion, and for the following reasons:—first, because we thus obtain (as Dr. Schmid remarks) a much better standard of comparison when collecting materials for deciding the much-agitated question of the proper size of dose; secondly, because, in those cases where the undiluted mother tincture is employed, the process given by Hahnemann affords, in some cases, too dilute a solution of the drug, and thus necessitates the employment of a larger number of drops than is generally advisable; and thirdly, because we can see no advantage whatever in the diversity of strengths such as is obtained by Hahnemann's processes. If all the tinctures were concentrated, we should then have an exactly corresponding starting point for our dilutions, and thus a much greater degree of uniformity would be preserved. It is no doubt true that, when we reach even the third potency, any slight difference in the strength of the mother tincture will become entirely inappreciable; nevertheless, in framing a pharmacopæa, it should always be borne in mind, that the question of the size of the dose is still *subjudice*, and that it is by no means improbable that the very low potencies, or, in many cases, even the mother tinctures, may come into general use; since, therefore, the difference of strength of the mother tincture would be a matter of grave importance in the latter case, and can exert no appreciable influence *pro* or *contra* in the former, it is clearly advisable that it should at once be adopted. If the formation of the tincture by percolation were in use, the fixing with accuracy of the relative proportion of alcohol and crude material would become a subject for direct experiment in each individual case, but could with facility be determined and readily adhered to. It may be objected to the concentrated mother tinctures that they necessitate a waste of material, but really when we consider the small amount consumed even where the undiluted tincture is employed, this objection appears too insignificant to demand attention.

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2nd. ***What strength of alcohol should be employed for making the tinctures?*** This is a very important question, which nevertheless appears to have been but little attended to by Homœopathic chemists. Dr. Quin, in his Pharmacopœia Homœopathica, mentions, at page 8, that alcohol of 90° (that is, of sp. grav. about 834, and which corresponds pretty nearly with the officinal rectified spirit of the British Allopathic Pharmacopœas,) should always be employed in making the mother tinctures, whereas a weaker alcohol, the strength of which, however, he does not state, may be used for the dilutions. Mr. Gruner again* recommends alcohol of from 75° to 80° (or of sp. grav., between 878 and 864—thus holding a place about half way between *proof spirit* and *rectified spirit*) for the preparation both of the potencies and the tinctures; and lastly, Dr. Schmid recommends three different strengths of alcohol, viz., 910, 850, and 830,† and tells us distinctly for what kind of plants each of these is suitable. Dr. Schmid has evidently attended carefully to this subject, and he points out that there are many medicinal substances which are readily soluble in alcohol of a certain strength, while they resist altogether the action of a weaker spirit. Under these circumstances, then, how is it possible to institute a comparison between the effects produced by tinctures prepared with spirits of such various strengths as those above quoted? But more than this, we have no mention made in Dr. Quin's Pharmacopœia of the necessity of using spirits of different strengths for different drugs, and yet Dr. Schmid has clearly proved that there are some drugs which only yield a perfect tincture when treated with absolute alcohol,—the consequence of which is, that some of the Hahnemannic tinctures must have been imperfect; indeed, he himself appears to have known this, and has, accordingly, directed several substances to be triturated,—such as *Oleum animale*, *Oleum terebinthini*, *Petroleum*, &c., which can easily be obtained in the form of tincture, provided a sufficiently strong spirit is made use of. The idea, therefore, of employing a spirit of one fixed strength for all the tinctures is clearly unscientific, and can lead only to confusion; and the rule adopted should be to

* Gruner. Loco citato, p. 28. † Homœop. Arzneibereitung, p. 21.

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have two, three, or more standard strengths of spirit, and then use one or other of these according to the character of the substance acted upon. We consider the various standards named by Dr. Schmid as perhaps the best that could be adopted, and they have one peculiar advantage for us in this country, viz., that, as they do not correspond with any of the officinal or excise strengths, they must, of necessity, be prepared specially for our purpose, an advantage which those who are conversant with the sources from which the rectified spirit of commerce is often obtained, will at once see the weight of.

3rd. *How often should the mother tinctures be renewed?* Upon this point no general rule can be laid down. We believe that tinctures seldom spoil without evidencing the fact by some change in their physical or chemical properties, and we may hence conclude, that so long as a tincture continues clear, and of its original colour and odour, and is free of any sediment, it may be looked upon as good. Two points which appear pretty clearly established are, that tinctures keep best in the dark, and in a cool atmosphere; and that, within certain limits, the stronger the alcohol is with which they are prepared the more readily are they preserved. With respect to the tinctures prepared from common indigenous plants, it would obviously be advisable to make a fresh supply every season. There are some tinctures, however, which require to be more frequently renewed than once a year, but, as we said before, no general rule as regards time can be laid down.

4th. *Should the dilution be made from the mother tinctures when required, or may they be prepared at any time, and kept in the diluted state?* This question we believe to be an important one, while we must confess, that we have not at present all the data upon which to ground our decision. When the dilutions are carried beyond the point at which all the chemical and physical properties of the drugs cease to be detectable, we are, of course, deprived of all means of proving or disproving the efficiency of the preparation, save by an appeal to the results of its practical application, a method surrounded, as all practical physicians are well aware, with innumerable difficulties: we cannot, for example, be certain

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when an expected benefit fails to show itself, whether this is attributable to a lack of power in the remedy, or a lack of discrimination in the prescriber; practising as we do, in accordance with the law of specifics, we know that the same preparation will prove potent in a case where a thorough homœopathicity exists between its action and the disease under treatment, which, under other less favourable circumstances, would show no action at all. Again, when we consider all the acting and counteracting circumstances which, independent altogether of the selection of the remedy, may interfere with its action, we may form some faint idea of the large number of experiments required to decide the question of the efficiency or inefficiency of any particular specimen. Under these circumstances we consider, that in the present state of our knowledge it would add materially to the certainty of the results of our treatment if the dilutions were always prepared in very small quantities, so that they might be renewed very frequently. We hold that in a case of such importance as the efficiency of a medicinal preparation, we should reverse the maxim which holds good in law, namely, in doubtful cases, "to give the prisoner the benefit of the doubt," and, on the contrary, suspect all preparations whose goodness cannot be proved by experiments more definite in their character than those obtainable in the field of practical medicine. On all occasions, therefore, where it is practicable, we think that those physicians who find it necessary to dispense their own medicine, should procure them in the condition of mother tincture, or at least not so diluted as to be deprived of their chemical and physical characters, and should make so small a quantity of the higher dilutions at a time, that they would be obliged repeatedly to renew their supply. We are aware that the great obstacle to the above mode of procedure is the time which would be occupied in the preparing of the remedy, but this can be obviated in one of two ways:—First, we think that as far as possible the work of dispensing should be left to the chemist, in which case the extra trouble thus entailed upon him could be easily compensated for by an increase of charge on the article dispensed; or, Secondly, we feel assured that the dilutions, even up to, and beyond, 30, could be pre-

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pared with perfect accuracy by a mechanical contrivance, so simple that any one might work it, and by which a remedy could be diluted from 0 to 30 with as much facility and in as short a time as it at present takes to raise it from 0 to 3 or 6. Our space, however, will not admit of our entering into detail on this point.

II.—*The Aqueous Solution* is the next form of preparation which demands our attention. At present it is the custom to use water as a menstruum in a few cases only, since the majority of the substances which are insoluble in alcohol, though readily so in water, as *Kali carb.*, *Natr.*, *Natr. m.*, &c., are directed to be triturated, and then the dilutions made with alcohol. We perfectly agree with Dr. Schmid * on this point, namely, that the trituration of substances readily solvable in water is quite unnecessary, since the latter process is so much more simple, and, in effect, must be equally good, unless we hold the opinion that the process of trituration eliminates some unknown power, a point we have already agreed to disbelieve, till such time as facts are presented to us which cannot be explained upon any other supposition. Dr. Schmid † uses the term solution in contra-distinction to tincture, not merely where water is used in place of alcohol, but also wherever alcohol dissolves all the substance without leaving a residuum, as, for example, in the case of *Camph.*, *Iodine*, *Petroleum*, &c., the preparations of which he terms "solutions in alcohol;" our present remarks, however, refer solely to solutions in water, as we think that, with the exception of one observation to be made presently, the remarks made upon the tinctures apply equally well to the solutions in alcohol. The questions to decide respecting the solutions are the following:—*First*, What substances should be prepared by aqueous solution? *Second*, What should be the strength of the original solution? *Third*, Should the dilutions be made with water or alcohol?

1st. *What substances should be prepared by aqueous solution?* Holding, as we do, the opinion that there is nothing mysterious in the Homœopathic pharmacy, we have no

* Loco cit., p. 83.

† Loco cit., p. 45, et seq.

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difficulty in answering this question as follows:—The aqueous solution will be found suitable in the case of every drug which is sufficiently soluble in that menstruum without undergoing decomposition, and which can be preserved in that form without undergoing any chemical change. Of course, no kind of water is suitable for this purpose except what has been carefully distilled in glass vessels, and is entirely free from all admixture.

2nd. *What should be the strength of the original solution?* Dr. Schmid very properly remarks * that the solution, whether in alcohol or water, differs from the tincture in this respect, that owing to the complete solubility of the substance in its menstruum, you can calculate the proportion existing between the two with accuracy; and, moreover, be the solution weak or strong, you have it *perfect* at all strengths, whereas in tinctures you may often, until you reach the point of saturation, have a preponderating proportion of the more soluble constituents of the drug, and thus have any *imperfect* representation of the original substance; the reasons, therefore, which were considered to prove the adviseableness of the mother *tinctures* being concentrated, do not apply here, nor even to the *solutions in alcohol*, and accordingly the proportional strength must be determined by other considerations, the chief of which is practical utility. On this point the following hints may be thrown out, and it will easily be seen how these apply to individual cases:—

(*a*) Salts should not be kept as saturated solutions, else they soon spoil by depositing a portion of their contents, and thus rendering the standard for dilution variable.

(*b*) Substances possessing such powerful medicinal action as to be incapable of practical use in the form of strong or saturated solutions should never be prepared in that form.

(*c*) When dilute solutions are prepared it would save much trouble, and preserve much greater uniformity if the proportion was always decimal, that is, 1 to 10, 1 to 20, and so on, so that we could at once produce from it the first centesimal dilution without troublesome calculation.

* Loco cit., p. 46.

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3rd. *Should the dilutions of the Aqueous Solutions be made with alcohol or water?* This question can in many cases be answered satisfactorily by direct experiment only, but the following suggestions may be made:—

(*a*) Substances so insoluble in alcohol, even when diluted with water, as in proof-spirit, that even the second centesimal dilution, when dropped into that fluid, causes any trace of precipitation, should be diluted with distilled water only.

(*b*) Substances capable of combining chemically with, or decomposing alcohol, should invariably be diluted with distilled water only; for example, the dilutions of *Nitric* and *Muriatic acids* should be prepared with water only, since both suffer decomposition when mixed with alcohol, while Nitrous Ether, or, more correctly, a mixture of aldehyde and hyponitrite of the Oxide of Ethule in the one case, and Chloride of Ethule in the other, are produced. Bichromate of Potass again is unsuitable for alcoholic dilution, since this fluid is oxidized at the expense of the Chromic acid, and the green oxide of Chromium is thrown down. It must never be forgotten in connexion with this subject, that chemical combinations and decompositions occur among the *ultimate atoms* of bodies beyond which there exists no conceivable divisibility of matter: we have accordingly every reason to conclude, that a single atom of Nitric acid, for example, would, if mixed with alcohol, just as certainly give rise to the formation of aldehyde, ether, and hyponitrous acid, as a drachm or an ounce would. It is, no doubt, true, that if the fluids are sufficiently diluted, we do not perceive any change, and cannot prove its existence; but it is subversive to the whole theory of chemical combinations to suppose that in these minute quantities no change occurs; and, accordingly, it is most impolitic on the part of those who are avowedly so anxious to retain unaltered all the original properties of the material subjected to the process of dilution, to employ a menstruum so totally unfitted to effect the desired object.

It is of importance to observe here, that, since the provings of the mineral acids were for the most part made by the alcoholic dilutions, these latter should be used in practice, if

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the same effects are required to be produced; but it is chemically incorrect to look upon them as the *pure mineral acids*, which latter should be re-proved in their pure uncombined state,—that is, in aqueous solutions, and then prepared in the same way for therapeutic purposes. The great error here consists in the misnomer, which is apt to lead astray; for the alcoholic dilutions cannot be viewed as the pure uncombined mineral acids, as their name would imply; but they are not the less medicinal or remedial for that, since they will, unquestionably, possess their own peculiar dynamic powers, and those are, of course, available for practice. It is to be feared, however, that their provings, as given at present, will not be perfect, as some of the symptoms will, no doubt, have been produced by the unaltered acid, and others by the alcoholic solutions, and these being mingled will naturally lead to confusion.

Practical experiment can alone decide whether *diluted alcohol* might not with safety be employed in many of the cases above referred to, where *strong alcohol* is objectionable, and there is reason to believe that in those cases where the objection lies only in the insolubility of the substance in alcohol, simple dilution of that menstruum with water will prove sufficient. Where, however, chemical action is likely to occur between the alcohol and the remedy, we confess we should be very suspicious of the preparation, whatever proportion of water might be added. In this case nothing but direct chemical experiment would satisfy us, and should this prove decomposition to occur so long as the quantities were sufficiently large to admit of the test being applied, we should feel much disposed to act upon the supposition that the same took place among infinitesimals.

The much greater convenience of alcoholic preparations for the purpose of dispensing—since they can be so readily dropped upon and absorbed by dry sugar of milk and then sent out in the form of powder—has naturally given them the preference over aqueous solutions both with chemists and practical physicians. Wherever, therefore, this form can be rendered available, it should be selected; but where any risk of injuring the efficacy of the preparation is incurred by so

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doing, we should, of course, abandon the attempt, and in this case the remedy might be dropped upon a small flat cake prepared from pure sugar of milk and solution of arrowroot, in the manner in which lozenges are made, which would absorb the medicine, and would not, as is the case with the powdered sugar of milk, be reduced to a semi-fluid paste.

III.—*The Trituration.*—This is at once the most peculiar and the most invaluable of all the Homœopathic forms of preparation, since by its means have been brought to light the medicinal action of numerous substances which had previously been regarded as totally inert. Experience has long since proved to us that a completely insoluble substance, possessing such a physical condition as to render it incapable of absorption, exhibits no action whatever on the animal economy beyond what can be distinctly traced to physical laws. It remained for Hahnemann to discover that all that was necessary to overcome this inaction was to remove the obstacle to its absorption. No sooner is the substance reduced to a condition in which it can gain admission into the organism, than it at once developes its peculiar powers. We have often been amused at the lack-wisdom lucubrations of our opponents on this point, when, for the purpose of crushing their adversaries, they expatiate on the absurdity of giving the millionth of a grain of a substance which we ourselves acknowledge to be utterly without action if taken in ounces or pounds; forgetting all the while that the ounces or pounds must of necessity remain outside, while the despised millionth gains admission into the very penetralia of the organism. A single drop of water can saturate with moisture the air contained in a close vessel, *if admitted*, while the whole ocean can make no impression so long as it remains *excluded*. Without any reference to the hypothesis of a new power being elicited by the process of trituration, we may with safety affirm, that there is no physiological analogy whatever between the crude and the prepared substance, the former being prevented by its physical condition from coming within the sphere of action of the living organism. Dr. Schmid points out very clearly the difference between the *possession of power, (Kraftvermögen,)* and the *exhibition of*

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*power, (Kraftäusserung,)** and expresses the opinion in which we fully concur, that it is impossible, by any mode of preparation, to put a substance in possession of a power which was not previously inherent in it,—while we are frequently enabled to make a substance exhibit, after preparation, a power which remained completely latent in the crude article. This is all that we believe is effected by trituration, since we remove by its means the physical obstruction to its absorption, which excluded it altogether from the sphere of action. With regard to the triturations, we have to answer the following questions:—*First*, What substances require trituration? *Second*, How far should the process by trituration be carried? in connexion with which we must consider the following, viz., Are either water or alcohol admissible for the purpose of making the higher dilutions?

1st. *What substances require trituration?* Two classes of substances require to undergo this process, viz., those which are totally insoluble both in alcohol and water; and, 2nd, those which yield their soluble parts with great difficulty to these menstrua. To the former class belong the metals, the earths, and their carbonates, the carbons and some few others. To the latter belong chiefly *Lycop*, *Nux vom.*, *Cocculus*, and *Secale.*, which have been proved by experience (*vide* Dr. Schmid's work) to yield a very imperfect tincture, if treated with alcohol in a crude state.

2nd. *How far should the process by trituration be carried, and can either alcohol or water be used subsequently for making the higher dilutions?* Hahnemann affirms † that when a medicinal substance is triturated for a length of time with some inert matter, such as sugar of milk, it experiences a change in its physico-chemical properties, so that although in the crude state it may have been totally insoluble in water and alcohol, it afterwards becomes completely soluble in both these media. Dr. Schmid, however, found that two grains of Sacch. Lactis were readily and completely soluble in fifty drops of water, but totally insoluble in alcohol of

* Loco cit., p. 59.

† Chron. Krank., Vol. I, p. 180. 2nd Edition.

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850. He then tried the experiment with two grains of the triturations, (prepared from two grains of the remedy to fifty grains Sacch. Lactis,) of the following remedies :— *Ars., Calc. Carb., Carb. v., Graph., Merc., Silic., Stann., Sulph.*, and *Zinc.;* and in every instance an obvious precipitate made its appearance when water was used, (and he modified the process so as to suit the experiment for alcohol,) indeed, when the water amounted to two or three ounces, the result was the same. A similar result was obtained, except that the precipitate was of course smaller, when the second trituration was employed, and even when the third was made use of. When, therefore, we consider that two grains of the third decimal trituration, prepared in the way Dr. Schmid refers to above, can only contain 1-1250th part of a grain of the crude substance, and yet leaves a trace of undissolved matter, it is clear that the amount rendered capable of solution must at least be very small. Again: Dr. Mayerhofer,* in his paper on the microscopic examination of the triturations, declares that he could follow metallic gold with certainty to the tenth or eleventh trituration, and maintains the complete insolubility, after trituration, both of the metals and their oxides. More than this, Dr. Mayerhofer has endeavoured to calculate the number of particles contained in a given weight of trituration, and he states that one grain of the "third centesimal trituration of tin contains 115,200,000 metallic particles." These facts and calculations appear to us to lead to the following important practical deductions:— We may conclude that trituration does not render insoluble matters to any easily appreciable extent capable of solution in water or alcohol, or, at least, that by far the larger quantity retains its original character even after the third trituration; that a *certain* quantity, however small, is capable of at least complete suspension in these fluids, is rendered evident from the practically ascertained medicinal powers of the high potencies of these substances, but, nevertheless, that an immense loss is sustained by using fluid menstrua, for the purpose of diluting the trituration of insolubles, is capable of proof; and this, of itself, constitutes, in our opinion, a sufficient ground

* British Journal of Homœopathy, Vol. III, p. 14.

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for suggesting some alteration in the mode of preparing the dilutions of this class of remedies so as to secure us as far as possible against disappointment. We may conclude that, since in the case of metals the metallic particles could be detected by the microscope in the tenth or eleventh trituration—that is, after having been submitted to ten or eleven hours' friction,—it is highly improbable that any amount of agitation or succussion in a fluid medium should produce any further subdivision of particles than that which existed in the trituration; admitting this, the following calculation becomes important:—one grain of the third trituration contains, according to Mayerhofer, 115,200 000 particles which are insoluble; if, therefore, this grain is mixed with ninety-nine drops of dilute alcohol to form the fourth potency, it follows that one drop of the mixture, if the suspension is complete, will contain 1,152,000 particles, while the fifth potency, prepared in the same way, will contain 11,520 particles; the sixth, 115* particles; the seventh, 1 particle, and the eighth none whatever. Hence, the particles which continue insoluble, and are of sufficient size to be detected by the microscope, will all have disappeared from the preparation by the eighth potency; and the higher dilutions must owe their medicinal properties entirely to the exceedingly minute, and, by all hitherto-discovered physical experiments, inappreciable quantity which has become capable of solution. Under these circumstances, are we at all justified in adopting a process for the preparation of these valuable articles of the Materia Medica which is so obviously imperfect? We think not; and we would, therefore, suggest that, in the case of *all such substances as cannot be proved to possess some slight degree of solubility, neither alcohol nor water should be employed, but the dilutions, however high they may be required, should be made by trituration alone.* This suggestion we look upon as of great importance, but, at the same time, it cannot be denied that it entails so much additional trouble on the pharmaceutic chemist, and hence increases to such a degree his temptations

* We cannot carry the figures beyond the decimal point, as we set out with the supposition that the particles were indivisible, and hence fractional parts cannot exist.

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to deception, that we consider it essential that the number of the substances prepared by trituration should be as limited as possible. We shall, accordingly, for a few minutes consider how this may be effected:—1. As regards the metals and the earths; we think it would be well worth while ascertaining by direct experiment whether the acetates would not act on the animal organism in precisely the same manner as the pure bases. It is generally acknowledged that in chemical compounds the action produced partakes much more of that peculiar to the base than to the acid; and it is evident that, if the acid be a substance which, in its uncombined state, exhibits very feeble medicinal powers, such as the acetic acid, the probability of the action of the compound being more purely that of the base becomes greatly increased. Hahnemann appears to have argued in this way; for, we believe that all the provings of *Ferrum*, which are now entered under the title of Ferrum Metallicum, were made with the acetate of iron. Again, the symptoms of Calcarea acetica are often combined with those of Calcarea carbonica;—if this plan were considered advisable, the following acetates could be employed instead of the uncombined metals or oxides, viz., Acetates of *alumina, silver, baryta, lime, copper, iron, magnesia, manganese, nickel, platina, lead, tin, strontian and zinc*,—all of which are soluble in water. *Mercury* may also be used in the form of acetate, but it would require to undergo one trituration, as it takes six hundred times its weight of water for solution. Gold does not form a stable compound with acetic acid, but it admits of question whether there is any important difference between the action of this metal and its *chloride*, which latter could readily be prepared as a simple solution. *Silica*, especially if the hydrate was employed, might also with safety be diluted with water after the first three triturations, since experience has already proved its partial solubility. The second class of substances requiring trituration, such as *Nux vom., Cocc., Lycop. and Sec.*, can all with safety be prepared with alcohol, after the first or second trituration, since all that is required in this case is to reduce them to a sufficiently fine powder to admit of the alcohol acting fully upon them. *Ambra., Petrol., Ol. terebinth.*,

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Kreosote., and some others being soluble in absolute alcohol, can thus be removed from the class of triturations. Our list of triturations, therefore, which would require, according to the above proposal, to be diluted by trituration only, would be *Ant. Crud.*, *Bismuth*, *Calc.-Phosph.*, *Carb.-Anim.* and *Veget.*, *Cinnab.*, *Graph.*, *Hep.-Sulph.-Calc.*, *Indigo*, and *Sepia*, or only ten in all,—a number so small, that even if used in the very high potencies, would not occupy much more time to prepare than is at present spent in the formation of triturations of a number of substances which can be quite as well, if not better, prepared in some more simple manner.

We have thus brought to a close our rapid sketch of what is and ought to be the condition of Homœopathic pharmacy.

We have merely thrown out a few general hints, which should be borne in mind by those who set about constructing a new Pharmacopœa, a thing which we should like much to see at once effected by some authoritative body, than which there is none so suitable as the *British Homœopathic Society*. It has been suggested that we cannot be too careful how we change the pharmaceutic processes, lest we obtain preparations which will not exhibit the same action in all its finer shades as the original preparation used in the provings. This argument, however, we do not think is so weighty as it at first sight appears, for in the first place, with the exception of substituting the acetates for the pure metals, a point which we have already characterized as experimental, our processes are not so modified as to obtain purer or more concentrated preparations; we attempt no discrimination between the more or less active ingredients of natural compounds for the purpose of separating the one from the other; our sole object being to obtain, in every possible case, *a stable, uniform, absorbable preparation, possessing all the original ingredients of the crude articles, unaltered either in their nature or relative proportions.*

Let us briefly recapitulate our suggestions:—

1. That all tinctures be prepared by percolation.
2. That all mother tinctures should be concentrated.

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3. That alcohol of the following strengths,—viz., 910, 850, 830, and 796, (or absolute alcohol,) should be used in preparing the tinctures, the proper strength for each substance being decided by direct experiment.

4. That the tinctures should be preserved in their undiluted state, and the potencies, prepared only in very small quantities, so as to be very frequently renewed.

5. All substances soluble in water, and whose solutions are not decomposed by keeping, should be prepared by aqueous solution, (unless, indeed, they are also soluble in alcohol, in which case the latter fluid is preferable.)

6. The strength of the aqueous solutions should be regulated by the strength of the medicinal properties of the drug, but should always be in decimal proportion, in order that the dilutions may be easily prepared from them.

7. The dilutions of the aqueous solutions should be made with water wherever the original substance is insoluble, both in strong and dilute alcohol, or capable of acting chemically upon, or combining chemically with it.

8. Substances which are either totally insoluble in alcohol and water, or which give up their soluble ingredients to those menstrua very imperfectly, must undergo the process of trituration, (and, as a *corollary*, no substance which is soluble in alcohol or water requires to be triturated.)

9. The dilutions of substances which cannot be proved to possess some slight degree of solubility, should be prepared by trituration not only to the 3rd but even to the 30th.

On which account the list of substances to be triturated, should be as much reduced as possible, for which purpose the following suggestions are made :—

(1.) Earths and metals capable of combining with acetic acid, might be used in the form of acetates.

(2.) Gold might be tried as a chloride.

(3.) Silica might be used in a hydrated state, in which case it would be soluble in water after the 3rd trituration.

We have said but little in the foregoing remarks about the merits of the two works whose names head this article. Gruner's Pharmacopœia has been already reviewed in this journal. Its chief fault is, that, in many instances it does not advance the science beyond the point where Hahnemann

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left it. Dr. Schmid's work is much more original and valuable; most indeed of the suggestions we have given above are stated more or less completely in his volume; we cannot, however, praise his style, which is cumbrous and tautological to the last degree. We cannot close without again sincerely trusting that the subject of Homœopathic pharmacy will be taken up authoritatively by the British Homœopathic Society, and that we shall soon possess a Pharmacopœa by whose guidance our chemists may be enabled to put into our hands more perfect preparations than any we have hitherto made use of.

MR. JAMES DORE BLAKE, OF TAUNTON, AND THE COLLEGE OF SURGEONS.

THE people of Taunton have had their quiet enlivened by the vivacity of their surgeons, who have exhibited the liveliest sensibility on occasion of Mr. Blake's settling down among them as a licensed surgeon, practising Homœopathy.

After long hesitation, the Council of the College responded to the remonstrances of those surgeons by "eating their leek," erasing Mr. Blake's name from their list of members, and requesting him to return his diploma. This arbitrary and tyrannous proceeding, as idle as arbitrary, and as inefficacious as tyrannous, is grounded on the plea of his having obtained his examination and his diploma on fraudulent pretences. After a careful examination of the evidence, we are satisfied that Mr. Blake practised no fraud; that he made a true declaration, presented real certificates, with which the College was satisfied; and obtained his diploma after a fair and satisfactory examination.

We have not the slightest desire to encourage irregular or illegal practitioners, or to uphold those who, without such examination by competent examiners of a respectable university, as would be the test of their fitness to practise medicine, are satisfied with purchasing diplomas from venal and corrupt and worthless bodies, which are permitted to disgrace themselves by the sale of diplomas without examining, or even seeing the candidates for them. On the contrary, our earnest desire is to uphold the dignity of the profession. We wish to see every medical man a gentleman, in all outward observances, with the advantages of good breeding and education, and, above all things, in conduct and principles. That the medical profession is truly respectable in conduct is proved by the extreme rarity of any offence against the laws by any individual of our body. That they do not, however, occupy the position in society which they should do is certain. Whether the fault lies with themselves or not,

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we pretend not to decide; but we do know that the medical man is not held in that respect and high esteem in society which he ought to enjoy. He may be respected in his function, but he is not regarded as being as high in the social scale as the barrister or the dignified clergyman. The nobility has sent its sons to the bar and to the church, but not to medicine, the gentlest of the "three black sisters," as these professions have been called. There is no profession in which so much study, so much knowledge, and so great and varied attainments are required as for medicine. With very few exceptions, its great ornaments have not been duly appreciated, and have not occupied that rank in society which should have been theirs.

In taking up Mr. Blake's case, we do so on the simple ground of justice; not to uphold him as a partisan, but because we believe that his real offence to his brethren of Taunton is, that he is a successful Homœopathist, and that the recorded reasons for refusing to recognise him as a licensed surgeon are insufficient and nugatory.

Mr. Blake obtained last year, after a full and satisfactory examination, the diploma of the College. He then settled at Taunton to practise, and, having been remarkably successful, became an object for a hostile demonstration on the part of his professional brethren.

The *Provincial Medical and Surgical Journal* of May 19th furnishes us with the particulars of this case. We might not have deemed it needful to take any notice of it, were it not that the second memorial of his adversaries distinctly shows, by implication, that his practising successfully as a Homœopathist was the "head and front of his offending."

Mr. Blake was originally intended for the medical profession, but his circumstances were such that he could not pursue his medical studies at the usual age and in the usual manner. His love for this pursuit, meanwhile, clung to him; and, being constrained to obtain the means of living for himself, he took a shop in Taunton in 1830; but the business was chiefly carried on by others, while he was, for the most part, engaged in his favourite studies of medicine and mechanics. In 1839 he removed from Taunton to Bristol, and there studied and practised under the superintendence of Mr. Trotman, a naval surgeon. While in that city he again took a shop, which was conducted by his wife. He was engaged, four or five years after, for a short time, in some process connected with iron works, and in the village where the work was carried on he practised homœopathically, being in constant correspondence with Mr. Trotman. It must be remembered that for the greater part of the whole time a shop was kept in Mr. Blake's name, he had little or nothing to do with the management of its details, and that for more than five years before he presented himself to the College for examination he had been engaged in medical studies and practice.

The surgeons of Taunton knew that he was, in reality, so engaged; and several of the most respectable of them actually advised him to take the very course he did, to spend a year in London, and get a diploma from their College.

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The second memorial of the surgeons of Taunton and the neighbourhood to the President and Council of the College, which was drawn up and presented in consequence of the long delay of those functionaries in taking notice of the first memorial, contains these grounds of objection to Mr. Blake's having been examined and furnished with letters testimonial by the College:—

1. The proof of his having been engaged five years in the acquirement of professional knowledge was imperfect; those who had certified for him to that effect not having stated the way and manner of his studies and practice.

2. That he presented certificates which were received from one teacher on more than two branches of medical science.

3. Instead of having attended anatomical lectures and demonstrations during two full sessions, he had only attended them during a winter and summer session.

The objection to his having studied Homœopathy, and of his practising it, comes, as it were, incidentally.

The College received Mr. Blake's declaration of five years' study,—attested by the certificates of several medical men,—and they consented also to receive his certificates. Here was no deception whatever practised by Mr. Blake: if it was against the rules of the college that he should be examined with such certificates, and after only one year's study in London, the fault was not his, but that of the College. They conceded him his examination as a favour; he passed it as well, we doubt not, as the great majority of students who have attended the usual lectures the usual time. We deny that the College has the right or the power to nullify its own verdict in Mr. Blake's favour, and we hold that his diploma is quite as good as that held by the president of the College, or by any member of the Council.

The three grounds of objection taken by the memorialists of Taunton, apply to their College, not to Mr. Blake.

It so happens (we state this on the authority of the *Lancet*) that another individual, not long ago, obtained a diploma from the same College of Surgeons; and it is asserted that his declaration was not true, and that the certificates he handed in were not genuine. Yet, in that case, the answer on the part of the College to remonstrance, was, "What can the Council do?" Though this case preceded Mr. Blake's, the Council, to this day, have done nothing. But Mr. Osborne had not been in trade, and did not, and does not, practise Homœopathy.

In short, the proceedings taken in Mr. Blake's case smack of injustice and imbecility. It is an attempt to shift the blame (if blame there be) from the Court of Examiners, and thrust it on one they expected to find an unresisting victim. Why was not a court of inquiry instituted? Why was not Mr. Blake allowed to confront his accusers and adversaries,—to bring proof, as he asserted he could do, of the truth of his declaration? Instead of summoning the accused and the accusers to sift the evidence, certain questions are sent to Mr. Blake to answer, to which he sends

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specific answers. Doubt of the truth of these answers is implied, yet Mr. Blake offered to substantiate them by witnesses; but the College preferred to condemn him, and refused the court of inquiry he sought for.

We assert that the College has no right whatever to assume that there was fraud in withholding the facts, that he had lived from the profits of trade, and that he meant to practise Homœopathy. It was not necessary for him to make this statement. The College had no business to know this; for, having this knowledge, they would probably have refused to examine him. This information was not requisite for them to decide on his fitness and competence, according to their notions, to practise his profession.

Those portions of the medical press that have noticed this affair seem to be very sore on the point of Mr. Blake's previous calling. We have said that for many years it was only nominally Mr. Blake's calling; and the remonstrants of Taunton know this to be the fact.

We are as yet so small in number that we cannot well afford that any one of our body should be put under ban, yet we should blush if we were conscious of such illiberality. Are the remonstrants of Taunton aware of the antecedent history of the truly illustrious Airy, the astronomer-royal; Lee, the great oriental scholar; and Faraday, the philospher? Do they happen to know that the late William Allen was originally a mercer, and the Railway King a draper? Or, do they know that Thomson, who wrote on inflammation, was a weaver for many years? and that the man, whose memory their College professes to honour above that of all others, John Hunter, was a carpenter till he was thirty years old? Verily, those who object to Mr. Blake that he has been a confectioner, would commend, most loudly, the talent, perseverance, and energy of John Hunter.

We recommend the remonstrants of Taunton to weigh this remark of Lord Bacon:—"Men of good birth are noted to be envious towards new men when they rise; for the distance is altered, and it is like a deceit of the eye that when others come on, they think themselves go backward." We further advise them to endure the Homœopathy; for if Mr. Blake knows his profession, as the College of Surgeons has amply testified he does, and if he is a good Homœopathist, as we are informed he is, he must make progress, let them make whatever opposition they please. We trust that his success has nothing to do with the opposition already made to him, and that the sole motive of the remonstrants is their desire to uphold the dignity and respectability of their College, which so many of their own body are now assailing so virulently, if not vindictively.

Mr. Blake may practise his profession in perfect security. The College of Surgeons has testified to his ability and competence; he has their diploma; let him keep it and defy them. So long as his career is marked by industry, zeal, ability, and integrity, he may go on his way rejoicing. In a few years many of those who now oppose him will be on good terms with him. Success will obtain him friends; and then he will be lauded for the good conduct and energy by which he was enabled to raise himself in the social scale of this very artificial and refined society of ours, which

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rejects the linen-draper for a time to worship him afterwards, when, by daring adventure and consummate powers of calculation, he has been transmuted into a man of vast fortune, a senator, and—a king. The great grandson of a washerwoman and the grandson of a drummer has just been dining at the table of our Sovran Lady. We fully expect this *Dorian*, the present abomination of the surgeons of Taunton, will become, even in their eyes, a true Athenian at last.*

* We extract from the *Medical Times* of June 12th the following letter of Mr. Dermott, which does equal honour to himself and Mr. Blake :—

To the Editor of the Medical Times.

SIR,—Much has been lately said and written respecting the mode in which Mr. Blake obtained his diploma from the College of Surgeons; and as he attended the lectures delivered in the School of Medicine and Surgery to which I belong, and, moreover, as a point of honour, I must see justice rendered and truth stated concerning my pupils, I may, perhaps, claim the privilege of intruding a simple fact or two upon the columns of your justly popular journal.

It is a fact that Mr. Blake, during the whole of the time he was attending my school, (twelve months,) was unremitting in his studies, morning, noon, and night; in fact, no student could have exhibited a greater degree of application than he did.

He was constantly engaged in dissection, and I verily believe that he did not miss a single lecture or demonstration delivered by me during the whole of the above-mentioned period; moreover, I think that the same can be said of his attendance upon the lectures on all the other branches. As a consequence of this unceasing and almost unprecedented application, he learned more in one year than many learn in three, and, as the ultimate result, he passed his examination.

He came under the old (two year) regulations, as they are termed: he commenced his studies with me in the spring of 1845, and during the ensuing winter he petitioned the College that his summer certificates might be received in lieu of those of a second winter, on the alleged grounds (as well as I can recollect) that he was a family man with many children, and that his practice in the country was most materially injured as the result of his absence. I also gave him the following certificate, of which I preserved a copy, (as I do of most of my business documents,) and which I fortunately met with a few days ago, every word of which certificate I can aver is strictly true :—

"I certify that Mr. James Dore Blake has unceasingly and most diligently attended my lectures during the summer of 1845, commencing on the 1st day of May last, and terminating in the latter end of the July following. That he also very diligently dissected during the above period, and performed, under my superintendence, many of the capital surgical operations.

"That he is also attending with the strictest diligence the present winter course now delivered at the Charlotte-street School of Medicine.

"G. D. DERMOTT.

"*December* 11, 1845. *Bedford-square.*"

With regard to the manner in which he passed the four years preceding his studies with me I was perfectly ignorant; and as to how far he imposed upon the College by false statements and certificates regarding this matter, also in what degree the College scrutinized his vouchers regarding the said four years of preparatory medical education, is of course a point which concerns the College authorities and Mr. Blake. Certain it is that no honourable man, be he teacher or no teacher, can countenance imposition practised either upon a public body or private individual. Whatever may be the merits or demerits of the parties, imposition and deceit are bad in principle.

I know nothing about Mr. Blake's private concerns, nor have I communicated with him in any way whatever since he passed; but with regard to the sneer of Mr. Blake having been a pastry cook, surely this, in the abstract, is no disgrace; let the low origin of the great Hunter himself be remembered, at least so far as the grovelling estimation of monied and family-privileged vulgarians go. It is surely an ominous index of a wretched state of the profession when worldly *status* and wealth are regarded in preference to professional and scientific acquirements.

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MEDICAL INTELLIGENCE.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

[With the permission of the President we are enabled to present our readers with an abstract of the minutes of the British Homœopathic Society, which, we feel confident, will be perused with interest, not by members only, but by all interested in the advancement of our science. Our limits prevent us going farther back than the meeting of the month of March; but we hope in future to be able to furnish regular reports of the Society's proceedings.—Edits.]

March 4th, 1847.—Mr. Engall read the concluding portion of his dissertation on "Spinal Deformity."—*(Vide Brit. Jour. of Hom., No. XX, p.* 165.)

Dr. Gilioli could testify to the success of Mr. Engall's treatment of spinal curvature. Although Mr. Engall had entered with sufficient minuteness into the particular morbid conditions of the bones, ligaments, and muscles, in spinal diseases, and had given ample details regarding the mechanical treatment of those diseases, yet these could only be termed the *superficial pathology* and *superficial treatment* of those diseases; their *deep pathology*, by which he understood the particular dyscrasias on which they depended, and their *radical* treatment, by which he meant the means to be employed to rid the constitution of the dyscrasia or diathesis which gave rise to the disease, had not been sufficiently dwelt on. He considered that the strumous diathesis was the principal cause of these diseases. In many cases, doubtless, the mechanical might be the only possible treatment, especially in adults who had outgrown the dyscrasia that had produced the curvature, or in whom the dyscrasia was so confirmed as to be no longer capable of being eradicated; but in children he conceived the radical or medicinal treatment was of the utmost importance. He (Dr. Gilioli) confessed himself opposed to the wide generalization of Hahnemann's psoric theory, which he held to be often a royal road to the decision of pathological questions.

As stated by you, Sir, in your leader of last week, "If there is any thing more calculated than another to overstock the profession, it is this—fixing a high price for medical education in the schools, and requiring but a small amount of knowledge to pass an examination."

Ay, Sir, the enormous golden tolls, combined with the system of family patronage, most unchristian in principle, and murderous by wholesale in their tendency—these are the bane of the profession, a curse to the community, and the great source of misery and disappointment to the unsuccessful but deserving medical aspirant.—Your obedient servant,

G. D. DERMOTT.

28, *Bedford-square, June* 9.

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It was easy enough, when we met with an obscure disease, to pronounce it dependent on *psora*, and the treatment by *antipsorics* was correspondingly easy; but the Homœopathic practitioner should be guided by the symptoms present in the selection of remedies, irrespective of theories. In many cases of spinal disease he admitted that the dynamical symptoms were too slight to furnish indications for treatment; in such cases it was difficult to say what should be done. The provings never went so far as to produce an actual dyscrasia; hence it was of great importance to study the effects of medicines in workmen exposed to their action. Thus it had been proved that those engaged in the manufacture of phosphorus matches were subject to caries and necrosis of the bones, and we were thereby furnished with a hint for the employment of phosphorus in such diseases that could scarcely have been predicated from the Hahnemannic proving.

Dr. MASSOL said that spinal curvature might be produced in four different ways:—1, by scrofula or other dyscrasia; 2, by muscular contraction; 3, by paralysis; and 4, by mechanical injury. He should have liked if Mr. Engall had told how to distinguish curvatures arising from those different causes. He believed that in children and also in adults curvatures often arose from external causes alone, such as a vicious position, without any scrofula or other constitutional disease. He had at that moment under his care a boy of nine years of age, who had become distorted after an inflammation of the lungs. On the side where the lungs had been affected there was a complete sinking in, and the spine was correspondingly curved. He thought the lung on that side was completely gone, as no sounds could be discovered on auscultation. The curvature in this case was, he conceived, due to paralysis of the muscles.

Dr. PARTRIDGE doubted the propriety of recumbency in spinal curvatures so generally as had been advised by Mr. Engall. Believing that the disease generally originated in a dyscrasia, he considered that recumbency would often be an impediment to the cure. A mechanical treatment, admitting of free exercise, combined with medical treatment, would often be the best. He had under his care a child, in whom there was a great preponderance of brain, with defective ossification; the fontanelles were open, the ankles and wrists enlarged; there was weakness of the spine and tumefaction at the lower part of the back, owing to effusion into the spinal canal; and, altogether, a want of tone in the system. Confinement to one posture would be death to such a child. He let him run about, gave *Sulphur*, *Belladonna*, and *Calcarea* at long intervals, and encouraged him to use the limbs. Under this treatment the state had considerably improved. He should, by and by, apply some mechanical support to the limbs.

Dr. QUIN would have liked Mr. Engall to have given more details respecting the cases he had treated and the remedies he had used. Some cases of curvature were on record where a cure had been effected by medicinal means alone, without the aid of mechanical contrivances. He differed from Dr. Gilioli with respect to the little importance he was disposed to attach to the psoric theory of Hahnemann, as well as to the

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utility of being directed in the choice of the appropriate remedies, especially in chronic diseases, by the consideration of the patient having a psoric taint in his system. For his own part, he could bear ample testimony to the great value, in a practical point of view, of the psoric theory. He had been a convert to the Homœopathic doctrine before Hahnemann published his work on chronic diseases, and he had afterwards opportunities of treating several patients, whose chronic complaints had baffled all his attempts to cure them Homœpathically by *apsoric* remedies, but which had subsequently yielded to the employment of *antipsoric* medicines, prescribed by him in consequence of the new views of the remote aud latent causes of chronic diseases opened by Hahnemann in that admirable work. He agreed with Dr. Gilioli as to the necessity of collecting symptoms of medicines from the history of cases of persons poisoned by them. A fruitful source of information on this point would be found in the writings of old authors, where many cases were recorded of affections produced by the abuse of medicines, and of the deleterious effects of various poisonous substances upon miners, and upon workmen employed in manufactories in which mineral substances were used. He had lately treated a boy affected with caries of the lumbar vertebræ, and had obtained surprising results from the employment of *Phosphorus*. In corroboration of the views entertained by Dr. Partridge, of the advantage of gentle exercise in the open air in cases where spinal disease originated in dyscrasia, he might mention, that he had several cases in which the state of the patients evidently deteriorated whilst they were totally confined to the recumbent posture, and where most marked benefit resulted to the general health, and also to the curvature, by a recurrence to gentle exercise, assisted by slight mechanical support, properly and gently applied. The cases he alluded to, he needed hardly say, arose where no mechanical injury had taken place, but where the strumous diatheses, or, according to Hahnemann, the psoric taint was very evident. He had found *Aurum*, *Assafœtida*, *Belladonna*, *Calcarea*, *Silicea*, *Tinct. Sulph.*, and *Baryta* of great service in spinal diseases.

Mr. ENGALL, in reply, stated that he was fully aware of the importance of ascertaining the constitutional cause of spinal curvature, but held that its exciting cause must always be mechanical. A person who lay perfectly supine could never become distorted. The abuse of Mercury was not an unfrequent cause of curvature. He doubted whether medicines alone could ever reduce distortions. He had had a case similar to Dr. Massol's where distortion had ensued in consequence of the healing of a large pulmonary abscess. He did not think that curvature was ever produced by unequal muscular contraction or paralysis of nerves, otherwise it would be apt to accompany hemiplegia, which it was not. The treatment of the disease by means of mechanical supports was, he believed, founded in error. It had been tried, without success, on a large scale, by Mr. Cheshire. The application of instruments to the legs was a bad system. He did not approve of the prone position as a mode of treating curvature,—it was rarely successful. He did not fear any bad

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consequences from prolonged recumbency, if friction were frequently employed, which he had found an efficient substitute for exercise.

April 1st, 1847.—Dr. PARTRIDGE read a Dissertation "on Metritis."

Dr. MASSOL thought that Dr. Partridge had not drawn a sufficient diagnostic distinction betwixt inflammation of the cervix and that of the body of the uterus, and that the essay was deficient with respect to the pathological anatomy of metritis. Dissection frequently showed a swollen parenchyma, sometimes pus was present, and occasionally gangrene was observed. It was, however, often difficult to say, in the case of recently-delivered females, whether the womb was inflamed or not.

Dr. GILIOLI said that our Materia Medica was very deficient in uterine medicines;—*Sepia, Sabina, Secale, Belladonna, Pulsatilla, Crocus, China*, and perhaps *Magnesia mur.* were almost the only remedies that had a decided action on the uterus, and in them the symptoms generally related to the catamenial function only. The selection of a remedy from merely subjective symptoms was very difficult,—more especially in the case of hysterical women, in whom many of the symptoms were purely imaginary. In leucorrhœa it was not sufficient to state the particular colour and consistence of the discharge,—the microscope and chemical analysis would be much surer guides to the selection of the remedy. The medicines should be carefully re-proved on females in order to obtain objective symptoms. He held that we had been more guided to our knowledge of uterine medicines by clinical experience than by the pathogenesis of medicines.

Mr. ENGALL thought that metritis, occurring in the unimpregnated state, usually subsided when left to itself. *Nux vom.* he had found of service in metritis, after *Bell.* had proved unavailing, and in a case of very profuse leucorrhœa.

Dr. DUDGEON had witnessed at Vienna many dissections of women who died in the general hospital there during an epidemic of metritis, or rather of uterine phlebitis; the veins of and about the uterus were found filled with purulent matter. Compared with the Allopathic school, he considered Homœopathy particularly rich in uterine medicines. Subjective symptoms were in many cases much more important than objective, in some they were necessarily our sole guide. The objective symptoms of two cases of ophthalmia might be exactly similar, but in one there might be much pain, in the other none, and the treatment of both would be widely different. In leucorrhœa the indications derived from the colour, consistence, acrid or mild nature and conditions of the discharge were much more valuable than any results that would be gained by microscopical or chemical investigation. The former could only show as more or fewer pus globules, mucous globules, or epithelial cells; the latter some unimportant difference in the proportion of its constituents, which, he believed, could not guide us in the selection of a remedy.

Dr. QUIN considered that subjective symptoms were generally better guides than objective. The paucity of uterine symptoms in the Materia Medica was easily explained by the difficulty in obtaining female provers, who would note and record symptoms of that character. It was a matter

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of surprise, considering the natural delicacy and unwillingness of females to enter upon the details of such subjects, how so many had been obtained. If we were mainly guided in our knowledge of the power of uterine remedies by clinical experience, practitioners must still have been originally led to administer the remedies from a study of their pathogenesis. In addition to the remedies enumerated by Dr. Gilioli, there were *Nux vomica, Stramonium, Ipecacuanha, Chamomilla,* and *Thuya occidentalis,* which all had decided action on the womb. He had found the last of great use in inflammatory affections of the womb; it was especially indicated where there were corrosive leucorrhœa and severe pain in the region of the uterus.

Dr. PARTRIDGE thought he had drawn a sufficient diagnostic distinction betwixt inflammation of the womb and that of its lining membrane, and betwixt inflammation of the body and neck of the womb. In acute metritis the disease would not remain confined either to the body or neck. He did not think that metritis ever tended to spontaneous cure. If left to itself it either became worse, or assumed a chronic form, which was apt to degenerate into scirrhus. Metritis could not be confounded with any other disease except cystitis, and examination *per vaginam* would at once determine this point.

Dr. GILIOLI adverted to the difficulty of conveying by language an accurate idea of many subjective symptoms. We could not be sure that a pain described by a patient was the same as one recorded in the Meteria Medica, although described in the very same words.

May 6th, 1847.—Dr. DUDGEON read a communication "On the Perceptible Influence exerted of late years by Homœopathy on Allopathic practice."

Dr. MASSOL said that several instances had recently come under his observation of the employment of aconite by Allopathic practitioners in gonorrhœa and painful chancres. In one of these cases, which had been treated by a French physician, the patient had gonorrhœa and eight chancres. The latter were cured by the application of caustic, but all broke out again after the lapse of a month. In another similar case the chancres were also cauterized and healed, but re-appeared, after five weeks, with buboes, iritis, and other concomitant sufferings; under Homœopathic treatment a cure was effected.

Dr. GILIOLI considered the facts adduced by Dr. Dudgeon as important in two points of view; 1st, as giving confirmation of our therapeutic principle by those opposed to us; 2d, as assisting us to come to some conclusions on the question of posology. We here found cases treated certainly according to the Homœopathic law, but with comparatively large doses, and yet without the development of medicinal aggravations. Such facts should lead us to reconsider our views with regard to the necessity or expediency of our infinitesimal doses. It was not easy to show always the homœopathicity of a medicine which we found successful in certain diseases; thus, a careful examination of the provings of *Aconite* by Hahnemann, by the Austrian physicians and by Dr. Arnold, of Heidelberg, showed that its primary action was certainly excitant,

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but that this action was extremely transient, and was soon succeeded by a more permanent sedative effect. If we consider its first action only, then its power in inflammation was undoubtedly homœopathic, but if its second and more prominent action, then it must be held to be antipathic in inflammatory diseases. As regarded those medicines termed tonics, such as *China* and its preparations, the primary excitant effect was long continued, and the state of collapse followed much later. In our administration of *China*, then, we are guided by the secondary state of asthenia it produces, whereas, with *Aconite*, the primary sthenic action was our guide.

Mr. ENGALL remarked that Aconite had been much lauded by Mr. Liston in one of his lectures, who considered it as an antiphlogistic second only to venesection. He should like to know from Dr. Massol if he enjoined absolute rest in the treatment of chancres, as he believed that this would frequently suffice to cure the worst chancres, as had been shown by Mr. Rose.

Dr. MASSOL said that although absolute rest might suffice for the cure of what were termed benign chancres, he believed it to be totally ineffectual in those of an extensive and spreading character.

Dr. QUIN agreed with Dr. Gilioli as to the difficulty of pointing out to Allopathists from the recorded provings of *Aconite* the homœopathicity of the employment of it in inflammation. In 1826, shortly after the publication of the pathogensis of *Aconite*, he asked Hahnemann how he had discovered its great antiphlogistic power, as that was not evident from the proving. Hahnemann replied, that he had not directly discovered this property from the proving, but that whilst treating some inflammatory disorders he was led to the employment of *Aconite* from the similarity of some of the concomitant symptoms with some in the pathogenesis of *Aconite*, and he had found its administration followed by a great diminution in the frequency of the pulse, and a cessation of the febrile state; subsequent provings had demonstrated that Hahnemann was right. He (Dr. Quin) had directed Mr. Liston's attention several years ago to the efficacy of *Aconite* in inflammatory fevers, and the power of *Belladonna* in erysipelas, as had been mentioned by Mr. Liston himself, in one of his lectures, published in the *Lancet*. *Arnica* was much employed by the same eminent surgeon in his hospital practice, also, on his (Dr. Quin's) recommendation; *Nux vomica* was now frequently employed by Allopathists in cases precisely the opposite of those in which they would formerly have used it. One point had not been adverted to by Dr. Dudgeon, which was, the remarkable revolution that had, of late years, taken place among Allopathic practitioners with respect to the dose, and which, he believed, was owing to the influence of Homœopathy. Formerly, he who gave the largest dose was looked up to as the greatest practitioner, and now we found physicians prescribing the eighth, tenth, or twentieth part of a grain of blue pill in chronic disease, and *Arsenic* was given in about the thirtieth part of the quantity formerly used. An eminent physician, author of a highly popular work on the diseases of children, had lately told him

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that if he had the book to re-write, he would entirely alter the amount of medicine recommended, as he feared that the large doses he had therein advised must have done a great deal of injury. Such candid avowals from the eminent men in our profession were convincing proofs of the beneficial effects of our system on the practice of the old school.

Dr. PARTRIDGE said that, as far as his experience went, the action of *Aconite* was invariably to increase primarily the febrile state. This action of *Aconite* he had particularly noticed in cases of headach and toothach, where an acceleration of the circulation was always first produced. He contended that no medicine was primarily a sedative, but that stimulation was the first effect of all.

Dr. MASSOL held that some medicines were primarily direct sedatives; thus, *Opium* began by sedating and ended by exciting; its primary effect was, therefore, sedative.

Dr. DUDGEON, in reply, stated that he considered the division of medicinal symptoms, into primary and secondary, of little practical value. From the first promulgation of Hahnemann's doctrine, it had been a matter of dispute amongst his disciples, whether the primary or secondary action of the medicine were the curative one, and this question was as far as ever from being set at rest. He considered that, provided we found in the pathogenesis of a medicine an array of symptoms corresponding with the disease, we need not concern ourselves whether these symptoms were primary or secondary. In the recent proving of *Aconite* by the Austrian Society, that medicine was shown to produce a much more decided inflammatory action than was observable in the original Hahnemannic proving. They had found it productive of a great increase in the rapidity of the circulation and of the respirations per minute, which had, in one instance, amounted to twenty-five. His experience of the action of *Aconite* did not coincide with that of Dr. Partridge, as he had often found it to produce an immediate diminution of the febrile state without any previous increase. He held, contrary to Dr. Massol's opinion, that the primary effect of *Opium* was excitant, but it must be given in small doses in order to make this effect apparent. A mode of reviving horses when exhausted by a long journey, was to give them a small dose of *Opium*, whereby they were at once refreshed and enabled to do a great amount of additional work. Opium eaters first experienced the stimulating effects of *Opium*,—the depressing or sedative action came later.

Dr. QUIN believed that the primary action of some medicines was sedative, that of others stimulant. He had frequently watched the effects of *Aconite* in febrile diseases, with his finger on the pulse, and had observed it in many cases to diminish the rapidity of the circulation without any previous increase. In others the pulse had been augmented and accelerated at first, and some temporary aggravation of the other symptoms had immediately followed the administration of Aconite before beneficial results were observed; but in the majority of cases his experience differed from that of Dr. Partridge, the result had been amelioration without intermediate aggravation.

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Dr. GILIOLI called the attention of members to the truly Homœopathic action of *Artemisia absinthium*. It had been long used in Allopathic practice, for exciting an appetite in cases of weakness of the stomach, and had been believed to be a pure stimulant,—but the recent experiments of Giacomini showed that, when given to healthy individuals for a length of time, it caused atony and even atrophy of the stomach. He had employed it with success in cases of stomachic weakness.

June 3rd.—Dr. QUIN read a Dissertation on Fungus Hæmatodes of the Uterus.

Dr. DUDGEON considered the detail of unsuccessful cases very useful. They showed where the Homœopathic practice was still deficient; and he felt convinced that a faithful record of all our failures would afford the best materials for determining many points of practice, more especially for settling the much-vexed question of posology. He considered that the disease in question should be included among the cancers, which was a general, and not a strictly scientific term, applied to certain malignant growths abounding in cells of a peculiar shape, which were certainly present in the fungus medullaris. The word cancer was not, he thought, generally confined to scirrhus. Although the case treated by Dr. Quin terminated fatally; yet the relief afforded by the Homœopathic treatment, and the allegation of Rokitansky, that medullary cancer was that kind that naturally terminated most frequently in recovery, held out hopes to us of being able to effect a cure in some cases. The disease was accompanied by a peculiar crasis of the blood—the albuminous, and if this crasis were by any means extinguished, the disease was deprived of its pabulum, and ulcerated or sloughed off. If, then, our remedies could cause the extinction of the crasis which nourished the disease, the latter would disappear.

Mr. ENGALL considered it important to make known our unsuccessful cases. He had never met with an instance of the disease in question. There was a case of open cancer at present under his care at the dispensary, in which he had found the exhibition of Merc. viv. followed by good effects. He should like to know if Dr. Quin had observed any good results from its use in his case.

Mr. CAMERON thought we gained little by constantly trumpeting forth our extraordinary cures and concealing our failures. He felt assured that an opposite course would be preferable, and would cause us to be looked upon with less suspicion by our Allopathic brethren. He should be sorry if the theoretical parts of our science should be left to the junior members, as he considered the seniors were capable of throwing much more light on those, as well as on practical matters. A case of disease similar to that detailed by Dr. Quin had been treated homœopathically by a friend of his, an Allopathic surgeon in the Guards. The patient had previously undergone every variety of Allopathic treatment, and was fast sinking; it was thought she could not live a fortnight; but under the employment of Aconite, Arsenic, and a few other remedies in Homœopathic doses, her life was protracted in comparative comfort for several months, and she died at last without suffering.

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Dr. PARTRIDGE held that, as the principle on which Homœopathy was based was an immutable law of nature, there was not that necessity for publishing cases of failure as existed in other systems of medicine. A want of success in treatment was rather owing to the defects of the practitioner than to the imperfection of the Homœopathic system. Doubtless some diseases were necessarily fatal, and this might be one of them; but the relief that had followed the employment of Homœopathic means was strong evidence in favour of the truth of our law.

Dr. GILIOLI did not think that failure was always attributable to ignorance on the part of the practitioner. There was a catalogue of diseases incurable by any means. Our Materia Medica was far from perfect; the individuality of patients was a great obstacle to treatment; and in many instances it was impossible to find in the pathogensis of the medicines an exact parallel to a disease. What, he would ask, was the medicinal parallel to tubercle? Iodine was said by some to be so; but this was still far from being proved. Dr. Busch, of Berlin, drew a distinction betwixt fungus hæmatodes and the medullary tumour. Another variety of the disease was the carcinoma melanodes, so called from its blackish colour, which was owing to a pigment in its cells. This Dr. Busch considered to be not always malignant, whereas the carcinoma medullaris always was. The essayist had said the disease was the effect of a pre-existing dyscrasia; perhaps he considered it as one of the varieties of psora. There was certainly some truth in the psoric theory, but he thought that Hahnemann had generalized far too much. Hyperæmia, on which this disease was said to depend, was not of itself a disease, as perfect health was compatible with its existence. It might be a predisposing cause of fungus. There existed in the organism, besides the central focus, peripheral foci of vitality; of these the uterus was one; it possessed a sort of independent vitality, and as such might become the seat of a parasitic disease independent of any pre-existing disease in the general organism, which would not become affected until the parasitic disease, by its growth, interfered with functions essential to the integrity of the organism. This view would exclude the idea of a previous dyscrasia as the cause of the disease, and explain those cases of successful excision of cancerous tumours. All tumours were, he believed, at first similar in texture to tissues normally existing in the body, and were then non-malignant; they became malignant when their structure became different from any tissue naturally found in the body. If hyperæmia were the cause of the disease, good effects might be expected from antiphlogistics and Aconite.

Dr PARTRIDGE mentioned that Mr. S. Cooper had excised a testicle for fungus hæmatodes, and after three years the disease had not returned.

Dr. QUIN said he believed that a spontaneous cure of the disease under consideration sometimes occurred by sphacelus. Roux reckoned it among the cancers; but Andral, Velpeau, and others were of a different opinion. They held that the absence of septa and of certain kinds of cells proved its non-cancerous nature. Fungus occurred in many organs simultaneously; cancer in but one at a time. He had found Mercurius

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produce decidedly beneficial effects on the case he had narrated. The patient had also a tumour in the hypogastrium, which disappeared under the use of Merc., Bell., and Nux. He thought we should have much more weight with the public and with our Allopathic brethren if we recorded our cases of failure, for they would be considered as exceptional, and the practitioner would be admired for his candour and honesty. Hyperræmia might not of itself be a disease, but it was enough if it created a liability to disease. A disease might not reappear for three years, but still not be extinguished. A striking example of the varieties of constitution was seen in what was termed, in common language, bad blood. One gets a cut, which heals rapidly; in another a similar cut suppurates; in a third gangrene might ensue, giving evidence of the previous existence of a dyscrasia, which might not have been observed before.

BIRMINGHAM HOMŒOPATHIC DISPENSARY.

We are glad to acknowledge the receipt of the Circular of the Homœopathic Dispensary lately opened in the Old-square, Birmingham, under the care of Dr. Fearon, Mr. W. Parsons, and Mr. J. Lawrence M.R.C.S.L. The two latter gentlemen are, we understand, converts from Allopathy, and have been long in practice in Birmingham. The following are the rules for the admission of patients:—

1. Patients are to be divided into two classes, gratuitous and subscribing, (the latter to pay 2s. 6d. per month, 6s. per quarter, or £1 1s. per annum,) and to be strictly limited to that class, who, although not objects of charity, are yet unable to pay a higher sum. The payments to be made in advance.

2. Annual subscribers to have the power of having always on the books of the Dispensary one gratuitous and two subscribing patients for each guinea subscribed.

3. Should any sum be anonymously subscribed, the person by whom the subscription is paid shall be entitled to recommend patients on behalf of such anonymous subscriber.

4. Patients will be admitted from half-past eight to ten in the morning on Mondays, Tuesdays, Thursdays, and Fridays. On the Mondays and Thursdays, subscribing patients who may be present will be seen first, as those days will be considered as more especially devoted to them.

From these regulations it appears that it is thought expedient to adopt, to a certain extent, the self-supporting principle; but that it may not be taken advantage of by improper objects, the following additional rule has been printed at the bottom of the patients' admission tickets:—

☞ No persons to be admitted as patients at the Dispensary who keep a servant, or who are in circumstances to be able to employ a medical man.

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REPORT OF THE MANCHESTER HOMŒOPATHIC INSTITUTION, FOR 1846.

We noticed, with approbation, in our last volume, the report of this Dispensary for 1845. That just published exhibits, in a still greater degree, the carefulness and accuracy of the medical officers Dr. Walker and Mr. Phillips, and the success of their practice. The table of diseases, in which the result of treatment has been ascertained, is very much larger than that in the former report, and our suggestion that the principal remedies employed and the age of the patients should be recorded, has been followed out, thereby greatly increasing the statistical value of the report. The following table shows that this Dispensary enjoys a popularity scarcely inferior to any of the Allopathic institutions of the same kind in Manchester, while the expenses of its maintenance are a mere fraction of those of the latter.

A Tabular view of the number of Patients treated at each of the Manchester Dispensaries during the year, with their expenses, compiled from their last published reports.

	Out Patients.	Home Patients.	In Patients.	Total Numbr.	Annual Expense.	Proportionate Expense per Patient.
		*			£ s. d.	s. d.
Salford and Pendleton Royal Dispensary, year ending July 1st, 1846	3329	1455	42	4826	740 6 5	3 0½
Ardwick and Ancoats Dispensary, year ending June 24th, 1846	1306	1222	....	2528	562 2 4	4 5½
Chorlton-on-Medlock Dispensary, year ending December 31st, 1845	1612	1010	....	2622	481 5 0½	3 8
Homœopathic Institution, year ending December 31st, 1846	2685	* ..	....	2685	160 16 11½	1 2½

* The great want of Homœopathic medical assistance has hitherto precluded the possibility of systematically visiting home patients; several have, however, received such attention, though no separate account has been kept for such cases. Should the committee succeed in their appeal for the means of securing the services of a house surgeon, the want will be supplied.

HOMŒOPATHY IN VIENNA.

At a meeting of the Society of Physicians of Vienna, (Allopathic,) of the 2nd May, 1845, the propriety of allowing physicians to dispense their own medicines was discussed, when it was agreed that it would not be advantageous to medicine if it were permitted. Many good reasons were assigned for this opinion, but as the question was only with respect to the Allopathic system of medicine, it would be out of place to dwell upon them here. At the meeting of the 30th May, Dr. Prinz, police district physician, laid before the society the reasons given by Homœopa-

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thists in favour of their being allowed to dispense their own medicines. These were stated by Dr. Prinz with great fairness, and gave rise to a discussion, which was resumed at the meeting of the 27th June, and again at that of the 24th October, and which terminated at the meeting of the 21st November, 1845. We have no room to give even an abstract of this discussion, which seems to have been carried on without any animosity or prejudiced spirit, as far as we can learn from the report contained in the fourth volume of the journal of that society. It was stated, *inter alia*, that the Homœopathists objected to their medicines being prepared and kept in an ordinary apothecary's shop, as they would then be liable to be contaminated by the effluvia proceeding from the Allopathic drugs; the Homœopathists demanded, that if their medicines were to be kept and dispensed by the ordinary apothecaries, a separate locality must be devoted to them. On some members contending that this was a mere fanciful objection, that the effluvia could do no possible injury to the Homœopathic preparations, the President, Dr. Dobler, remarked, that if Homœopathy were to be recognised and permitted as a system of medicine, its consequences must be accepted; if, therefore, Homœopathic remedies were prepared and dispensed by the ordinary apothecaries, they were bound to preserve the strict isolation of the Homœopathic medicines and the separate locality for their preparation and keeping which the Homœopathists declared to be essential; that effluvia would destroy their medicines was a fundamental principle of the Homœpathists, and to deny the injurious effects of such effluvia, they must attack the system itself. On the question being put,—Should apothecaries be bound to provide a suitable locality for dispensing and keeping Homœopathic medicines? the majority of the members agreed, that as every patient might get himself treated Homœopathically, so every apothecary should be provided with the requisite Homœopathic medicines, and a suitable locality for dispensing them.

The following year an Imperial edict was promulgated to this effect:—

"*Regulation respecting the dispensing of medicines by Homœopathic physicians.*

"Touching the measures about to be introduced relative to the exercise of the Homœopathic practice of medicine, his Majesty has graciously determined, that from the 5th of December, 1846,

"'The enactments against the illicit and unqualified exercise of medicine and surgery, shall apply with equal force to that of the Homœopathic method of treatment.

"'The original tinctures and preparations required in this method of treatment shall be prescribed *only* from the laboratories; but these medicines may then be diluted and triturated by those physicians and surgeons who practise the Homœopathic system, and dispensed by them to their patients, but only gratuitously; but there must always be left with the latter a prescription paper, whereon is accurately inscribed the name of the medicine given and its degree of dilution or trituration, and these points certified by the signature of said physician or surgeon.

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"'If, in the exercise of the Homœopathic system, there should arise a well-grounded suspicion of culpable conduct on the part of the physician or surgeon, in order to come to a judgment on the case, not only the opinion of the Faculty of Medicine, but that also of physicians distinguished for their theoretical and practical acquaintance with the Homœopathic method, is always to be taken, and sentence is to be pronounced, with due attention to all the circumstances, in accordance with the spirit of the laws.'"

This decree is published in the Journal of the Viennese Society of Physicians for February last, and this circumstance, together with the discussion mentioned above, is a proof of a much greater liberality of feeling among the Viennese Allopaths, and of a much more influential and advanced condition of Homœopathy, than yet obtains in this country.

Besides this decree of the Imperial Government, legalizing the dispensing of medicines by Homœopathists, (which, indeed, they have for many years done, without opposition on the part of the authorities, in spite of enactments against the practice,) we are informed by our esteemed correspondent in Vienna, Dr. Arneth, that the Homœopathic Society there (*Arzneiprüferverein*) has been recently legalized by Government, and its first meeting after this event was to take place two days after he wrote, viz., on the 16th March last. The full importance of this can scarcely be appreciated by Englishmen accustomed to form themselves into societies and meet in what numbers and where they choose; but in Vienna the jealous circumspection of the police will not allow the assemblage of half a dozen individuals except for social and convivial purposes, unless formally recognised by Government. This recognition it is often very difficult to obtain; and we remember, when in Vienna, that the meetings of the Homœopathic Society were held alternately at the houses of members, and that they sometimes partook more of the convivial and less of the scientific character than might have been desired, though we are bound to admit, that, notwithstanding the disadvantages under which it has laboured, this Viennese Society has done more for the advancement of Homœopathy since its foundation than almost any other similar society.

HOMŒOPATHY IN BRAZIL.

The *Courrier du Bresil* contains the account of a religious ceremony performed at the convent of the Benedictines in Rio, by the Homœopathic Institute of that town, in memory of Dr. José Joaquim Chaves de Mello, Homœopathic Physician of Lorena, in the province of St. Paul, whose practice, especially in the leprous diseases of that country, seems to have been highly successful. The indefatigable Dr. Mure, whose proselytizing spirit has led him to establish himself in that country, delivered an oration on the occasion, from which we gather that our doctrines have met with much opposition from the old school in the Brazils, but that their progress, notwithstanding, has been very rapid and encouraging, although there, as in

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most other places, there is a great want of unity among the practitioners of Homœopathy. This prevailing want of union—for which, indeed, doctors are proverbial, but which is more observable and more injurious and much less reasonable among the small army of Homœopathists—does not in general arise from disagreement on doctrinal subjects, or discrepancies in practice, but has its origin, in almost every case, in much less exalted motives, which there is no occasion to point out more particularly. We would only observe that the mere personal interests of each will, in the end, be much better served by the general advancement of the system we practise, and that the surest and best way of obtaining this, is to join in cordial and self-denying co-operation with one another.

HOMŒOPATHY IN THE GRAND-DUCHY OF SAXE-WEIMAR-EISENACH.

Homœopathy has just gained a great victory in this German state. In the spring of 1846, an apothecary of Eisenach lodged a complaint against Dr. Wislicenus, of that town, for dispensing his own medicines, which gave rise to an impartial investigation of the subject in a legislative point of view. The subject was brought before Parliament, and the right of physicians to dispense their own medicines was recognised by a large majority, whereupon an edict was promulgated by Government empowering Homœopathic practitioners to prepare and dispense the third, fourth, and higher triturations, and the second, third, and higher dilutions of Homœopathic remedies,—at the same time allowing them to procure the crude materials whence they pleased, but forbidding them to make any charge for medicines dispensed by themselves. Practitioners desirous of obtaining this privilege are required to undergo an examination from persons skilled in the Homœopathic doctrines and practice. One by one the German states are repealing the laws against dispensing their medicines, as far as regards the Homœopathic practitioners; and it is curious to observe that the repeal of these laws, and the virtual recognition of Homœopathy by the State, has almost always ensued in consequence of the attempt of some adversary of the system, to destroy the practice of some too successful Homœopathic rival.

HOMŒOPATHY IN INDIA.

Extract from the letter of a correspondent in Madras:—"One of our most clever men has become a convert to Homœopathy, and established an hospital under the auspices of the Rajah of Tanjore; others have commenced inquiry, and are forced to admit that the system is not destitute of truth, and are resolved on testing it by trial. At Tanjore some of the works on the subject have been translated by learned natives for distribution amongst their countrymen."

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HAHNEMANN'S CORRESPONDENCE.*

LETTERS TO DR. SCHRETER, OF LEMBERG.

No. I. (CONSULTED RESPECTING AN IMPOTENT PATIENT.)

Coethen, 1st January, 1829.

DEAR COLLEAGUE,—I am glad to hear again from you; and I perceive with pleasure that you have made progress in the beneficent art. Your report of Mr. N.'s case shows me this. Your good and obedient patient should not refer the tediousness of his cure to his occasional indulgence in coition, nor to his practice of smoking tobacco; the difficulty of his recovery has a much deeper cause, viz., the organic mutilations and material changes which the vital principle must have gradually developed in the interior in the delicate parts of the organism subservient to motion and sensation, in order to defend and protect itself against the savage inroads of the violent Allopathic remedies that have been used; just as in the exterior, on the hands of the pavier, who has to do with rough stones, or in those of the dyer, who works among vitriol, it develops a horny skin, in order to protect the vessels and nerves of the hands from the effects of those injurious substances. These organic and material changes effected by the vital power, in [order to preserve life during the protracted treatment with false and injurious drugs, will long prevent free motion and perfect sensation in his members, until the vital power is in a position to do away with them and restore the integrity of the parts; just as it takes years before the pavier gets soft sensitive skin on his hands, and loses the stiffness of his fingers after he has abandoned his rough occupation and employs himself with fine work. The physician cannot cure him of his horny hands; this the vital power alone can do, when he has long ceased from contact with the acrid vitriol. It is owing to the destruction of the delicate internal parts of the organism by the powerful ill-selected remedies, that a rapid cure of all the morbid condition of Mr. N. is no longer possible. The physician can only remove the cause of his original disease, (psora,) now increased to such a degree by the bad treatment, so as to give the vital power free scope to repair the abnormal changes it was formerly compelled to produce in the interior for its own protection. After such a long-continued erroneous Allopathic treatment, the cure, though certainly possible, and to be reasonably hoped for, will require a considerable time from the above reasons. The poor man who is unable to employ an ordinary physician during a chronic disease, be his disease ever so bad, will quickly recover under a well-regulated antipsoric treatment, because in his case nothing has been destroyed or injured by bad treatment. If Mr. N. has patience and perseverance, he, too, may gradually, but only gradually, be cured by suitable remedies. I have nothing to say against the choice of antipsoric remedies you have hitherto made. But you have employed too many during the short period, (since you have had the work on chronic disease;) none of them could have had sufficient time to develop its full action. You should guard against that stumbling rock of over haste. This is the only fault I have to find with your treatment. Read my last book again,

* From the *Neues Archiv*, Vol. III, Part II, p. 176.

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and note how earnestly I have warned against this error. Be also still more moderate in the dose. If your *lycopodium* is well prepared, I beg you never to give three globules of the size of poppy seeds, (have you them so small?) but only one, or at most two globules.

No. II. (CONSULTED RESPECTING A COXALGIA.)

Coethen, 28th February, 1829.

DEAR COLLEAGUE,—I consider the case you have kindly referred to me as very difficult to cure. I do not consider so difficult of cure the *psora* which has so evidently attacked the capsule of the hip joint and pushed the head of the femur out of its cavity, thereby producing a dislocation from within, (seemingly forwards and upwards,) but the cartilaginous and morbid growths in those parts which have beeen produced by the injurious Allopathic treatment, and which will with difficulty be restored to the normal state by the vital power even after the gradual destruction of the original disease, the *psora*.

No. III.

Coethen, 19th June, 1829.

DEAR COLLEAGUE,—I thank you, your dear sister, and your friends, for your remembrance of my birthday. I see from that the interest you take in me and in our good cause. I thank you also for your news about yourself and your pleasing family affairs. I learned from that your juvenile age, and can now easily understand how it is that you have gone on so rapidly with the antipsoric treatment.

Your want of success in the cases you have recorded is certainly owing to the rapid change of the remedies, the often unfitting dilution and dynamisation, and the too large doses. Once you have spoilt matters with these three faults for about four weeks; it is very difficult to set them right again. My advice is, that you abide rigorously by the precepts contained in my book on chronic diseases; and, if possible, go still further than I have done, in allowing a still longer period for the antipsoric remedies to exhaust their action, in administering still smaller doses than I have advised, and in dynamising all antipsoric medicines up to 30. (You appear not to possess them all yet.) You should also, seeing that you can have no great need of money, living with your parents, make your visits to your patients rarer; keep up your dignity, and more frequently withdraw your attendance on patients who do not show sufficient confidence in you if they do not show more respect for you and your art. You should never allow yourself to be dismissed, but whenever a patient does not do exactly as you desire, or ceases to talk in becoming terms, you should at once take leave of him. "You don't act as I wish, but you do so and so against my orders; employ whom you will; I shall have nothing more to do with you," and this do to one after another, to all who even speak of Homœopathy in a doubting tone, or do any thing else unbecoming, be off at once! This would at first deprive you of a few patients who are of no importance, but in course of time, if you persist in your authoritative manner, you will be respected and sought after, and none will dare to use any liberties with you. It is better to be without patients, and devote yourself to study, keeping up your dignity, than to stand in such a relation with patients. The latter should thank God if you deign to accept them and treat them on our excellent system, and they must be content to be reproached by you for the senseless manner in which they had allowed themselves to be injured by the Allopaths, so that you could scarcely hope to effect a cure of such ruined

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constitutions. If any of your patients is not entirely submissive, dismiss him summarily, even though by such conduct you should only retain two, or one single patient, or should be left without any. They would return by degrees, with more respect, submissiveness, and humility, and more disposed to pay well. Do you not make the patients affected with chronic diseases, who can walk, come to your house? Who could submit to the degradation of visiting a patient who had gone out in the meantime, and allowed you to come in vain! The chronic patients you must make visit you, even the highest among them; and if they wont come, let them stay away. You must take a higher standing. Rather suffer penury (which you are not likely to do) than abate one jot of your own dignity, or that of the art you practise!

What the Allopaths cannot drive in with sulphur or mercurial ointment is no primary scabious eruption; (for these disappear, under the use of such ointments, in two days, often in a few hours;) no, that must have been a secondary eruption,—true developed *psora*,—manifesting its presence by an eruption, as it often does. Do not, therefore, be astonished that you cannot suddenly cure these cases of often malignant *psora*.

No. IV.

Coethen, 12th September, 1829.

Dear Colleague,—I wish you much joy in your marriage. You have done very right. It is only a rational, good marriage that makes the youth a man, the girl an honourable matron. The one is perfected in the other; whilst love and mutual attachment, admonition and counsel, help us to bear lightly the burden of life, and procure on earth the nearest approach to heaven. I hope, too, that you will be restrained by her womanly mildness, from being so bitter towards the Allopathic physicians. I wish you would leave off this behaviour; no good result will come of it. You put yourself out of temper by it, (a most undesirable state of mind,) and matters will not change until Divine Providence produces a better state of things in its own good time. Rather compassionate the poor, blind infatuated beings; it is mortification enough to them that they are incapable of effecting any thing rational. Just leave them alone, and go along in the paths of rectitude. Be honourable in practice, and do not allow yourself to be led astray; you will thus best satisfy your conscience, and be happy and contented in your privacy.

I do not approve of your dynamising the medicines higher—(as for instance up to XII and XX.) There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule, that all Homœopathic remedies be diluted and dynamised up to X, we have a uniform mode of procedure in the treatment of all Homœopathists, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go forward uninterruptedly in the beaten path. Then our enemies will not be able to reproach us with having nothing fixed—no normal standard. In recent scabies (for the internal *psora*, developed into chronic diseases and eruptions, is very different from that; the first is the primary, the last the secondary—the worse condition)—I repeat, in recent scabies, communicated by infection, you will easily succeed with a mild preparation of sulphur.

(*To be continued.*)

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OBITUARY.

We have to record the death of three well-known Homœopathic practitioners:—

Dr. George Augustus Benjamin Schweikert was born in Zerbst on the 25th September, 1774, and died at Breslau on the 15th December, 1845. One of Hahnemann's earliest disciples, he did much to advance the cause of Homœopathy by the success of his practice and his numerous writings; he was distinguished for his learning, originality, and untiring zeal.

Dr. Samuel Timotheus Thorer, born at Görlitz on the 25th April, 1795,—died there, the 25th June, 1846. This is a name inseparably connected with the advance of Homœopathy. The writings of Dr. Thorer are numerous, and well known to every student of Homœopathy. His "Practische Beiträge" rank him among the most zealous and useful of Hahnemann's followers. He was also a voluminous contributor to the *Archiv.*

It is our painful duty to record the death of one of Hahnemann's earliest English disciples, Dr. Harris F. Dunsford, which took place in London on the night of the 17th June.

Dr. Dunsford was just thirty-nine at the period of his decease. He became a licentiate of the Apothecaries' Company in 1829, and the following year took out the diploma of the Royal College of Surgeons. He first established himself in the city as a general practitioner, but soon thereafter becoming a convert to the doctrines of Hahnemann, he was appointed by the Marquis of Anglesey medical attendant in his own family, with one of the members of which he travelled on the continent. He took out his degree of M.D. at Freiburg in 1833, and returning to London about the year 1834, commenced practice as Homœopathic physician. In 1838 he published a work entitled, "The Pathogenetic Effects of some of the Principal Homœopathic Remedies;" and in 1841 another, "The Practical Advantages of Homœopathy, dedicated to her Majesty, Queen Adelaide." At the period of his death, we are informed, he was engaged in translating "Hartmann's Therapie."

Dr. Dunsford enjoyed a large and highly respectable practice, and had the honour of prescribing for her Majesty the Queen Dowager, during the lifetime of his late Majesty King William. He endeared himself to his patients and to all who knew him, by his quiet, unassuming, and gentlemanly deportment. He was a fervent admirer of our great master whose personal esteem he enjoyed. He has left a widow and five children to lament his untimely end.

The immediate cause of his death, as will be seen from the subjoined account of the *post mortem* examination, for which we are indebted to Mr. White Cooper, was cerebral congestion and effusion into the ventricles.

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"POST MORTEM EXAMINATION OF THE LATE DR. HARRIS DUNSFORD, ABOUT TWENTY HOURS AFTER DEATH.

"The examination was confined to the head. Some difficulty was experienced in the preliminary steps, in consequence of the unusual density and thickness of the cranium. The necessary section having been completed, endeavours were made to remove the upper portion of the cranium; but so firmly adherent was the dura mater, that it was found impracticable to do so. During the removal of the brain, between two and three ounces of serum escaped from beneath the arachnoid, and possibly from the ventricles. The sinuses of the brain were gorged with blood. The dura mater having been reflected, the pia mater presented the appearance of great vascularity, and on the upper surface of the left hemisphere there was a small quantity of gritty deposit. The brain was of large size, and somewhat beyond the usual weight. The cerebral substance was of a natural consistence, but highly vascular throughout. The lateral ventricles contained a small quantity of fluid, but there was reason to believe that a portion had previously escaped. The third ventricle was dilated. The lining membrane of the ventricles was much injected. The cerebellum and pons varolii were congested, but otherwise healthy. The medulla spinalis was engorged, and much blood flowed from the divided vessels of the membranes. There appeared to have been effusion into the theca.

"These were the only abnormal appearances discovered, upon careful examination."

BOOKS RECEIVED.

The American Journal of Homœopathy. Edited by Drs. Kirby and Snow. New York.

We have received two numbers of this publication. It makes its appearance once a fortnight, is of extremely moderate price, and, as far as we are able to judge from the copies before us, seems to be conducted in a liberal spirit. It contains, besides extracts from other publications, original essays, and cases by American Homœopathists. We have little doubt but that it will prove of eminent service to the cause of Homœopathy on the other side of the Atlantic, and the editors have our best wishes for the success of their undertaking.

Hygea, Bd. XXI., Nos. 4, 5, and 6. Bd. XXII., Nos. 1 and 2.

Journal de la Medecine Homœopathique, Tome II., Nos. 1, 2, 3, 4, 5, and 6.

Bulletin de la Société Homœopathique. 3mo. Année, Nos. 1, 2, 3, 4, and 5.

Dublin Quarterly Journal of Medical Science. May, 1847. (In exchange.)

PRINTED BY SMITH, ROGERSON, AND CO., LORD-STREET, LIVERPOOL.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

TREATMENT OF HEADACHS.

By Francis Black, M.D.

(Continued from page 352, and concluded.)

IGNATIA.

1. Cocc. 1. Vertigo; sensation of emptiness in the head; species of intoxication.

2. Weight and fulness of the head; obtusion of the head, with pains in the right side, especially in the occiput.

3. Bell., Acon., Puls., Cocc., Plat., Spig. 3. Confusion of the head, as in intoxication, with pressive pain over the vertex, spreading to the forehead, and descending to the eyes; or at once commencing in the forehead, and extending to the eyes, sometimes the right, sometimes the left, causing intolerance of light, and rendering motion of the eyes painful.

4. Bell., Plat., Cocc., Bry. 4. Violent pressive pain, especially in the frontal region and around the orbits, which becomes more and more violent, lasting to the evening. Sometimes affecting the right eye, which feels as if violently forced outwards.

5. Cocc., Hep.s., Lach., Plat., Tab. 5. Violent pressive pain in the forehead, above the root of the nose, with sickness.

6. Cocc. 6. Violent pressure on the temples, especially the right, from within outwards, to which is sometimes added profound sleep. This headach is felt in the morning in bed, on lying on the side, and is relieved by turning on the back.

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7. Pressive pain to one side of the occiput, above the mastoid process, which sometimes extends to the ear, rendering the hearing dull.

8. Cocc., Sil., Puls., Fer. 8. Headach, with sensation of emptiness in the head.

9. Bell., Acon., Sep., Puls., Lach. 9. Lancinating pains deep in the right temple; also in the forehead and right side of the occiput. Lancinating pain through the head, and from the temples above the orbits, with contused pain when the head is touched. On speaking loud, sensation as if the head would burst; pulsating pain, especially to one side, from forehead to occiput.

10. Drawing pain in the forehead and behind the left ear, which is bearable when lying on the back, and increased on raising the head, attended with heat and redness of the cheeks; heat of the hands. Violent headach; constant digging pain under the right half of frontal region.

11. Plat., Acon., Aur., Chin., Nux, Thuja, Ver., Plat., Puls. 11. Tearing, bruised pain in the brain on waking in the morning; on getting up the pain disappears, and toothach is experienced. A similar pain is felt in the sacrum. The headach returns on exercising the mind.

12. Bell., Agar., Spig., Lach., Sulph., Nux, Plat., Hep. a. 12. Scalp painful to the touch.

13. Headach generally to one side, with languor and frequent spasmodic yawning, which precedes or attends the headach.

GENERAL REMARKS.

As may naturally be supposed from the almost similar composition of Nux and Ignatia, they resemble each other in many respects. (See Nux.) The state of mind they produce is different, that of Nux being irritable, peevish, depressed, and hypochondriacal; that again of Ignatia more resembles Plat., and, in a less degree, Puls., there being frequent alternations from gaiety to sadness, from laughter to tears,—hysterical. Ignatia, from possessing many alternating symptoms, and its action being very evanescent, is therefore principally indicated in acute diseases, or as an intercurrent in chronic. Nux again has a much longer action. Ignatia has a peculiar effect on the pneumogastric nerve; it produces slight redness of the throat, a sense of excoriation of the palate, and especially a feeling of a swelling in the throat when there is none, and this symptom is felt when the prover does *not* swallow: the corresponding symptoms of Nux, Bell., and Lach. being increased on swallowing.

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Ignatia has also constriction of the throat and neck, with globus hystericus;—resembling Lach., Plat., and Plumb. Experience has not proved its equal utility to Nux in certain kinds of dyspnœa, especially those attended with disorder of the stomach; it is more allied in its asthma to Puls. On the uterus its action is closely akin to Nux, Plat., Calc., Sab.

Symptoms 4, 5, 9, are those which frequently indicate its successful employment. It is a variety of nervous headach, occurring in females, often with hysteria; it is in such headachs coming on suddenly, and going off quickly, that Ignatia is useful; principally as an intercurrent remedy. When such attacks, however, assume a permanent character, Ignatia, from the temporary nature of its action, is seldom sufficient to effect a cure. Plat., Lach., Hep., and Cocc. resemble it in producing these acute megrims; and they also possess the tendency to excite frequent yawning and languor, common attendants on such attacks. Rhus has also the latter symptom, but its headach is different.

Ignatia sometimes also succeeds when the megrim is attended with vomiting, though in such cases Cocc., Ver., Lach., or Nux are more indicated.

LACHESIS.

1. Puls., Carbo v. 1. Slight momentary giddiness, with closing of the eyes. Vertigo with tottering, especially to the left side, coming on on standing up, and on stooping. Vertigo with bleeding from the nose.

2. Ver., Puls., Cocc., Crocus. 2. Vertigo with fainting; vertigo with headach, dimness of sight, paleness of the face, weakness, and lassitude. Vertigo with violent vomiting during the night. Vertigo, especially before the menstrual period. Confusion of the head, and inability to think, with weight in the head, bleeding from the nose; in the forenoon, headach; and in the afternoon, congestion to the head.

3. Cocc., Puls., Nux v., Bell., Stram., Op., Agar., Baryta. 3. Forgetfulness and unconsciousness, as if from apoplexy. Forgetfulness of words and events. Apoplectic seizure, with unconsciousness, livid face, convulsive movements, and coldness of the extremities.

4. Acon., Bell., Puls., Nux., Cocc., Agar., Anac. 4. Congestion to the head in the afternoon, especially on stooping, with headach on the right side, extending to the occiput. Congestion to the head, often with headach, and heat in the head; and giddiness after passing a copious soft stool.

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5. Bell., Cocc., Baryta, Acon. 5. Flow of blood to the head, with convulsions, followed by death. Sensation of fulness in the head, with fever.

6. Cocc., Hep.s., Ign. 6. Pain deep in the brain, especially over the eye and root of the nose, and to the ear, as if from external boring.

7. Agar. 7. Headach in the vertex, when the pain is much increased by external pressure.

8. Carbo v., Sil., Sep. 8. Pain deep seated to one side of the head, extending to the neck and shoulders, with tension of the muscles. Sudden seizure of headach to the left side, in the forenoon.

9. Conn. 9. Weight in the head; a heavy point in the head which shifts about as the head is moved.

10. Ver., Puls., Chin., Anac., Carbo v. 10. Pressive headach with giddiness and nausea, relieved by lying down. Painful pressure beneath the cranium, with flow of blood to the head. Sensation of aching pressure under the cranium, as after a chill, attended with nausea, much increased by stooping; the pain comes and goes; is attended with heat.

11. Ver., Cocc., Spig., Eug., Puls., Nux v. Agar. 11. Aching pressure from the eye through the right side of the head to the occiput, or generally through the head, with weight, confusion, and congestion, especially on stooping; stiffness of the nape of the neck, nausea and vomiting.

12. Cocc., Puls., Plat., Anac., Carbo v. 12. Constrictive pain over the ears, extending round to the temples.

13. Puls., Sep., Alum., Chin., Spig., Anac., Carbo v. 13. Tensive pain extending from the nape of the neck round to the eyes, as if tied with a cord, especially on coughing.

14. Puls., Nux, Puls., Cocc., Cham., 14. Headach with noise in the ears, sparks before the eyes, epistaxis. Headach coming on after dinner, with nausea.

15. Sep., Carbo v., Spig., Merc., Sulph., Agar., Anac. 15. Painful sensation of drawing from the ears to the vertex, also to the temples; sometimes from the occiput through to the eyes, generally to one side, from the head to the nape of the neck.

16. Anac. 16. Cutting pain, as if from a knife, through various parts of the head, especially from the eyes to the nose and temples, with catarrh, and stiffness of the nape of the neck.

17. Ars., Ver., Puls., Nux v., Sep., Ign., Cocc. 17. Pulsating pain over the right eye, with nausea, bad taste of the mouth, and heartburn. Pulsating pain in the right temple, which extends into the orbit. Tensive pain over the whole head, better in the open air and on pressure, attended with the passage of a hard scanty stool.

18. Sep., Sulph., Acon., Graph., Merc. 18. Tensive pain, relieved by pressing on the head, with noise in the ears; the head feels hot; sneezing and coryza; costive bowels. Muscular throbbings in the temples.

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19. Ign. Puls., Spig., Agar., Nux., Chin., Sulph. 19. Tension of the occiput and nape of the neck; painful sensibility of the hairy scalp.

20. Pain as if from a bruise on the crown of the head.

21. Ars., Spig., Merc., Bry., Sulph., Coloc. 21. Burning pain as if the scalp were exposed to the sun.

22. Great desquamation and falling off of the hair.

23. Nux v. 23. *Morbid Appearances.* — General congestion of the brain and its membranes, ramollissement of the substance of the brain, occasionally extravasation of blood.

GENERAL REMARKS.

The results which Hering has gained in his experiments with the poisons of various serpents, more especially of the Trigonocephalus Lachesis, are in direct opposition to the once generally received opinion, that such poisons produce no effects when simply introduced into the stomach. Many of Hering's symptoms are drawn from cases in which the party was bit by the snake, while the remaining ones are the details of experiments made by swallowing the poison when triturated with sugar of milk. To this latter class of symptoms we give all credence, both on account of the prover's esteemed character, and also that clinical experience has confirmed their value. From the marked effects of Lachesis on the brain, and spinal cord, (resembling Nux., Cocc., Agar., Baryta, Anac., Hyos., Puls.,) we might suppose that it would prove, as the experience of many has shown it to be, an admirable remedy in many kinds of headach. In organic affections of the brain, and spinal cord, it is well indicated; also in congestive headach, (symp. 4, 6, 9, 10, 17,) especially when these symptoms occur in individuals who have been addicted to the use of aperient medicines. Such patients, when they commence to take Homœopathic remedies, suffer at first, and not unfrequently, from a general sense of discomfort, especially from uneasy feelings in the head, which are attributable to the withdrawal of the previous stimulus to the bowels; in such cases Lachesis and Nux prove very useful remedies. The headach in which Lach. is specially indicated is that given under symp. 8, 11 to 17, 19; a headach characterized by cutting tensive pains, affecting and shooting through the whole head, but generally to one side, extending from the occiput to the eyes, followed by vomiting, often with stiffness of the nape of the neck, and swelling, with tenderness of the scalp. In this headach Lach. principally resem-

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bles Sil., Sep., Eug., Puls., Cocc., Ver., and in a less degree Agar., Carbo v., and Anac.

Lach. resembles Ars., Spig., Dig., Baryta, in its action on the heart, as also in the series of nervous symptoms to which they give rise, marked by great weakness, muscular twitchings, tendency to syncope, languor of the circulation, congested state of the lungs, liver, and spleen. It has also a close analogy with Carbo v., Phosph., Merc., Bell., Nux., and Puls.; especially with the two last,—with Nux in its effects on the moral state, the spine, and chylopoietic viscera; and with Puls. and Crocus in many anomalous states consequent on derangement of menstruation.

MERCURIUS.

1. Sulph., Nit. ac., Lach., Puls., Chin. 1. Vertigo, felt more when sitting than standing; dimness and confusion of sight, especially in the evening. Vertigo and nausea when lying on the back.

2. Nux. 2. Vertigo, heat attended with anxiety, nausea and slight headach, coming on when stooping to write, (occurring five consecutive days about mid-day.) Vertigo, coldness of the hands, with feverish horripilation, then confusion of the head.

3. Acon. 3. Vertigo on going out into the open air, with nausea, and sensation of a worm mounting up from the chest. Weight in the head, which, on going out into the air, is changed to vertigo.

4. Nit.ac., Bell. Sep., Chin., Calc. 4. Dull stupid feeling on rising; confusion and impaired memory, especially on waking. Heat, and pain in the head, often with dimness of sight and vertigo.

5. Acon., Bell., Anac., Cocc., Sulph., Nit. ac. 5. Compressive pain over a surface of about three fingers' breadth immediately over the eyes and the ears, as if tightly bound with a cord; coming on generally in the evening.

6. Carbo v., Sepia., Plat., Chin., Sulph., Acon., 6. Constrictive headach; the head is as if bound in a vice, sometimes at its anterior part, sometimes posteriorly, or to the left side; at the same time exciting pain in the eyes, lachrymation, and general fever.

7. Carbo v., Hep. s. 7. Pressive pain from without inwards under the parietal bones, as if the head would burst.

8. Bell., Bry., Calc., Plat., Sulph., Spig., Chin. 8. Fulness, as if the head would burst; sense of undulation, and violent throbbing in the brain. Pressure from within outwards, and pain in the superciliary ridges, even on touching them.

9. Hep. s., Rhod., Nit. ac., Chin. 9. Tensive pressive pain in the forehead, relieved by pressing the hand firmly on it. Pressive pain in the left temple or right side of the forehead.

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10. Spig. 10. Dragging boring pain in the forehead. Severe and continued drawing pain, extending from the occiput to the forehead, where there is a sensation of pressure.

11. Carbo v., Rhod. 11. Drawing pain in the bones of the head, especially the parietal. Boring pain in the occiput, and pressive headach. Experiences, in the morning in bed, a dragging pain, extending from the palate to the brain, which feels as if severely bruised.

12. Carbo v., Ruta, Sep., Spig., Mez., Nit. ac. 12. Drawing, lancinating, and contused pain in various parts of the head; twisting, dragging, and pinching in the right temple, extending to the occiput and down towards the nape of the neck.

13. Mez., Spig., 13. Pressive pain from within outwards at both zygomatic processes.

14. Ars., Spig., 14. Heat over the left temple and left side of forehead; burning pain over right superciliary ridge.

15. Spig. 15. Acute shooting pain, lasting five minutes, in the malar bones, the breast, the knee, and external malleolus, especially in the morning and in walking.

16. Carbo v., 16. Twisting pain behind the left ear, painful to the touch.

17. Calc., Hep. s., Aur., Rhod., Ruta., Carbo v., Nit. ac., 17. Drawing, tearing pains in the bones of the head, face, and jaw.

18. Hep. s., Aurum. 18. Nasal bones painful to the touch.

19. Nit. ac., Spig., Mez., Chin., Lach., Sulph. 19. Scalp painful to the touch.

20. Hep. s., Calc., Staph., Rhus., Clem., 20. Eczematous erruption on the head.

21. Carbo v., Chin., Nit. ac. 21. Sensation of contraction in the scalp, and as if the hairs stood on end.

22. Calc., Hep. s., Carbo v., Sep., Sulph., Nit. ac. 22. Hair falls off very readily.

GENERAL REMARKS.

Mercurius, in its great range of action, resembles Arsenicum; in a single proving of either there will be evidence of every tissue being at the same time affected; both are equally permanent in their action, though the former perhaps less so than the latter, whose action, however, is attended with less febrile symptoms, and with more depression and weakness. Mercurius has a marked action on the skin, especially shown in the production of eczematous eruption, resembling Nit. ac., Bry., Dulc., Sulph., Carb. v., and Sepia. It

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acts strongly on the osseous system, leading even to inflammation and necrosis, like Phos., Sil., and Asaf. It also affects the fibrous and cartilaginous tissues like Rhus, Ruta, Nit. ac., and Mez. Mercurius acts powerfully on the genital organs of both sexes, and is indicated, for example, in inflammation of the uterus or vagina, with leucorrhœa; the menses clotted, and mixed with membranous sheds; great dysmenorrhœa,—resembling Plat., Bell., Cinnab., and Sepia. It produces inflammation of the urinary organs; the kidneys have been found much inflamed, and the urine albuminous, resembling Canth., Cinnab., and Arsen. Mercurius inflames the mucous membrane of the mouth and throat, resembling Bell., Lach., and Nux v.; but it differs from Bell. in the inflammation being less red, and in the tendency it has to produce aphthæ and ulcerations. That of Lachesis presents the characters of both, and Nux affects principally the uvula and back of the pharynx, and is generally attended with disorder of the stomach. It produces a spongy state of the gums, resembling Carbo v. and Nux. Frequently swelling and inflammation of the tongue, or again shrivelling of the tongue, with great enlargement of the papillæ at its root, even to the size of a pea—a remarkable symptom which no other medicine has. The principal pain, and that most characteristic of the Mercurius headach, is the drawing and tearing, with a sense of constriction; this pain comes on in the evening, or is much increased by that time, and very probably has its seat in the pericranium, and bones of the head and face. It resembles principally Carb. v., Spig., Sep., Hep. s., Mez., and Ruta, especially the four first. Mercurius apparently resembles Bell., Acon., Anac., and Cocc. in symptoms 5 and 6; but in these medicines the symptoms may justly be attributed to the action of the medicines on the cerebrum, whereas that of Mercurius seems more to be on the meninges, especially the dura mater. Rheumatic pains, attended with perspirations which do not give relief, are often indicative of Mercurius. Mercurius will be found principally useful in rheumatic headachs, and in the vertigo, with dull, heavy, frontal headach attending disorders of the liver.

NUX VOMICA.

1. Acon., Agar., Cocc., Lach. 1. Severe headach, deeply seated in the brain, or violent pain in forehead, with nausea and vomiting; stupor, vertigo, contracted pupil, tinnitus aurium, sleeplessness, and turgescence of the capillaries of the face; face and extremities cold, pulse weak, convulsions, tetanic rigidity, paralysis;

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anxiety, excitability; in three hours stupor and loss of speech; at length violent tetanic convulsion, proving fatal. Seldom loss of consciousness.

2. Acon. 2. Vertigo after dinner; coming on after walking, and ceasing on stopping.

3. Cham., Cocc., Lach., Puls., Chin. 3. Vertigo and nausea, coming on suddenly after dinner, or a feeling of nausea, and syncope attended with flushes of heat.

4. Agar., Bell., Merc. 4. Weight and pressure on the head, or drawing pain, after dinner; on rising from the table, great heat of the head and cheeks, pupils contracted, photophobia, coldness of the arms, and cutis anserina.

5. Carbo v., Lach., Cocc., Puls. 5. Confusion in the head, dragging pain in the forehead, in the temples, and occiput, after eating, or violent blows or dull pain shooting in the left side of the brain, from the orbit to the parietal and occipital regions.

6. Headach, which commences some hours before dinner, and increases after it, the violent lancinating pain in the left temple, with nausea and painful vomiting; the symptoms disappear in the evening, on going to bed.

7. Headach, with contracted pupil.

8. Lach., Cocc., Ign., Chin. 8. Empty and stupid feeling in the head; drowsiness and supineness in the morning, as if one had not slept.

9. Sulph. 9. Waking early in the morning, experiences a drawing pressive pain, from above downwards, deep in the region of the vertex.

10. Bry. 10. Pressive pain in the forehead; pressure on the occiput, as if the brain were pressed forwards, in the morning on getting up.

11. Acon., Bell., Bry., Lauro. Sulph., Alum, 11. Sensation of a weight falling forwards in the head on stooping; noise in the head and in the ears.

12. Plat., Acon., Aur., Chin., Thuja, Ign., Ver., Puls. 12. The head feels as if bruised, in the morning.

13. Hemicrania, with languor and low spirits.

14. Acon., Cocc., Lach., Puls., Sep., Ver., Eug. 14. Pressive, tearing, drawing, and pulsating pain to one side of the head, from the eyes to the vertex; with fainting, nausea, weakness of speech, and frequently vomiting.

15. Acon., Chin. 15. Tearing pain, extending from the root of the nose to the superior maxilla.

16. Acon., Agar., Coff., Cocc., Ignat. 16. From time to time pain in one half of the head, as if a nail were driven in from above downwards.

17. Bell., Plat., Cocc., Spig. 17. Sensation of movement in the head on walking.

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18. Bell., Spig., Sulph., Ign., Agar. 18. Bruised drawing pain in the exterior of the head; the hairs feel as if on end, and the scalp is painful to the touch.

19. Acon., Cocc., Cic., Chel., Plat., Lauro. 19. Formication of the skin of the face.

20. Acon., Cocc., Agar., Lach., Ignat. 20. *Morbid Appearances.*—Serous effusion on the surface of the cerebellum, and softening of the whole cortical substance of the brain, especially of the cerebellum; congestion of the membranes and substance of the brain and cerebellum; extravasation of blood within the cavity of the arachnoid, over the upper surface of the former; softening of the spinal chord.

GENERAL REMARKS.

General symptoms:—A feeling of weight and weakness in the limbs, an increased susceptibility to external impressions and variations of temperature; the motor nerves seem more affected than the sensific, and the spinal system more decidedly acted on than the cerebral, which is the reverse with Acon., Bell., and Stram. Nux vomica, in its headach and general action, bears a close resemblance to Ign., Puls., Cocc., and Lachesis, but there are marks which distinguish them. Nux vomica is indicated more in males, and in those of a sanguine choleric temperament, with quick perceptions, or who are anxious and hypochondriacal. Pulsatilla again is more indicated in females, and in those of a lax fibre, and phlegmatic temperament, fair skin and blue eyes, gentle and equable disposition; the depression of spirits, which is strongly marked in Pulsatilla, is not, like that of Nux, attended with irritability, but with resignation and tears. Ignatia is indicated either in males or in females, but in the latter more especially, when they have dark hair, and are of an hysterical habit—alternately joyful and sad. Nux and Ignatia resemble each other in being indicated when there is a tendency to profuse menstruation; Puls., when there is amenorrhœa, or amenia. Nux has not the same decided action on the organs of sight, hearing, or smell as Pulsatilla, nor do we find the great susceptibility of the nervous system, the tendency to spasm and paralysis from the latter as we do from the former, and from Ignatia. Many symptoms of Nux are worst in the morning shortly after rising,—those of Puls., on the other hand, in the evening; Ignatia is undetermined. The headachs of Nux are increased after meals, by motion, and by mental exertion. Nux is one of the best remedies in cases of headach, especially when dependant on congestion in the brain, and on disorder of the digestive organs. In those

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habituated to the use of ardent spirits, to malt liquors, and to strong coffee,—in those of sedentary habits and close students, it answers well, especially when, with a correspondence in the headach, there is an irritable state of the nervous system, slow digestion, costive bowels, hemorrhoids, drowsiness after meals, and waking early in the morning. In symptoms 3, 5, 7, 17, 19, and 20, it closely resembles Cocculus: they prove very useful in such symptoms, when they are the result of a debauch, or over mental exertion. In symptom 16 (clavus hystericus) Nux closely resembles Cocc., Ign., Agar., and Coffea. It is beneficially alternated with Lachesis and Sulphur.

PLATINA.

1. Acon., Ign., Bell, Spig., Calc., Cocc., Sep., China. — 1. Severe compressive pain in the forehead, as if every thing would be forced out; a great weight seems to press on the head, causing the eyelids to be closed, and lachrymation; the pain much increased on stooping forward, or on the least movement of the head. Before the headach comes on, suffers from great precordial anxiety, sensation as if struck on the forehead, the anxiety and inquietude increases, the face becomes flushed, general burning heat, and then the headach. Appearing for several consecutive days in the evening, lasting several hours.

2. Carbo v., Sepia., Merc., Bell., Cocc., Sulph., Cann., Alum. — 2. A dull, digging, compressive pain, which commences as deafness and sensation of a cord being tightened round the head.

3. Agar., Cocc. — 3. Cramp pains and cramp-like tension in the forehead and temples, affecting also the orbital and malar regions.

4. Agar., Spig., Anac., Bell., Acon., Cocc., Alum., Thuja. — 4. Sudden constrictive sensation, which goes from one temple to the other, through the head. Pressive crampy pain and pressing inwards, with sense of undulation in the head, and pinching pains in the temple.

5. Nux, Sulph., Bell., Spig., Alum. — 5. Painful shaking, as if something loose rolled in the head, with sense of tension; felt on commencing to walk.

6. Sep., Acon., Hep. s., Ign., Alum. — 6. Boring compressive pain in the forehead and lateral parts of the head, and over the root of the nose.

7. Coff., Agar., Acon., Cocc, Calc., Alum., Thuja. — 7. Sudden temporary pressing inwards pain, as if a dull instrument were pushed into the side of the forehead and the vertex; similar sensation in the parietal region.

8. Agar. — 8. Twitches in the forehead, and over a small spot in the vertex. Drawing pain on various parts of the head.

9. Bell., Puls., Cocc., Sep., Ver., Anac., Val., Alum. — 9. Dull pain at the vertex, with sensation as if the top of the head were drawn together, and a heavy weight lay upon it. Constrictive headach.

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10. Plat., Aur., Chin., Nux v., Thuja, Ver., Acon. 10. Bruised pain in the scalp, and dull pressure over the orbits.

11. Ars., Bry., Spig., Lauro. 11. Burning pain on the top of the head.

12. Ver. Val., Agar., Lauro. 12. Sensation of cold water running down the occiput, with formication, extending to the cheeks, and terminating in a dull pain, with burning heat.

13. Ign., Val., Alum. 13. Headach, accompanied with feelings of anxiety, impatience, fretfulness, and weakness—tendency to depression and tears. Yawning; globus hystericus.

GENERAL REMARKS.

In its general action, Platina may be compared with Bell., Ign., Alum., Plumb., and Valer. With the first of these it agrees remarkably in its action on the uterus, marked by increase of sexual appetite, vascularity amounting to inflammation, menorrhagia, and the production of violent bearing down pains; (pains which are also common to Nux and to Sep.) It also resembles Bell. in exciting the nervous system, and producing convulsive movements, but in this respect it is more akin to Ign., and to Val.; for the convulsive movements, and other nervous symptoms of Bell. correspond more with Nux and with Cocc., whereas those of Ign., Plat., and Val. approach more those which are so frequently met with in hysterical patients, or those suffering from diseases of the uterus. Where there is the appearance of the most opposite symptoms, and these rapidly changing, thus, torpor and numbness, then tremulous excitement, pain, twitches, and cramps, there is also a similar alternation of the most opposite moral states. With Alum. and with Plumb. Plat. corresponds in its action on many portions of the nervous system, especially on the uterine nerves, and on those branches of the sympathetic distributed to the abdominal organs. These remedies produce great irritability of the uterine nerves, attended with increased sexual desire, the menses appearing too early, and preceded by headach and general disturbance, followed often by leucorrhœa. Plumb., however, has diminished sexual appetite, and does not affect the menstruation or cause leucorrhœa; there is also no evidence of its producing inflammation of the uterus or its appendages, but they all three excite a peculiar preternatural sensibility of the uterus and hysteralgia. Plat., like Agar., Anac., and Ars., possesses the uneasy general restlessness and "fidgets" in the limbs, which are increased when at rest, and in general the symptoms of Plat. are aggravated by repose and mental excitement, but relieved by motion.

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The headach of Plat. is of two kinds, the one a compressive pain, with sense of fulness in the head, attended with flushed face, impatience, tendency to tears, and globus hystericus; resembling Bell., Acon., Calc., Ign., Alum. The other is more of a neuralgic character, marked by cramp-like, tensive pains, affecting principally the fore part of the head, the temples, and round the orbits,—resembling Agar., Spig., Cocc.

PULSATILLA.

1. Lach. 1. Vertigo, as in intoxication, with heat of the head and paleness of the face. Vertigo, as if the blood mounted to the head, with creeping sensation over the head.

2. Lach., Sulph., Merc., Chin. 2. Weight, confusion, and giddiness on stooping; vertigo, especially when seated.

3. Cocc., Chin., Ignat., Nux v. 3. Sensation of stupidity, confusion, weight, and bruised pain in the forehead, as if after a debauch; pain in the eyes, and often dimness of vision.

4. Lach., Ver., Anac. 4. Great weight in the head, with dragging pain in the occiput above the nucha; painful digging in the forehead, watering of one eye, loss of sight and smell, followed by feelings as if cold water were poured over the body. These pains were preceded by shootings in the sacrum; then the pain passes into the hypogastrium, when it becomes cutting and shooting.

5. Bell., Ign., Con., Phosph., Spig., Chin. 5. Weight in the head; great sensibility of the eyes to light; sparks of light before the eyes; pressive, sometimes lancinating, pains in the eyes; red halo round a lighted candle.

6. Chin., Nux., Lach. 6. Pressive pain in the forehead, especially on walking. Pressive pain in the occiput, with heat of the body, and perspiration.

7. Bell., Sulph., Nux. 7. Headach, with tingling in the head; buzzing, and various noises in the ear.

8. Sulph., Cham., Acon., Sep., Ars., Calch. 8. Lancinating, tearing, drawing pain on one side of the head, in the temples, the occiput, and from the latter across the ears, increased on lying down; relieved on getting up; coming on in bed.

9. Lauro., Ipec., Valer., Chin., Acon., Bell., Ign., Anac. 9. Lancinating pains, sometimes here, sometimes there. Lancinating pain through the head, attended with shivering and attacks of syncope.

10. Sep., Plat., Cocc., Hep., Alum., Anac., Chin., Bell., Spig., Lach. 10. Sensation of constriction of the head, and pain of the hairy scalp on turning up the hair. The head is as if stretched, with boring pain in the vertex.

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11. Ign., Sep., Ars., 11. Pulsating headach in the forehead, and also in the occiput; coming on in the evening on stooping or exerting the mind, ceasing on walking.

12. Ars., Sep., Graph., Ant.cr., Coloc., Thuja. 12. Headach, relieved by exercise in the open air.

13. Plat., Rus., Nux., Chelh., Lauro. 13. Painful formication of the forehead.

GENERAL REMARKS.

Pulsatilla, as has already been remarked, bears a close resemblance to Nux and Ign.; and, under the former medicines, the characteristic differences have been given. Pulsatilla may now be compared with two other medicines which generally, but especially in its headach, it resembles—viz., Lach. and Sep. These three medicines are well adapted for females, and they bring about and relieve a class of symptoms which attend suppression or diminution of the menses.

Few medicines are so frequently indicated as Pulsatilla and Sep. in amenia and amenorrhœa; none more so than Pulsatilla and Lach. at the period of life when the menses begin to cease,—a period marked by great susceptibility, bodily and mental, frequent flushes of heat and shivering; numerous pains which fly from one part to another. Pulsatilla is very little indicated in inflammatory complaints, but is given with advantage when there is increased secretion from the mucous membranes, as in dyspepsia, with risings of mucous froth,—in some kinds of diarrhœa, and in leucorrhœa; also in some kinds of nervous asthma and chronic bronchitis, especially occurring in females labouring under amenia, or chlorosis, (resembling Ferrum.) Pulsatilla has a much more marked action than Nux, Cocc., or Ign. on the organs of sense; hence we find it producing otitis, otorrhœa, and deafness, conjunctivitis often purulent, partial amaurosis, with flashes of fire, and halos round objects, increased mucous discharges from the nose, with loss of smell, or disordered sense of smell, and epistaxis.

The headach of Pulsatilla may be considered as either a pressive weight, with a tendency to lancinating tearing pains, such as is often present in delicate females, resembliug that of Sul., Grap, and Sil.; or again coming on more periodically either before or after the catamenial period, or every second or third week, the pain assumes then a tearing pulsating character, attended often with shooting, followed by vomiting;—resembling Ign., Sep., Ars., Cocc., Lach.

The general pains, as also the headach of Pulsatilla, appear frequently to one side only of the body, (Rhus, Bell., Cocc.)—they

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are relieved in the open air, increased during repose, and are worst in a warm room, (Ars., Sep., Graph., Ant. cr.) The pains move much from one part to another, (Chin., Arn., Agar.)

SEPIA.

1. Vertigo on going into the open air; in the evening headach and noise in the ears.

2. Puls. — 2. Vertigo on rising, difficulty of collecting the ideas, dullness.

3. Bell., Acon., Merc., Puls., Graph. — 3. In the morning great heat in the head, with a sensation as if the nose were about to bleed. Painful heat in the head, often with a glow of heat over the body; difficulty of hearing, and confused sight.

4. Acon., Spig., Plat., Graph., Sil., Lach., Baryta. — 4. Heavy compressive pain, with tension on the forehead, more on the vertex, and especially in the occiput, with stiffness of the nape of the neck.

5. Acon., Graph., Merc., Sulph., Lach. — 5. The head is heavy, and as if tightly bound round the temples and forehead, as if from violent coryza.

6. Carbo v., Puls., Plat., Bar. — 6. Painful tension at the top of the head, and upper part of the occiput, with sensation of excoriation, which becomes burning.

7. Carbo v., Merc., Spig., Graph., Sulph., Lach. — 7. Drawing and tearing pains in various parts of the head, especially at night; at one time in the side of the head, at another in the occiput. Drawing rheumatic pain in the left side of the head; drawing and boring pain, superficial, which at midnight prevents remaining in bed; the pain extends to the temples, face, ears, and teeth.

8. Puls., Ars. Graph. — 8. Pains increased in a warm room, relieved by the open air.

9. Bar., Bell., Bry., Puls. — 9. Beating and pulsation in the head, especially on the occiput, on the least movement; slightly when at rest.

10. Acon., Ign., Puls., Cham., Lach., Nux., Ars., Ver., Cocc., Sil., Nux., Bar. — 10. Pulsations felt on the vertex and forehead, also much in the occiput. With this pulsating pain may be ranked shooting pains, principally to one side in the forehead above the eyes, in the temple, shooting from the occiput to the vertex, and through the head. Pressive twisting throbbing pain in the head, with sensation as if the contents would be forced out at the forehead and eyes. On walking, quick shooting like needles in the forehead, with dislike to food, and desire to vomit.

GENERAL REMARKS.

Sepia, in its general action, may be compared with Graph. and Puls.; with the former it corresponds in its effects on the skin, the digestive organs, the intestines, and the uterus; with the latter, in

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addition to the affections of these parts, it bears an analogy in its action on the muscular tissues.

Sepia is, however, not only useful in cases where Puls. and Graph. are indicated, such as deficient and painful menstruation, leucorrhœa, attended with atony of the uterus,—but also in the circumstances in which Merc., Bell., Plat., and Cann. are administered, viz., uterine affections, with increased vascular action, inflammation, ulceration and induration of the cervix and os. Sepia, Graph., Puls., and Carbo v. are well indicated when there is a liability to dyspepsia, to costiveness and hemorrhoids, especially if the patients are females who have dry scurfy skins, or eruptions, scanty or retarded menstruation and leucorrhœa.

Sepia is a most useful remedy in nervous headach, occurring in delicate and sensitive females; the symptoms which indicate its employment are given under symptoms 4, 10; resembling closely Acon., Nux, Ver., but especially Puls., Cocc., Ign., Lach. and Sil.

Sepia is also well indicated in rheumatic and gouty headachs, (symptoms 3, 4, 5, 6, 7, 8;)—resembling Merc., Carbo v., Bry., and Graph.

SILEX.

1. Cocc. 1. Considerable vertigo, on walking and on raising the eyes, occasional loss of recollection and tendency to fall, sometimes experienced only in a carriage or on sitting.

2. Acon., Ars., Bell., Calc., Cocc., Lach., Bar. 2. Vertigo, with nausea, and desire to vomit.

3. Alum. 3. The attacks of vertigo seem to mount up painfully from the back to the nape of the neck, with temporary loss of consciousness and sensation of falling backwards, (*vide* symptom 8.) Vertigo, with staggering.

4. Nux., Sulph., Bell., Cocc. 4. Dulness and confusion in the head, speech confused, forgetting the proper word, noise in the ears.

5. Bell., Acon., Calc., Bry., Sulph. 5. Flow of blood to the head, heat in the head, pulsations in the vertex and forehead, with weight of the head. On walking, sensation of shaking and pulsation in the head, excited by the least sudden movement, on stooping, or speaking.

6. Cocc., Ign., Nux v., Puls., Calc., Anac. 6. Dull pressure on the head after slight mental exertion; dulness of the intellectual faculties.

7. Bry., Calc., Sulph., Bar. 7. Heavy pressive pain, extending from the vertex to the forehead, attended with lassitude of the body. This headach comes on in the morning on rising, and lasts all day.

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8. Chin., Fer., Calc., Bar., Alum. 8. Headach, extending from the nape of the neck to the vertex, which prevents sleep during the night, (attended often with symptom 3.)

9. Spig., Acon., Graph., Sep., Agar., Bar. 9. Headach, and pressure in the occiput, which disappears on the head being kept warm.

10. Agar., Merc., Spig., Bar., Puls. 10. Tearing pain, as if the head would open, accompanied with a sensation of cold; a bandage tight round the head giving relief. Tearing pain, extending from the forehead to the parietal region, lasting all day, increasing towards the evening; increased by movement.

11. Acon., Lauro., Ars., Nux., Puls., Sep., Bell. 11. Shooting pulsating pain in the forehead and temples, also extending to the face, with sadness and bad humour.

GENERAL REMARKS.

Silica is one of the most valuable medicines in the Materia Medica. It exercises a powerful action on the brain and spinal cord, especially the latter; resembling Bell., Bar., Lach., and, in a less degree, Calc., Sulph., Nux, and Cocc.

It proves an excellent remedy in many convulsive affections, such as epilepsy; in paralysis, especially when arising from disease of the spinal cord; especially nervous exhaustion; it ranks as the best medicine in that most troublesome disease, tabes dorsalis. In this affection it is indicated not only from its beneficial action on the osseous and cartilaginous parts of the vertebral column, which are sometimes implicated, but also on the cord itself, shown in producing tearing lancinating pains in various parts of the body, numbness and cramps, as also a paralytic state of the limbs, frequent yawning, tendency to syncope, and vertigo; resembling Lach., Calc., Cocc., Bar., Nux, Ver. Silica exercises a marked action on the osseous tissues, as in rachitis, and Pott's disease of the vertebræ; also on the cellular tissue and skin, shown in accelerating the healing of fistulas, sinuses, and ulcers, and tending to remove indurations of the skin.

The headachs of Silex may be considered as two. The first (symptoms 3, 8, 9,) is very characteristic of this medicine, and resembles, in some measure, Agar., Cocc., Lach., and Bar., especially the latter; after such a headach, the nape of the neck, the shoulders, and down the spine feel as if wearied and bruised. The second is a headach more frequently met with in practice; (symptoms 1, 4, 5, 6, 7, 10, 11.) With such symptoms Silex is well indicated, when the cause is supposed to be either organic or the effects of over study, or exhaustion of the nervous power from other causes. If the

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patient suffers from a tendency to giddiness, weakness of memory, inability to study, frequent dulness of the head lasting all day, and languor, owing to any slight exciting cause, the symptoms 4, 5, 7 gradually increase, and then present the characters of 5, 10, 11, and then (if in females) terminates in vomiting; resembling Acon., Bell., Calc., Cocc., Agar., Bar., Lach., Sep., Nux.

SPIGELIA.

1. Vertigo least felt on remaining still. Vertigo on turning the head when walking, but not experienced on looking straight forward. Insupportable pressive pains in the eyes, more severe on turning them; he is seized with vertigo on looking to the side.

2. Sil., Puls., Cocc. 2. Vertigo, with sensation of emptiness in the head.

3. Bell., Cocc., Ars., Acon., Ver. 3. Vertigo on walking and sitting up, easiest when recumbent; the head is pushed back; nausea; feeling of discomfort in the chest and belly; cutting pains in the abdomen, with sensation as of desire to go to stool; loss of sense. Great loss of memory; weakness of memory.

4. Ign. 4. Obtusion of the head, at the same time pressure in the forehead from within outwards.

5. Anac., Sil., Cocc. 5. Dulness of the head, which renders every mental exertion difficult.

6. Agar., Thuja. 6. Uneasiness in the forehead and temples, at the same time compression of the sides forwards.

7. Bell., Agar., Lach., Bar. 7. Weight and obtusion of the occiput; head drawn back, as if by a weight. Pressure on the brain and cerebellum, which stupifies.

8. Bell., Merc., Thuja. 8. Violent pressure from without inwards, in the forehead and temples, especially the right, increased by stooping.

9. Bry., Sep., Sul., Lach., Agar., Bar., Thuja. 9. Very violent pressive pain from without inwards, at the left side of the occiput, during which he cannot stoop without increasing the pains, unless the hand is strongly pressed on the pained part; on stooping, sometimes a pain in the nape of the neck prevents the head being raised.

10. Lach., Ver., Thuja. 10. A severe pain in the occiput, as if from a blow; on rising in the morning, pain at the nape of the neck as if benumbed; relieved by incessantly moving it.

11. Acon., Plat., Bell., Sul., Bry., Bar. 11. Weight and pain on moving the head. On walking, stooping, or coughing, violent pain as if the head would burst, or something would fall out at the forehead. Severe pulsating pressive pain in the head, from without inwards, especially towards the middle of the brain.

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12. Plat., Bell., Nux. 12. On walking, sensation of something loose in the head; sensation of fluctuation, felt at each step.

13 Agar. 13. Drawing pulsating pains in the forehead, most severe in the right frontal eminence, which causes the eyes to be involuntarily fixed on one object, on walking and standing up. Very violent drawing in the forehead, the occiput, and temples.

14. Lach., Plat., Agar. 14. Tensive tearing pain in the forehead, especially under the left frontal eminence, and directed towards the orbit.

15. Lach., Sulph., Merc., Carbo v., Agar. 15. Boring drawing pains in the occiput, left side of the vertex and forehead; increased by movement, noise, speaking loud, or even on slightly opening the mouth; easiest when lying down.

16. Sulph., Bell., Acon., Agar. 16. Lancinating, drawing, constrictive pains, by intervals, over a small point of the left parietal, which seems external.

17. Sep., Lach., Agar., Nux., Merc., Thuja. 17. Drawing pressure in the zygomatic process, with a sort of dull sensation. Drawing, with cutting pains in the right zygoma.

18. Sil., Bar., Acon., Bell., Thuja. 18. Violent drawing lancinating pains, which extend from the right superior maxilla to the vertex. Lancinating pains in the cheek.

19. Thuja, Agar., Puls., Lach., Sep. 19. Occiput is painful; cannot lie upon it.

20. Merc., Nux., Agar., Bell., Carbo v., Thuja. 20. The whole scalp is painful, and sensitive to the touch.

21. Ars., Acon., Sulph., Bry., Coloc., Merc., Plat. 21. Burning pain and heat in the forehead and left temple, which extends to the eyes, rendering them painful when moved.

22. Agar., Sil. 22. Great sensitiveness of the skin.

GENERAL REMARKS.

This powerful plant was the poison used by the notorious Marquise de Brinvilliers in her numerous murders, but, since the date of her execution, in 1676, there have been few opportunities of ascertaining, by a *post mortem* examination, the tissues on which it acts. But from the proving of Hahnemann, and also from clinical experience, it appears that this medicine acts powerfully on the brain and spinal nerves, and in this respect resembles the action of Acon. and Bell.:—Dimness of vision, dilated pupil, vertigo, violent pains in various parts of the body, staggering, incoherent talking, delirium, and then sleep. It also bears an analogy to Agar. in its action on the nervous system, in the various pains excited, and in the peculiar sensitiveness of the skin, as also in the headachs. Spigelia has a marked effect on the mucous membranes, appearing to produce an

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increased vascularity and secretion; inflammation of the conjunctiva, with burning lancinating pains; itching of the nose; discharge of mucus; hoarseness; risings of frothy mucus; the tongue white and furred; the motions rather relaxed and covered with mucus; itching of the anus, and oozing of mucus; hence its utility in similar morbid conditions of the bowels, as in vermiculous affections; resembling Ars., Cina, Ozænine, Sulph., Merc., Puls. Spigelia acts powerfully and directly on the heart, and is indicated in pericarditis and endocarditis, as also in cardialgia; resembling Ars., Lach., Bar.

The headachs of Spigelia are of two kinds,—the one, congestive, is shared in common with so many other medicines already mentioned that it need not be dwelt on; the other is of a neuralgic and rheumatic character, and is very indicative of this medicine. It is marked by drawing, pressive, lancinating pains, which affect the scalp, and extend also to the neck and face; the nape of the neck becomes painful and stiff; the scalp and face are painful to the touch; the pains are increased by touch, by motion, and by noise, and when severe, violent pulsations are excited. The medicines whose headachs resemble this are Agar. and Thuja, and, in a less degree, Acon., Bell., Sep., and Lach.

SULPHUR.

1. Lach., Puls., Croc. 1. Vertigo in the morning, with slight epistaxis.

2. Puls., Lach., Merc., Chin. 2. Vertigo on lying down, on lying on the back, and when seated.

3. Bell., Calc., 3. Confusion of the head after having been in the open air; in going out into the open air, weakness of the head, sort of stupor, with vague, disagreeable ideas.

4. Sil., Cocc., Nux., Bell. 4. Dulness of head and memory, and shootings in the head. Weight in the head, which is felt in every position, and renders motion disagreeable.

5. Acon., Bell., Bry., Calc., Sil., Chin., Lach. 5. Flow of blood to the head, felt in every position, even in passing a soft stool, and after carriage exercise; pressure from within outwards, as if something would be forced out at the eyes, with partial deafness. Headach, with noise in the head and ears.

6. Bell., Acon., Stram., Lauro, 6. Great heat of the head and redness of the face, in the morning; heat of the head, with coldness of the feet, in the evening.

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7. Acon., Bell, Cocc., Plat., Merc., Cinch., Alum.	7. Sensation of weight, and as if the head were painfully and tightly bound round with a cord; pain in the head, as if compressed by a tight hat.
8. Alum.	8. Pain when the head is covered with a tight cap in the room; removed by uncovering the head.
9. Acon., Sep., Chin., Merc., Lach.	9. Headach above the eyes as in coryza, with frequent sneezing occurring every morning.
10. Acon., Bell., Bry., Ign., Puls., Nux v., Spig.	10. Beating in the head and round the neck; pulsation and trembling all over the body.
11. Nux v., Alum.	11. Severe pain at the vertex for twelve hours, with feverishness; occuring several mornings; pain at the vertex, as if the brain were compressed from above downwards.
12. Spig., Sep.	12. Pressure, as if external, on the vertex, directed towards the forehead; a spot on the left side of the head is painful to the touch.
13. Bell., Bry., Agar., Spig.	13. Boring pain above the vertex; the part is painful to the touch.
14. Bell., Nux., Spig., Bry., Alum.	14. Violent pain at the top of the head, as if it would burst, on speaking, coughing, or sneezing; with beating and hammering in the head.
15. Nux v., Alum.	15. Very painful pressive sensation at night in bed, from the top of the head deep into the brain, which obliges the eyes to be shut and the brows to be knit.
16. Nux., Alum.	16. Hemicrania; acute compression under the left parietal bone, immediately after supper.
17. Acon., Cocc., Ign., Nux., Lach., Ver.	17. Headach, with nausea.
18. Ars., Merc., Spig., Acon., Bry., Ant. cr.	18. Pressure in the forehead, which at the end of some days becomes a burning tearing pain at the right side of the head and teeth.
19. Acon., Sep., Cham., Puls., Coloc.	19. Pressive and tearing pain over the left eye and in the left temple, at night.
20. Hep. s.	20. Violent tearing ulcerating pain to one side of the head, coming on suddenly at night.
21. Hep. s., Merc.	21. Shooting, drawing, boring pains in the head, generally at night.
22. Ver., Lach., Spig.	22. Headach in the occiput; stupor in this part on waking; obliged to remain seated for four hours.
23. Spig., Lach., Sep., Sil., Ver., Chin.	23. Tearing, thrilling pain at the occiput, so severe at the articulation of the neck that the prover is obliged to cease eating; the pain extends to the nucha, with shooting in the sternum; heat and chills alternately, with precordial anxiety.

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24. Carbo v., Merc., Spig., Graph., Sep., 24. Nocturnal headach; insupportable pressure in paroxysms at the occiput and vertex, and always increasing, with pressure over the eyes, which are obliged to be closed. Excessive chilliness, with fœtid sweats, during which the prover is obliged to walk up and down in his room.

25. Dryness of the scalp; various eruptions on the head.

26. Merc., Hep. s., Carbo., Calc., Sep., Nit. ac., Lycop. 26. Falling off of the hair.

GENERAL REMARKS.

Few are the sub-acute and chronic diseases which, at some stage or other, do not admit of the beneficial administration of Sulphur. The headach of Sulphur appears principally in the forehead and vertex, (that in the occiput is more rheumatic;) there is weight and dulness sometimes, with sense of heat in the head and coldness of the feet, (symptoms 3, 4, 6, 7;) the pain increases, becomes constrictive, is attended with flushing, noise in the ears, hammering in the head, (symptoms 5, 10, 11, 14.) Such a congestive headach is met with in those who lead a sedentary life, who suffer from costiveness, or hemorrhoids, or who are labouring under a tendency to congestion to other organs, such as the chest, from the arresting of a hemorrhoidal flux, the healing of an old ulcer, or repelling of a cutaneous eruption. Symptoms 11, 13 to 16, are often connected with disorder of the stomach and liver, the uneasiness and heat being referred to the top of the head, resembling principally Bry., Alum., and Nux. Sulphur also resembles a somewhat similar headach, occurring often in connexion with disease of the uterus, as in Plat., Bry., but these medicines have more the sense of burning over the vertex than Sul. has. Sulphur is a useful remedy in rheumatism, and is well indicated in rheumatic headach, (symptoms 18 to 24;) the pain is drawing and tearing, coming on and being worst at night, affecting one side, but principally the top and back part of the head, occasionally attended with heats and chills, resembling Merc., Hep. S., Spig., Sep., Carbo V., and Lach.

VERATRUM ALBUM.

1 Vertigo, stupidity. Quiet delirium, with coldness of the body; he believes himself to be otherwise than where he is. Almost total loss of memory.

2. Ars, Lach., Stram. 2. Heaviness, confusion in the head, with excessive weakness and prostration. The headach increases to vertigo, on walking, but ceases on sitting down.

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3. Dig., Tab. 3. Dulness in the head, with nausea, during two days. In the morning, after waking, dull pressure on the vertex; the pain becomes pulsating on moving about.

4. Acon., Agar., Chin., Thuja, Ign., Nux., Alum. 4. Paroxysms of pain here and there, as if the head were pressed and pounded in a mortar; as if the brain were bruised.

5. Cocc., Puls., Plat., Lach. 5. Constrictive headach, as if bound with a cord, with painful constriction of the pharynx.

6. Ars., Eug. 6. Pulsating headach, coming at intervals, with pressive pain, especially over the left eye.

7. Cocc., Lach. 7. Pressive hemicrania, with sickness.

8. Lach., Spig., Puls., Sep., Cupr. ac. 8. Headach, with painful stiffness of the nape of the neck; vomiting of greenish mucus.

9. Eug. 9. Headach, with pain in the back; disorder of the stomach and desire to vomit, with copious discharge of urine.

10. Lach., Nux v., Puls. 10. Violent pain of pressure and tension, sometimes in the temples, sometimes at the sinciput, with contraction of the pupils; very severe on sitting up; relieved on lying down.

11. Bell., Lach., Ars., Cupr. ac., Cocc. 11. Violent headach, with convulsive movements; coldness and numbness.

12. Cann. 12. Sensation as if a drop of cold water fell on the temple.

13. Agar., Lauro., Bar. 13. Sensation of heat and cold at the same time, over the head, with sensibility of the hairy scalp.

14. Cocc., Nux, Alum. 14. Formication of the scalp, as if the hairs stood on end, with slight local shivering.

15. Lauro., Val., Plat., Agar. 15. Sensation of cold at the vertex, accompanied with cold feet.

GENERAL REMARKS.

Veratrum, in its general action, may be compared with Cuprum, Cocc., Lach., Nux. Puls., Phos., Sulph., as also Ars. They have a similar action on the brain and spinal cord; but the two first agree more with Veratrum in their effects on the stomach and bowels, producing great nausea, violent vomiting with great exhaustion, excessive sensibility of the stomach, violent spasms in the abdomen, often extending to the limbs, painful and copious watery diarrhœa. Like Ars., Veratrum produces great exhaustion; it excites pressive and sometimes shooting pains in the limbs, syncope on the very least movement, (Nux, Mosch., Agar., Dig.) It powerfully affects the mind, causing an anxious troubled state, loss of memory, even mania, sometimes paroxysms of amorous or religious monomania. It excites the genital organs; the catamenia are often too early and too profuse, and preceded by headach, nausea, and pains in the limbs.

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Veratrum is a very useful medicine in nervous headachs; it is well indicated when the pains are violent, pressive and pulsating, affecting one side of the head, the nape of the neck is stiff and painful, or when the pains are more constrictive, and the head feels as if bruised; with both the headachs vomiting soon ensues, and there is a copious discharge of urine. In this headach it resembles principally Eug., Cocc., Puls. and Lach., and, in a less degree, Cupr., Sep., Nux, and Agar. It is indicated when the headach is dyspeptic, but more especially when it is purely nervous, occurring in young women, or in those suffering from irritation of the spine.

The sensation of coldness in various parts of the head (as symptoms 12, 13, 15,) is a symptom occasionally present in purely nervous headachs, occurring in females who are suffering under morbid excitement, it is a symptom peculiar to Ver., Val., and Lauro., and is shared, in a less degree, by Plat., Agar., and Cann.

CASES. *

CASE I.—*Nervous Headach: Remedies—Lachesis and Sepia.*

Mrs. S., of a spare habit and nervous temperament, applied to me, on the 19th of November, 1844, for chronic sick headachs, from which she had been suffering for many years: they came on gradually without any assignable cause. A few years ago she was in a warm climate for eighteen months, and during that time felt better. The pain is sharp, and is seated to one side of the head, generally at the lower and inner side of the eye, extending into the head; the pain gradually increases, and is then attended with vomiting, after which the headach gradually subsides. Sometimes the pain is on the top of the head, and is also attended by sickness. Any excitement brings on nausea, headach, and vomiting.

Ars. 30/6, III, [4] m. et n., ℥. †

* This paper having already occupied too much space in the Journal, I have diminished the number of the cases alluded to in the first part, and curtailed the remarks. I here take this opportunity of thanking Drs. Madden, Ker, and Russell for their kindness in communicating to me many interesting cases of headach, all of which I would willingly have published had space permitted. This interchange of reports of cases is a plan well worthy of being followed, and at a very little cost of time renders the experience of the individual the property of his colleagues.

† It would be of great consequence were Homœopathic practitioners agreed as to the signs to be used in prescribing. I have already alluded to this,

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December 5th.—No change. Sep. 30, (1, 2,) Sep. 18, (3,) [4] $\overline{5}$.

December 20th.—Was on the 6th seized with headach, but it was cut short, before the vomiting came on, by Lachesis. Has had no headach since Rept. Sep. 18, as on the 20th.

January 19th, 1845.—Headach better. Lach. 30/6, III, [4] m. et n. $\overline{5}$.

February 13th.—Has had no headach since December, and the last one was not severe, not attended by vomiting. Lach. 18/12, II, [4] m. et n. $\overline{4}$.

March 1st.—Has had one headach. Ars. 30/6, III, [4] m. et n. $\overline{2}$.

March 18th.—Headachs more severe. Puls. 12/6, II, as on March 1st.

April 3rd.—Has caught cold, and has suffered from four attacks of dull headach over the top of the head. For the coryza Merc. was given, and, after a week's interval, a dose of Sepia for two days.

(*British Journal of Homœopathy*, Vol. II, p. 278,) and again would point to a mode which is at the same time simple and concise:—*First*—that as the dilution is of much greater importance than the quantity of it given, that the figure denoting the former should stand before the latter; where drops are used the contraction gtt. may be written after the first figure. *Second*—That when several powders are prescribed, each containing the same medicine, that their numbers should be marked by Roman numerals; and when the powders contain different dilutions or different medicines, this is denoted by figures within parenthesis. *Third*—The mode in which the medicine is to be taken, for example [ ] (in writing I use a triangle, but in typography the brackets are the easiest) signifies that the medicine is to be dissolved in water, and the figure within the brackets [4] denotes the quantity in tablespoonfuls, that is, in half ounces; when this figure is not used, it is to be supposed that the dose is taken either dry or at once. *Fourth*—Mark the periods at which the medicine is to be taken, the usual signs being employed, such as m. et n., morning and evening; 4ta. q. q. h., every fourth hour, &c. *Fifth*—Mark the interval between the powder; this is done by a figure between parallel lines, thus, $\overline{2}$; or use two figures, thus, $\overline{2}$ to $\overline{8}$ which signifies an interval of from six to eight days, according to the improvement. The first prescription thus written reads thus, Arsenicum 30th dilution, six globules, three such powders, dissolve each in four tablespoonfuls of water, take a tablespoonful morning and evening. Wait two days between each powder. That of December 5 reads—Sep. 30th dilution, two powders, to be marked 1 and 2. Sepia 18th dilution, a powder to be marked 3. Dissolve each powder in four tablespoonfuls, &c. This implies that the powders are to be taken as numbered. The figure enclosed in the bracket always denotes the quantity of water in half ounces, that is, tablespoonfuls; when it is wished to give less it may be marked by ½ or ¼, which is a teaspoonful or a dessert spoonful, thus, Acon. 6. gtt. 2. [4] ½ 3ta. q. q. h., reads two drops of the 6th dil. of Aconite in four tablespoonfuls of water, a dessert spoonful to be taken every three hours.

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May 27th.—Much better; has hardly felt headach; is troubled with a disagreeably-smelling and bitter discharge from the nose. Puls. 12/6, III, [4] m. et n. $\overline{2}$.

July 3rd.—No headach; but still discharge from the nose. Ozænine 6/12, IV, [4] m. et n. $\overline{1}$.

July 17th.—Still this discharge. Hep. was given, and again, on August 2nd, Ars. 12/9, IV; a powder 4ta q. q. n. Towards the end of August, Aur. was given for this.

September 18th.—The discharge ceased after going to sea-bathing; has had no headach, and feels well. Lach. 30/12, (1, 3;) Sil. 30/12, (2, 4,) [4] m. et n., $\overline{6}$ to $\overline{8}$, according to improvement; and, if headach comes on, take Lach. 6, gtt. ii., [3,] a dessert spoonful every quarter of an hour to every hour, according to the relief given.

I heard from this lady in October, 1846, and she reported herself as quite free of the tendency to headach.

CASE V.—*Nervous Headach: Remedies—Lach., Sep., & Puls.*

Mrs. O., aged about forty, a tall, healthy-looking lady, of a sang-lymphatic temperament, consulted me on the 27th January, 1846, on account of headachs, to which she has been very subject for more than twenty years. No cause can be assigned. The pain is a severe oppressive pain, confined to one or other temple; when the pain affects the right side of the head, it is much more severe than when the left is the seat of the pain; the pain is attended with nausea; during the continuance of her headach the mouth becomes clammy, and she is unable to swallow her saliva. The headach generally comes on at night, lasts that night and next day; the headach is generally relieved when vomiting comes on. During the attack she is unable to leave her bed; she never passes a fortnight without having a headach. Shortly after eating the food is apt to rise in mouthfuls; has frequent risings of frothy phlegm. Is in the habit of taking aperient medicines. Discontinue these: no great change necessary in the diet. Sulph. 30/12, (1, 3;) Sulph. 18/12, (3), [4] m. et n., $\overline{1}$.

February 6th.—No change to report. Lach. 12, gtt. 2, (1). Lach. 6, gtt. 1, (2), [4] m. et n., $\overline{3}$ to $\overline{6}$.

February 24th.—Has had no headach for three weeks, and is otherwise better. Lach. 6, gtt. 2, III, [4] m. et n., $\overline{3}$ to $\overline{4}$.

Towards the end of March she is reported as continuing to improve. Ars. 18/12, III, [4] m. et n. $\overline{3}$.

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April 22nd.—Headachs more frequent, but not so severe; their frequency may be attributed to great grief consequent on the sudden death of her brother. Sep. 30/12, (1, 2;) Sep. 18/12, (3,) [4] m. et n., $\overline{\text{s}}$.

May 9th.—Has been feeling very well. Sep. 18/12, (1, 2;) Sep. 12, (3,) [3] m. et n., $\overline{\text{s}}$ to $\overline{\text{o}}$.

June 16th.—Has been very free of headach: the stomach is a little disordered. Puls. 6/12, (1;) Sep. 18/12, (2, 3,) $\overline{\text{s}}$ to $\overline{\text{io}}$.

August 27th.—Has had only two slight headachs, and feels very well. (Rept. Sep.) Since then this patient has received no further medicine, and on hearing of her in May, 1847, she had continued remarkably free of headach, but now (August) they threaten to return, though presenting different symptoms, and probably connected with the cessation of the menses.

Case IV.

A lady, aged fifty-six, has for thirty years been subject to headachs; they are one sided; she wakens with headach, which is ushered in as a dull pain, attended with yawning, and cold feet, generally with nausea, and when pain becomes sharp, vomiting sets in. The pain affects one half of the forehead, over the eye, and down the cheek. Towards the close of the headach, the discharge of urine is considerably increased, and deposits a reddish sediment: after the headach, she has much pain in the back and loins. To correct the great costiveness, Nux v. 1, gtt. 1, [4] n. was given on April 19th, and on the 13th May there was an improvement in the state of the bowels, and the headachs were less severe: then Lach. and Eug. Iambos were given alternately for some time. By October there was a decided change, the bowels being regular, and the headachs less severe and much less frequent: formerly every little excitement brought on an attack, but now they seldom occur, and rarely come to vomiting. From this time alternate courses of Lach. 6, Ars. 18, and Sep. 30 were given, and in case of a severe headach, Eng. Iamb., and should that fail, in two hours, to give decided relief, she was directed to take Cocc. From the end of October up to February 13 she had hardly ever headach; the same medicines were continued up to October 23, 1845, with longer intervals between the doses. I heard again from her in June, 1846, that she had been keeping free of headach, but having for a week or two felt slight indications of their return, she wished the former

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course to be repeated, namely, Lach. 12/12, (1, 2, 5, 6;) Sep. 18/12, (3, 4, 7, 8;) [4] m. et n., $\overline{8}$ to $\overline{12}$.

I heard again from her in November, 1846; she was in very good health, and very rarely felt her headach.

Remark.—I have found Lach., Sep., and Ars. very useful remedies in such cases as the foregoing, and I have frequently had occasion to observe, that in chronic headach attended with vomiting, the remedies first check the vomiting, then the headachs become less severe, and then diminish in frequency. When the headach is severe, and attended with vomiting, I have generally found Cocc., Ignatia, or Eug., especially the first, to be useful as intercurrent remedies in checking the vomiting.

CASE XII.—*Nervous Headach: Remedies—Hepar Sulph.*

Miss I., aged seventeen. Lymphatic temperament. Has complained of almost constant headachs for more than three months. No evident cause. October 3. She suffers from dull pressive pain over the root of the nose, and a little over the eye; worst in the morning; increased by reading and mental exercise; generally easiest when at rest. Complains of weakness of the back, and occasional disorder of the stomach. Hep. s., 6/4, II, [3] m. et n., $\overline{2}$.

October 10th.—Since taking the medicine, she complains of more acute pain over the eye. Hep. s., 15/6, II, [4] m. et n.

November 4th.—Headachs much better; has caught a slight cold. Merc. was given for this, and then Nux. v. 12/12., (1, 3;) Hep. 18/12, (2, 4,) [4,] m. et n., $\overline{2}$. After this course the headachs quite disappeared, and on inquiry, some months after, they had not returned.

Remarks.—In arranging my MSS. I regret having lost the report of a very interesting case of nervous headach, (Case II,) which disappeared under the use principally of Hepar. I must, therefore, give the principal feature of the case from memory. The patient was Lady A., of a highly nervous constitution, the mother of several children. She had suffered more than eight years from severe headach, for which she had taken much medicine, and tried various mineral waters in Germany. The pain was a dull pain, in the lower part of the forehead; the pain became acute, and then affected the whole head. Hep. s. was given at various intervals for six weeks; by that time a decided improvement took place. The

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medicine was then suspended for a fortnight; but about this time she began to experience great languor and weakness, which lasted fully more than a month; it wholly incapacitated her for doing any thing. Nothing was prescribed for this except two or three doses of Arsenicum, but without any good. It gradually disappeared, and, seemingly, with it the headachs. They afterwards threatened now and then to recur, so that she took occasionally other medicines, until May 28th, 1844, the treatment having commenced in January, 1844. Lady A. got quite well, and, I believe, continued free of her headach. This very imperfect sketch of the case is merely given as illustrating the debility and peculiar languor which sometimes comes on after the successful administration of some of the remedies in chronic cases. I recollect observing it very marked and lasting for a week in a case of old standing constipation, which disappeared under the use of Nux, and I have heard other practitioners state that they have remarked the same. I do not think it can be the direct effect of the remedy, for this same state occurs after remedies which are totally different in their action; but is more justly attributable to a great change, which is, or seems about to take place in the organism. Its occurrence may be viewed as a good sign, and indicates the suspension of further medicines for the time.

CASE XVI.—*Nervous Headach: Remedies—Cocculus.*

Miss H., aged thirty-five, of a full plethoric habit, has suffered from her present headachs for now fifteen years; they came on shortly after the catamenia appeared, and have ever since regularly occurred at that period. Violent headach—described as a dull pain affecting the whole head; the patient has a difficulty in describing it minutely; is unable to lie for a moment on the back of the head; is forced to lie on the side; unable to bear the least light; any noise excites nausea and vomiting. During the headach she feels as if suffering from sea sickness, and on sitting up the objects around seem to move up and down. The headach lasts from thirty-six to forty-eight hours, and comes on on the third or fourth day of the catamenial period. The catameniæ are abundant, but unattended by local pain. General health good.

March 16th.—Cocc. 18/12, III, [4] m. et n., ī.

April 4th.—The headach has occurred at the usual time, but not so severe as usual, for she was able to move about, and was not confined to bed as she always was before. A dessert spoonful of

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the mixture of Cocculus as above, only of the 6th dilution, was given from every half hour to every six hours during the third and fourth day of her period, and with great advantage. Cont. Cocc.

April 20th.—Rept. Cocc. 18, as on the 16th, $\overline{4}$.

May 1st.—Has had a very slight headach at the usual period, which was again much relieved by frequently-repeated doses of Cocc. 18; she was now ordered Bell. 6/12, (1, 3.) Cocc. 18/12, (2,) [4] m. et n., $\overline{8}$ to $\overline{6}$. This was the last prescription; for one headach occurring after that she took the Cocc. Since October, 1844, to July, 1846, she has continued free of these headachs.

Remark.—The principal indication in this case, for the selection of Cocculus, was the marked tendency to nausea resembling sea sickness, as if the stomach heaved up and down. So great was this idiosyncracy that she told me that travelling in a carriage made her feel ill, and that sickness has often been brought on by looking at a vessel pitching up and down on the sea.

CASE XV.—*Nervous Headach: Remedies—Eug., Thuja, Sil., Sepia.*

Miss F., about thirty-four, of thin nervous habit of body, has for many years been liable to headach; she was for some months under Homœopathic treatment in Paris, and received relief; the medicine that was most useful was the Eugenia Iambos. The pain is a violent acute pain over the angle of the temple and forehead; the painful part can be covered with the point of the finger; if the pain has been severe the part swells, and next day appears yellow. The least noise or light is intolerable. The pain when severe excites vomiting. The headachs recur from every three to every five weeks; they commence in the morning, gradually get worse, and leave suddenly in the evening.

May 3rd, 1843.—Eug. 6/12, (1, 4.) Ars. 6/12, (2, 3,) [4] m. et n., $\overline{8}$.

June 6th.—Has had no headach. Eug. 6/12, (1.) Sulph. 6/12, (2.) Thuja, 6/12, (3,) [4] m. et n., $\overline{4}$.

July 15th.—Has headach to-day. I found that neither Eug., nor Thuja, nor Ignatia had any effect in diminishing the pain. The temple was swollen and discoloured the next morning.

July 16th.—Bell. 6/12, (1, 3.) Spig. 6/12, (2, 4,) [4] m. et n., $\overline{8}$.

July 26th.—No headach. Sil. 18/12, (1, 3.) Eug. 6/12, (2, 4,) [4] m. et n., $\overline{8}$ to $\overline{6}$.

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October 30th.—A slight headach. Spig. 6/6, (1, 4.) Thuja, (2, 7.) Sil. 6/6, (3, 5.) Eug. 6/12, (6, 8,) [4] m. et n., $\overline{6}$ to $\overline{10}$.

February 13th, 1844.—The patient writes that she has been very free of headach. Hep. s. 15/12, (1, 3.) Thuja 3/12, (2, 4,) [4] m. et e., $\overline{8}$. On March 9th, and again on April 3rd, this course was repeated, and the report, on May 24th, was:—Has had only one headach since February. Sep. 18/4, (1, 2.) Thuja 1, g^{tt} 1, (3, 4,) [4] m. et n., $\overline{8}$.

July 19th.—The arms and hands are covered with a dry eruption resembling psoriasis. Graph. 6/4, III, [4] m. et n., $\overline{1}$.

August 3rd.—Eruption continues. Sulph. 6 was given in the same manner; and again Sulph. on the 13th.

After the month of September the treatment was suspended, the patient receiving a few doses of Thuja 6, to be taken at any time the headach threatened. I heard of this patient two years after this, and it was then stated that she continued very free of headach.

After July 26th, 1843, this case was conducted by correspondence, which will account for the long course of alternate remedies; corresponding practice has too often this great inconvenience—that the selection is founded on a very vague report, and in prescribing a course of remedies, the future as well as the present state has to be considered. Was the appearance of this eruption critical?—was it owing to the previous treatment, rousing (as Hahnemann would have considered it) the psoric taint to be developed externally?

Case XVII.—*Nervous Headach: Remedy—Merc.*

TREATED BY DR. RUSSELL.

Lady I. D., aged thirty, leucophlegmatic, confined six months ago, got very weak after nursing her child four months; spots like purpura appeared. She then gave up nursing; was then attacked with pain in the left side of the face, which disappeared on getting a tooth stuffed; after this, was attacked with her present complaint, which has got gradually worse. Severe pain at the tragus of the right ear, extending down the jaws, over that side of the head, and into one eye. It is ushered in by slight jagging, and then becomes severe and shooting; generally comes on at night, but not always. After the pain ceases there is a sense of throbbing. Does not know what excites the pain; it is not affected by motion or rest; there is no redness or swelling.

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November 5th.—Merc. 15.

November 20th.—A good deal better. Rept.

December 2nd.—Attacks decidedly less severe. Merc. 6/12, (1.) Merc. 3, g^{tts} ii., (2, 3,) [4] m. et n., $\overline{1}$.

December 30th.—Has continued free of pain.

CASE XVIII.—*Nervous Headach: Remedies—Platina, &c.*

Miss C., aged about eighteen, delicate phlegmatic appearance, had, in June, 1844, a mild bilious fever which lasted ten days; since then she has been suffering from dyspepsia, and gradually the neuralgic affection showed itself. She had been from January to May 13, 1845, (when she consulted me,) under Allopathic treatment in London. The pain commences behind the ear, affects the side of the face, the lips, the forehead, and crown of the head. The pain is described as a severe dull pain, increased by light and by touch. The pain is ushered in by cold feet; it commences on waking, gradually increases, and about noon becomes a sharp pain; continues so for two or three hours, and about six in the evening goes off. Tongue apt to get red and dry; she complains of weight in the stomach; bowels tending to be costive; appetite indifferent; dislike to animal food. The catamenia are regular and natural; at these periods the pains in the face and head quite disappear. Plat. 6/12, III, [4] m. et n.

May 20th.—Increase of the pain. Plat. 12.

May 26th.—Pains have almost entirely left the face and head; complains of pains in the chest and side. Cont. Plat. 12.

May 31st.—Better; a little pain in the side; the bowels are costive, and the motions white. Dig. quickly corrected the state of the bowels; and after June 20th there was no return of the pain in the face. The treatment after this was directed to the dyspeptic habit; she continued to take occasionally Puls., Graph., and Merc. up to the end of the year; no return of the pain; after this I lost sight of the patient.

CASE XX.—*Nervous Headachs: Remedies—Lachesis, Belladonna.*

C. B. has had lately a bilious attack, and since this has been suffering frequently from headachs. Six years ago he was treated Homœopathically for those headachs, and with great advantage. He is of a highly nervous temperament, has lived very quietly, and can assign no cause for the headachs. The affection comes on

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with impaired vision, which continues for about an hour, goes off gradually, and is replaced by a dullish pain over the eye; after the headach goes off, feels exhausted, and is unwilling to do any thing. Bowels rather costive.

June 20th.—Lach. 15/8, II, [4] m. et e., ℥.

July 1st.—Has had one headach. He complains of deafness, and of spasm affecting the right orbicularis and levator labii muscles, with frequent twitching and throbbing under the eye. Rept.

July 8th.—Headach better. Complains of the spasm of the face. Bell. 12/8, (1, 3.) Lach. 15, (2, 4,) [4] m. etn., ℥ to ℥.

January 17th.—I again saw this patient. He said the headach soon got better under the last course of medicine.

Remarks.—I have found this kind of headach exceedingly intractable; sometimes they will be benefited for a few months, and then, on exposure to fatigue, to anxiety, or any error in diet, they recur again. They are generally met with in those of a nervous habit, or whose nervous system has become morbidly susceptible owing to anxiety, to prolonged study, to grief, or loss of sleep. In one case I tried, for two years, numerous remedies, but without any decided advantage. At last, in the third year, the headachs remarkably diminished in frequency, and were not attended with the dimness of vision, which sometimes amounted to blindness. The medicine given at this time were alternate courses of Sil., Cocc., and China. In one case the headachs entirely disappeared for a year, under the use of Lachesis, but again recurred. Lachesis was useful for a few months longer, in arresting the vomiting which followed a severe attack, but the patient still suffers from them, and from their being attended with sudden and violent vomiting, together with vertigo, I am inclined to suppose that there is some organic affection of the brain. Dr. Drysdale informs me that in this kind of headach he has found Cannabis useful. There is this difficulty in the treatment of such cases, that, as yet, we have no medicine that produces exactly the same train of symptoms.

Case XXIII.—*Congestive Headach: Remedy—Nux vomica.*

TREATED BY DR. KER.

Miss A. C., aged eleven, of a languid disposition and sallow complexion, tall, has suffered for the last four years from severe headachs, scarcely ever passing a single day without one. They cause prostration, and disable her from physical and mental exer-

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tion. The headach is chiefly frontal over the eyes, causing her to frown, and producing dimness of vision; eyes dull; head feels heavy, pressing down, and aching; relieved by lying down and by pressure; aggravated by motion and intellectual exercise. Tongue pale, and slightly coated; bowels costive; sleeps heavily; occasionally nervous, and starts in her sleep. Abdomen tumid, but not painful on pressure; pulse slow; feet very cold; appetite capricious. After reading for a short time, she turns very pale. *March 1st*, 1847. Nux v. 30.

March 5th.—On the second day after commencing the treatment the headachs left her, and up to the month of June they had not returned.

CASE XXIV.—*Congestive Headach: Remedies—Lach. and Puls.*

Miss B., aged twenty-four, of a plethoric habit, has for four months suffered from sick headachs. The first one appeared during the catamenial period, which has been since disordered. Complains of a general feeling of numbness and faintishness—great giddiness, with paleness. The pain is generally a shooting throbbing pain over one eye, attended frequently with sickness; it is increased by movement, and is always worst in the morning. Is seldom ever a day free of headach. When free of headach, has, nevertheless, giddiness, which is worse on walking. Complains of acid taste in the mouth, and of every thing getting acid; fulness and weight in the epigastrum after eating. Tongue clean, bowels regular. Catamenia regular, but attended with pain in the back and hypogastrium; the headachs are worse before the catamenial period.

January 8th, 1844.—Nux v. 12.

January 17th.—Nux v. 6/4, II, [4] m. et n., ī.

January 24th.—Not quite so well. Lach. 15/8, II, [4] m. et n., ī.

February 6th.—Numbness and faintness better, especially after breakfast; headachs much less frequent; giddiness better; as also fulness and weight after eating. Lach. 6/8, III, [4] m. et n., ī.

March 7th.—Headachs and giddiness much better, as also the other symptoms: bowels costive, &c. Sulph. 12, (1, 3;) Puls. 18, (2,) [4] m. et n., ī.

March 27th.—Feels much better. Rept.

April 28th.—She says she is now free of headach, and feels very well. A course of Lach. and Puls., to be taken alternately, was prescribed, in case the headachs should recur.

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Remarks.—In this case Lach. appears to have been the most useful agent, and the indications for its use were the one-sided headach attended often with sickness, the vertigo with paleness, the tendency to faint, and general sensation of numbness.

CASE XXVII.—*Congestive Headach: Remedies—Ars. Lach., Nux, but especially Agaricus.*

D. C., aged twenty-five, consulted me for severe headachs, or what he calls bilious attacks. These complaints appeared after he had had scarlet fever, and he has now, for seven years, suffered much from them, so as to interfere materially with his busines, which cannot be considered as increasing the affection, since he has not much of a sedentry occupation, nor is he exposed to injurious influences.

The attacks occur every six weeks, and commence with headach over the eyes, a sense of fullness, with acute pain. The pain gradually becomes more diffused through the head, but is principally in the forehead. The pain is described as oppressive and violent, the eyelid droops, the pulse rises, the face flushes, tongue dry and brown, skin dry and hot. After the first or second day, copious vomiting, principally of a bitter, bilious-looking fluid. The urine is scanty and high coloured. Such an attack lasts from two to four days. After a day or two the pain extends from the head down the spine; the neck is often stiff; he feels as if bruised all over the body, as if from a long walk, with feeling as if the joints were dislocated; great exhaustion; wakeful nights, and frequently delirious. Pulse 80 to 100, full, and laboured.

August 9th, 1844.—Lach. 15, (1, 2, 3;) Sulph. 15, (4, 5, 6;) [4] m. et n., ℥, but between No. 3 and No. 4, ℈.

September 13th.—Lach. 6/12, (1, 2;) Sulph. 6, (3, 4;) [4] m. et n., ℥.

September 24th.—Had on the 20th a return of his headach. For this Bry., Acon., &c., were tried, but without diminishing its violence. A course of Ars. 15 was then ordered, and on the 14th of October, Ars. 15/12, (1, 3,) Nux v. 15/12, (2, 4,) [4] m. et n., ℥.

November 13th.—The headach occurred at the six weeks, but was much less severe. Rept. as on October 14th.

December 14th.—Lach. 6, (1, 3;) Ars. 6, (2, 4;) [4] m. et n., ℥.

January 30th, 1845.—Has had one headach at an interval of eight weeks, and much slighter than usual. China 6/6, (1, 2;) Nux v. 6/6, (3, 4;) China 3/6, (5, 6;) [4] m. et n., ℥.

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April 2nd.—Has had a headach which threatened to be severe, but was speedily relieved by Agar 6/12, [4,] a dessert spoonful every half hour to two hours. A course of Agar 6, and then one of Agar 3, in tincture, was prescribed for several weeks. He continued quite free of attacks, and was otherwise very well until the 31st of October, when I saw him in bed, suffering from a dull frontal headach, indisposing him to read, attended with slight swimming of the eyes, requiring an effort to see any object; tongue parched and clammy, great general languor, and heavy dulness of the limbs. Agar. was given, and then a course of Sulph. 30/12, (1, 2, 5, 6;) Stram. 6/12, (3, 4,) [4] m. et e., ī.

After this the headach quite disappeared, and no more medicine was prescribed. On writing to inquire how he was, I received for answer, on the 26th February, 1847, that he was quite free from those attacks; that his general health was so good that he was seldom a day confined, whereas, formerly, he was weeks; that whenever he experiences any headach, he immediately takes Agaricus, and the uneasiness soon goes off.

Remarks.—I consider that Agaricus was here the most useful remedy, although Lach. and Ars. also acted beneficially. The symptoms which led me to select Agaricus were the violent and oppressive pains, principally frontal, attended often with delirium. When the pain became general and severe, it was difficult for the patient to describe it, but it resembled that given under symptoms 6 and 10 of Agaricus. The peculiar symptoms were the sense of languor, and as if the body were bruised and the joints dislocated, the sense of uneasiness and weakness all down the spine. These are so characteristic of Agaricus that I selected it, and with happy effects. After this case, I gave it to a lady who had been for some time treated by me for nervous headachs, which seemed much connected with a tendency to profuse menstruation, though this could not alone account for them. She was of a slight habit of body, highly intelligent, pale complexion, and black hair. She had for long suffered from these headachs, which extended across the forehead. The pain was dull, gradually increased, and forced her to go to bed, attended with drowsiness, languor, and bruised pain all over the body, with weakness of the back. The dull frontal pain was sometimes attended by heat over the vertex, and throbbing pain. I tried many remedies without success; but after having seen the benefits of Agaricus in case 27, and finding several of the characteristic symptoms in this case, I gave it. Considerable relief fol-

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lowed, and frequently cut short the attack, but still the headachs recur from time to time; here it seemed to palliate, but not to cure.

CASE XXXII.—*Rheumatic Headach: Remedies—Hep. s. and Nux.*

TREATED BY DR. RUSSELL.

J. B. General health on the whole good, until attacked with the present complaint: is subject to rheumatism. Was attacked last winter with sharp pain in the forehead, chiefly on the right side; better on rising; the pain has continued ever since without much remission. Appetite bad, slightly sour taste in the mouth, flatulence, bowels costive, has piles; suffers also from rheumatic pains in the shoulders. Has taken a great deal of Allopathic medicine without relief.

January 22nd.—Hep. s., 6/4.

January 25th.—Headach and flatulence better. Rept. pulv. III.

February 1st.—Headach and appetite better; flatulence gone. Rept. pulv. III.

February 8th.—Better. Nux v. 6/6, pulv. III.

February 15th.—Quite well.

CASE XXXIII.—*Rheumatic Headach: Remedy—Bell.*

TREATED BY DR. MADDEN.

Mrs. O. Suffers from pain in the head with swelling, and tenderness of various parts of the scalp; throbbing and boring in the ears; when eating, the pain in the ears is increased. The headach is in the forehead and occiput, moving from one part to another. Slight shivering; otherwise quite well. Bell. 6 was administered on the 2nd July, 1845, and under the use of this remedy the swelling of the scalp, and pain in the ears, had disappeared on the 16th. The medicine was continued, and by the 29th she was well.

CASE XXXI.—*Rheumatic Headach: Remedies—Ruta and Merc.*

I may give the outlines of a case of headach occurring in an unmarried lady, aged thirty, who consulted me on June 25, 1844, on account of a pain she had felt since last autumn in the back of the head. As the pain increased, she applied to an eminent surgeon, in February, 1844, who considered that the pain was owing to inflammation of the bone or pericranium. He ordered repeated blisters, which were pursued, one shortly after the other, until June 25, when the patient, experiencing no relief, applied to me. She

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described the pain as dull and constant, over both occipital prominences; on the left side the pain extends over the parietal bone as far down as the eye; she is unable to turn the head to the left side; pain worst in bed, and on motion; there is great tenderness on pressure over the pained part; occasionally throbbing. The pain entirely unfits her for doing any thing. Ruta 3, and Merc. 3, were given with most decided benefit. She took one or other of these two remedies until the end of August. After this period I lost sight of my patient, but heard sometime after from a friend of hers, that the pains had quite left, and that she had got married.

CASE XXX.—*Rheumatic Headach: Remedy—Merc.*

T. F. has been complaining for the last six weeks of rheumatic pains in the head, and of late in the gums; he has also slight pains in the legs. Wakens at seven, A.M., with pain in the head, and when it leaves the head, the gums are affected. The part is principally in the occiput and vertex, also the nape of the neck, and the right side of the upper jaw. Pain worst in bed, and in the morning; better on getting up; pressure relieves the pain.

March 27th.—Merc. 6/6, taken three to four times; in a few days the pains entirely disappeared, and did not return until August, when Carbo v. and then Bell were given, and with advantage.

CASE XXXIII.—*Dyspeptic Headach: Remedy—Ars.*

A young married woman, in poor circumstances, weak and thin, and now nursing a child eleven months old, has always been subject to headachs, which have increased very much during the last six months. The headach begins over the left eyebrow and temple, and lasts, without intermission, for twelve hours, after which time she generally vomits a quantity of yellow bitter matter, sometimes tough. During the headach, and for some days after, she cannot taste food, the stomach is so irritable. So that no sooner is she recovered from one attack then another comes on; these now occur periodically every ten days. The bowels are regular, but after an attack of headach, the motions are relaxed and bilious. The child to be weaned. From the mother's circumstances very little change could be suggested in the diet.

October 11th, 1844.—Ars. 30/12, (1, 2.) Ars. 18/12, (3, 4, 5,) [4] m. et e., $\overline{a}$ to $\overline{e}$. In three weeks a most decided change took place, the headachs entirely ceased, and had not returned two months after, when I heard again of the patient.

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Remarks.—The indications in this case are well marked, namely, the weakness of the patient, the pain situated over the eyebrow, the periodicity of the attacks, the vomiting and subsequent irritable state of the stomach. I regret that I was unable to learn further of this patient; for it can hardly be expected that medicine given for so short a time can have done more than remove the attacks for some months.

CASE XXXIII.—*Dyspeptic Headach: Remedies—Nux v., Sulph., and Lach.*

Miss H., aged about forty, bilious temperament, has for many years been suffering from disorder of the stomach, and tendency to headach; she has taken a great deal of medicine without any relief: and owing to costiveness, she takes an aperient pill every night. The headachs occur every fortnight, they continue for two or three days, and force her to be in bed for twenty-four hours. The pain is described as a dull heavy pain in the forehead, especially to one side, extending sometimes through to the back of the head. The pain is attended with giddiness, which prevents her standing. After the headach has lasted some time, nausea, and then vomiting comes on, generally a yellowish and very bitter fluid: this relieves the headach.

July 11th.—Nux v. 3, gtt. ii, III, [4] m. et n., ℥.

July 20th.—The costive state of the bowels is causing uneasiness. Nux v. 1, gtt. i, (1.) Tr. Sulph. gtt. 2, (2,) [4] m. et n. ℥.

August 1st.—Bowels more regular; the sickness attending a headach was much relieved by Cocculus. Rept. as on July 20th.

August 27th.—Feels greatly better. The headach slighter and unattended by vomiting. Bowels regular. Nux v. 6/9, (1.) Sulph. 6/9, (2.) Lach. 6/9, (3,) [4] m. et n., ℥.

September 21st.—Continues to feel better; has had no headach. Rept.

October 9th.—Has had one slight headach. Lach. 6/12, (1, 4.) Nux. v. 6/12, (3.) Sulph. 12/12, (2,) [4] m. et n., ℥ to ℧.

November 23rd.—Reports herself as quite well, and as having had no headach. Rept. with ♓.

I heard in January, 1843, and again in 1845, that the lady kept quite free of headach.

Remarks.—In this case I commenced with a low dilution of Nux; and finding this inefficacious, I chose a still lower, and gave Nux v. 1, apparently with advantage; afterwards, on the 27th of

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August, the medicines were given in a higher dilution. The course to be followed where a medicine is well indicated, and still does not act, being a matter sub-judice, I may be allowed to state that I have found, (especially in cases where much Allopathic remedies have previously been given, and the susceptibility thus blunted,) that it is a successful mode to commence with a low dilution,—this failing, to go still lower; but as soon as the symptoms improve, and the patient becomes more susceptible, to select then a higher dilution. Again, where high dilutions have been at first given with advantage, but seem at last to fail, to choose then a lower.* I intended, had space permitted, to have reported several cases of headach in which the treatment proved of no avail; but such facts are useless unless accompanied with full notes; and instead of showing that the prognosis, even in a well-marked case, cannot always be favourable, they might to many suggest only the remark, that a wrong medicine had been given, and that a better indicated might have been selected. I, therefore, merely allude to the fact that several such have occurred in my own experience, as well in that of others, in order that those commencing Homœopathic practice may not suppose, from silence on this point, that all cases admit of, at least, temporary relief, nor be disappointed when they meet with such instances. A great difficulty in the way of effecting a perfect cure is the dislike that many patients have to remain long enough under treatment; - for though in a few months decided relief may be given, still it cannot be expected that this relief will be permanent. From the first, then, it is advisable to make the patient fully understand that an affection of many years' standing cannot be reasonably expected to disappear in a few months, but that two or three years of treatment and close attention to regimen may be required. This remark applies especially to dyscrasic, and some kinds of nervous headach. It must also be borne in mind, that some headachs will, without any remedies, be partially suspended for some months, and then return without any assignable cause, even this will occur when the affection depends on organic cerebral changes. Too much reliance must not, therefore, be put on any sudden improvement; nor should temporary relief be allowed to suggest too sanguine a prognosis. We are justified, however, in safely answering affirmatively the question, put in a general manner,—Can relief, if not a cure, be looked for in chronic headachs?

Some remarks on the subject of the choice of the dose, and the repetition of it, I must defer to another paper.

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ON THE THERAPEUTIC ACTION OF COFFEE.

By Dr. Weitenweber, of Prague.

[The following paper is extracted, in a condensed form, from the *Medicinische Jahrbücher, des K. K. Œster. Staates,* of October, 1846. It contains many interesting observations upon the use of Coffee, by distinguished authorities of the old school of medicine, and we have added in foot notes the corresponding pathogenetic symptoms taken from the proving of this substance, published in the 2nd volume of the *Archiv für die Homœopathie,* the greater number of the symptoms in this proving were contributed by Hahnemann. The mutual confirmation of the therapeutic and pathogenetic effects of Coffee will be found very striking, and may tend to give greater confidence and exactness to Homœopathic practitioners in its administration than they could otherwise acquire through a study of the abridgment of the proving in Jahr's Manual, which is the only source of knowledge upon the subject generally accessible to the student of Homœopathy. —Edits.]

I.—Coffee has a special relation to intermittent fever. Not only has it the power to cure particular forms of it with certainty, but it also, in a great measure, prevents its appearance in districts liable to its attacks. This was shown during the period the continent was shut up by Napoleon, from 1809 to 1813, and the importation of Coffee prevented. At this time intermittent fever prevailed almost like an epidemic over Germany. After the opening of Europe, however, in 1813, when the use of Coffee again became common, the disease so much subsided that cases of it were comparatively rare. During three years, in which I practised very extensively in Elbogen, where coffee and potatoes are the staple food, so to speak, I saw only three well marked cases of it, and these were in travelling journeymen. The veteran Schmidtmann also testifies that, in the Osnabrücker country, the daily use of Coffee seemed to extinguish the susceptibility to intermittent fever. (Hufe-

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land's Journal, 1831, April.) According to Mellin, Murray, Stange, Fritze, Baldamus, Schmidtmann, and others, a strong infusion of the green coffee beans, combined with equal parts of fresh orange juice, is a specific in cases of intermittent fever, accompanied with tendency to diarrhœa; and the Coffee has been found equally serviceable without the orange. Grindel, who is a very trustworthy authority, assures us that he had used it with almost unfailing success in eighty cases of obstinate ague, occurring in the Hospital of Dorpat. Rasori also attests the good effects of Coffee, when given in the form of raw powder. He found two or three ounces sufficient for a cure. Audon and Paulitzki found the coffee beneficial when prepared in the ordinary way, with the addition of orange juice. (Anleitung zu einer vernünftigen Gesundheitspflege, Wien. 18, 27, s. 69.) The experienced Neumann also testifies to the beneficial effects of Coffee, especially when given at the very commencement of the attack of ague. He recommends a simple hot infusion of the roasted beans. The following writers have also added their testimony to the curative power of Coffee, having all satisfied themselves of the fact by extensive experience. Bluff, of Aix-la-Chapelle, (Heidelberg. Clin. Annal. IX, Bd. Heft. 3,) Valentin von Hildenbrand, (Institutiones pratico-medicæ Vindob, Vol. II, s. 155,) Baxter, Forelli, Formey, Fowley, Rognetta, Thomson, and Thomasson V. Thuissink, (Gewerbskundige Waarenmingen Gröningen, 1831.) A. G. Richter, a great authority in practical matters, found the extract of Coffee, in combination with acetate of ammonia, very useful. (Richter's Specielle Therapie, Wien. 1817, Bd. II, s. 555.) Dührsen, of Meldorf, also used the extract of Coffee with great success in the epidemic summer fever of 1826-29. (Gerson and Julius Magazin, Hamburg, 1831, Sept. and Oct.) Pupke, (Rust's Magazin, Berlin, 1830, Bd. XXXI, Heft. 3,) and Kopp, (Denkwürdigkeiten aus der ärztlichen Praxis, Frankfurt am Main, 1830, Bd. I,) likewise testify to the anti-febrile action of Coffee, and the latter author considers the use of Coffee to be of greater importance than any thing else in giving immunity to ague, except the avoidance of the exciting cause. Bernstein

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(Kleine Med. Aufsätze, Frankfurt am Main, 1814, s. 52) relates an interesting cure of quartan ague which had withstood all the ordinary remedies, including arsenic, and which at once gave way under the administration of Coffee powder given every two hours, although the patient had used Coffee in the ordinary way during the course of the fever. As a last authority, we may give S. W. Sachs, who recommends the use of Coffee in cases of intermittent fever, complicated with gastric derangement.*

II.—In continued fever, particularly when attended with a disposition to diarrhœa, Vogel strongly recommends the use of Coffee,—(Rusts' Magazin, Bd. XXVI, Heft 3.) Baron Larrey found very beneficial results follow the administration of an infusion of Coffee in the epidemic typhus fever which prevailed at Brünn in 1805, (Mèmoir. de Chirurg. Milit. et des Campagnes, Bd. II, s. 342;) and it is certain that Desgenettes proved its utility in the Oriental plague, (Histoire Médicale de l'Armee d'Orient. Paris, Bd. II, s. 39;) and his experience has latterly been confirmed by Bobillier, who saw many recover from the *typhus pestilentialis* under the use of this remedy, (Froriep's Notizen, Bd. XXX.) The French physician, Martin Solon, also testifies to its value in the stage of *sopor* in typhus fever, and relates three cases in which it seemed to be especially useful, (Bulletin Thèrapeutique. Paris, Nov. 30, 1832.) So far back as 60 years ago, Dr. Jeitteles, of Prague, recorded the excellent and curative effects of Coffee when given pure in the Febris nervosa of Huxham, (Observata quædam Medica, Prag. 18, 1783, s. 26-27.)

III.—The palliative action of Coffee in hooping cough has been observed by Hufeland and Schlegel, (Siebold's Journal, Bd. XIV., Stück 1;) and the special indications are thus given by Dr. Malin, (Rusts' Magazin, Bd. LII, Heft 2.) The cases in which strong Coffee combined with Musk are useful, are those in which there is great exhaustion after the cough arising apparently from a state of temporary and partial paralysis of the respirating system of nerves. In this state the children are quite exhausted after a fit of coughing, lie for some time with cold hands and feet, breathe quickly and

* See Note A.

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with difficulty, and are able to speak in a hoarse voice. Although they gradually recover from this state, yet an attentive observer cannot fail to remark, in the weakness of the pulse, the irritability of temper and pained expression of face, symptoms of great exhaustion.*

IV.—In cramp of the stomach and spasmodic asthma, Coffee has been found useful by many trustworthy observers, of whom we may mention F. Allen, (Synopsis universæ Med. Pract. Amstel, 1730, s. 174;) Bree, Camper, Ettmüller Lassone, (Historie de la Societé Royale de Medicine. Paris, 1782;) Lutheritz, Mellin, (die Hausmittel, Kempten, 1786, s. 65;) Musgrove, Pringle, Percival, L. W. Sachs, and Thilenius; also Floyer, who was himself affected with asthma, and lived to eighty years of age, found nothing mitigate his sufferings so much as a strong infusion of Coffee. It has also been recommended in *asthma thymicum* by Wendt, of Breslau, (Kinderkrankheiten, Wien. 1827, s. 278.)*

V.—Coffee is also an old-established palliative against nervous and gastric headachs, being recommended by Willis, Ettmüller, (Allenii Synop. Art. 3 and 7,) and Döllinger. Indeed many hysterical women always take, with immediate relief, a cup of strong Coffee when attacked with periodic headach. A case is related, by J. Sponius, of a Parisian lady who had gone through the Pharmacopeia for a remedy against violent headach she had long been subject to, and which was first relieved, and then permanently cured by strong doses of Coffee. Baglivi has recorded that he himself was subject to pain in the head, attended with oppression and depression of spirits three hours after dinner, and that he found himself perfectly cured by the use of Coffee. He attributes his headach to indigestion from weakness of the nervous system produced by over-exertion. He also observed it to be equally useful in very many similar cases at Rome.†—(Opera omnia Medico-practica et Anatomica. Antwerp, 1734, s. 76.)

VI.—Mellin, Willis, Thrie, and others, have had occasion to observe the good effects of Coffee in cases of sleeplessness and vertigo, when these affections were periodic, and not dependant upon any structural change in the brain. Although we have elsewhere represented Coffee as preventing

* See Note B. † See Note C.

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sleep, yet it is no less true that experience shows it to be useful in curing some kinds of sleeplessness. The celebrated Zimmermann relates a case of a lady, aged sixty-six years, whom he attended, for an affection of the limbs, (Gliedersucht,) accompanied by obstinate sleeplessness for several months. He tried opium without the least effect, and at length the lady herself took a fancy for a cup of Coffee during the night, and immediately after fell asleep. She continued for months to take her Coffee every night, and always with the same good effect. (Von der Erfahrung, Wien. 1832, s. 339.)*

VII.—In obstinate chronic diarrhœa a decoction of unroasted Coffee beans has been found of great use by Morellot, Swediauer, Lanzoni, and Mellin, (Acta Natur. Curios., Vol. I, obs. 44.) Although Zimmermann has recorded that he often saw a most untractable diarrhœa produced by the use of Coffee and milk in hysterical women. In the colliquative diarrhœa, that often occurs in military hospitals in times of war, Vest found the best remedy to be Coffee and opium combined, although the latter seemed antidoted in a great measure by the combination, (in Beobachtungen und Abhandlungen, Oester., Aerzte., Wien. 1819, Bd. I, s. 247.) It was found equally useful in the colliquative diarrhœa of a typhus epidemic in the military hospital of Klagunfurt, in the year 1814, by Burger, (Supra. Wien, 1824, Bd. IV, s. 170, 173.) Lagneau also observed the good effects of strong black Coffee, taken without sugar, in the dysenteric painful diarrhœa which carried off so many of the French soldiers in their fatal retreat from Moscow.†

VIII.—A strong infusion of Coffee was found very useful in the epidemic cholera of 1831 and '36, particularly against the weakening, vomiting, and tormenting thirst; and it was found serviceable by many as a domestic remedy in subduing the premonitory symptoms. (*Vide* Barchewitz über die Cholera: Nach eigener Beobachtung in Russland und Preussen; Danzig, 1833. Slawikowiski in Med. Jahrbücher des K.K. Oester. Stat. Bd. XIII. Jänichen in Moscow, in Helcker's Annalen; Berlin, 1831; April. Sachs in Königsberg,. Offenes Sendschreiben die Cholera betreffend; 1831. Gottel in Elbing, in Gräfe and Walter's Journal, Bd. XVI,

* See Note D. † See Note E.

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Heft 4.) It was also found beneficial in the obstinate diarrhœa of old people that often occurred after an attack of cholera, as observed in the cholera hospital of Prague. It was recorded by Bidder (Rusts' Magazin, 1833,) that those accustomed to drink Coffee were especially revived, when attacked by cholera, by a cup of strong Coffee; an observation which we had the opportunity of corroborating in Prague, and I found confirmed in my own person. Stromeyer (in Gerson's and Julin's Magazin der Ausl. Literater; Hamburg, 1831; November and December;) also observed the good effects of Coffee in the spasmodic stage of cholera, and our experience quite agrees with his, that Coffee was retained and acted well when all preparations of tea were immediately rejected by the stomach.*

IX.—The good effects of Coffee after excess in wine are well established; even S. Hahnemann, who is so zealous against the Arabian bean, in accordance with his principle *similia similibus* recommends abstinence *and a small dose of Coffee* in cases of indigestion following a debauch; because, as we have elsewhere shown, the effects of Coffee are to produce loss of appetite.

X.—Coffee has also the important property of assisting the passage of gravel and small urinary calculi, as well as of impeding their further formation in the bladder; and for this reason, it is recommended in cases of stone by Tralles (libr. X,) and Linnæus. Two cases occurred to me in my practice where marked benefit was derived from this remedy. It is also useful in catarrh of the bladder, particularly in old debauchees, and it is recommended in diabetes mellitus. Andry Gentil Sudolff and others recommend a strong decoction of Coffee in torpidity of the bowels, *which condition I have already noticed elsewhere as being brought on by the improper use of much weak Coffee.*†

XI.—A decoction of unroasted Coffee has also been of use, although, of course, only as a palliative in rheumatic and gouty pains. Musgrove found it useful in angina pectoris connected with gouty asthma. *(Alenii Synopsis Universæ Medic. Pract. Amstelod,* 1730, *s.* 279.) Conradi recommends it in the sleeplessness which attends atonic gout, which observation is corroborated by my experience.‡

* See Note F. † See Note G. ‡ See Note H.

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XII.—It is greatly esteemed as a domestic medicine in amenorrhœa and menostasia, and in some cases of these complaints in young feeble girls, I have seen it, without the intervention of any other medicines, give permanent relief. Richard, Rognetta, and other physicians of the most recent times, confirm this statement. According to Stapf, it is of the greatest value in excessively-severe labour-pains, and in after-pains.

XIII.—According to Caspari, *(die Homöopath. Pathologie. Leipzig, 1827, s. 132,)* Coffee removes the symptoms produced by mesmerism. Hence, Dr. Rachel, in Hof, forbids patients, whom he is going to mesmerise, the use of this drink. It seems to increase the susceptibility of the animal organism to electricity. Gremelli, who has lately published a learned work on that subject, entitled *Osservazione ed Esperienze Elettro-fisiologiche Diretto ad Instituare la Elettricita Medica,* states that the votturi pill had a much more powerful effect upon himself after he had taken a strong cup of Coffee. He also gave an extremely minute dose of Caffeine to a frog before exposing it to the magnetic current, and perceived unusually-powerful effects to follow. This is quoted in the *Med. Jahrbüchern des K.K. Œster Staates, Juli,* 1844.

XIV.—In some forms of toothach, when the tooth is not very much decayed, raw Coffee is much recommended by Schütte, *(Harless Rhemisch. Jahrbüchern der Med., X Bd., Heft. I, s. 64,)* and Schreger. Some persons to whom I have recommended this remedy did experience great benefit from it in violent toothachs.*

XV.—Richter, and other eminent surgeons, recommend the use of Coffee-enemas in incarcerated hernia.

XVI.—In former times, the vapour of Coffee was esteemed as an external application in chronic inflammation of the eyelids, as well as washing them with a decoction of the raw Coffee bean. Amati has related three remarkable cases of more recent occurrence, in which a cure was effected by this means after they had resisted all the ordinary application. *(Repertorio Med. Chirurg. di Torino.* 1825, *Dec.)*

* See Note I.

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NOTES.

NOTE A.—The following symptoms of fever were observed by Hahnemann, Stapf, and Franz in their experiments with Coffee:—Thirst during the night, dryness of the mouth early in the morning, in bed. Sense of general warmth, with some redness of the face, but without thirst. Shivering, increased by exercise. Shivering through the whole body (with the skin warm) more marked during exercise. Severe shivering at five o'clock in the morning and in the afternoon, without thirst. Exhaustion in the afternoon, heaviness and feebleness of the limbs, the knees knock together, attended with external and internal feverish heat and shivering, Repeated attacks of shivering while the body remains warm. Feeling of coldness all over the body, then sudden redness and heat of the face, with cold hands, which then become warm in the palms while the rest remains cold. After the shivering, slight heat without thirst. Shivering in the back, combined with a sense of heat. Internal shivering, at the same time heat in the head and sweat on the face. On lying down at night, sense of general heat, and confinement, perspiration all over the body, especially the back. At eight o'clock in the evening, sensible external heat over the whole body, with much dryness of the mouth, and shivering at the back and lower parts of the body; then the hands and feet become ice cold; afterwards, in bed, at one time great coldness, and then great heat till midnight; in the morning, headach of exhaustion, which made every step painful. Heat of the face, with redness of the cheeks. Dry heat of the face. About eight o'clock in the evening, a sense of uneasiness as if in the stomach, like a faint and giddiness; he was obliged to sit, and then to lie down; his limbs felt exhausted: this was attended with some shivering. At three o'clock in the afternoon, (without previous shivering,) general heat, redness of the face, with much thirst; after the heat, repeated attacks of perspiration during the first hours, attended with thirst. Heat and redness of one cheek, with continual shivering. Incoherent talk, with the eyes open during the hot paroxysm.

NOTE B.—Oppression of the chest. Oppression of the chest, compelling rapid respiration. Short cough, often repeated. Cough compelling him to stop, and producing confusion of sight, paleness of face, and vertigo. Short, quick cough, as from irritation in the throat, frequently recurring. An irritative cough for an hour together, at midnight. A sudden attack of hard cough, as if produced by a spasmodic closing of the larynx, which felt as if coated with dry mucus.

NOTE C.—Headach attended with pressure over the brow, brought on by the exercise of the mental faculties. Headach renewed or increased after eating. It goes away in the fresh air, and returns on re-entering the room. Headach after reading a little, as if the brain were beaten and bruised. On waking in the morning, headach as if the brain were stretched, with a disinclination to open the eyes; on stooping forward, it feels as if the brain fell forward. Headach as if the brain were bruised, especially posteriorly, felt after waking from the afternoon sleep. The pain is not materially affected by exercise or intellectual exertion.

NOTE D.—Little sleep. Sleeplessness from unusual excitement of mind and body. [This effect of coffee is so universally admitted, that it is not necessary to detail the symptoms of it in the proving.]

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NOTE E.—The first two days, (contrary to his habit) two motions, the first firm, the second fluid. Inclination to go to stool; the fæces are soft.

NOTE F.—Constant inclination to vomit. About five o'clock in the afternoon, sense of weariness, then inclination to vomit. After a pleasant meal, sense of weakness and nausea. Working in the bowels, and then vomiting; a little afterwards, vomiting a second time; then, after a pause, violent vomiting again. Pain in the bowels as if they would burst asunder. Fearful spasmodic pain of the bowels and chest; general appearance as if the person were suffering the agonies of labour-pains, with cries; and as if the bowels were cut in pieces, with convulsions. The body was bent, and the feet drawn up to near the head, with dreadful screams and grinding of the teeth. She became cold and stiff, and moaned.

NOTE G.—Burning and tearing feeling in the anterior portion of the urethra. Frequent desire to micturate; the urine goes away in drops. Suppression of urine. Pressure in the region of the bladder, giving inclination to micturate. Great increase in the quantity of urine.

NOTE H.—Tearing pain in left arm, preventing its easy motion. Bruised rheumatic pain in left arm. Pain as from a bruise on the hip and thigh, which makes him limp as he walks. Pain in the legs, which obliges him to lie down after walking.

NOTE I.—Drawing pain through the left upper back teeth, which went away on firmly closing the jaws. Pain in one back tooth only felt when biting with it.

Coffee as an Antidote.—The power of Coffee to antidote the poisonous effects of opium is attested by general experience. It has also been found very useful in poisoning by lead. Dr. Kirchner, of Salzburg, describes a very severe case of lead-poisoning in a journeyman painter which was rapidly relieved by strong Coffee. It has also been proved by Orfila, and other toxicologists, of great use in poisoning with narcotic poisons generally. According to Berthold, in Göttingen, who has made many experiments with it, (*Med. Conversations-blatt*, 1832; *No.* 20,) Coffee is a powerful antidote against the effects of the salts of antimony. There is a case related in Rust's Magazine (1834) of a lad who had poisoned himself with tobacco, and was rapidly cured by strong Coffee. It is a useful auxiliary in removing the effects of severe cold in persons who have been frozen. At the end of Dr. Weitenweber's paper there follows a list of one hundred and fifty-six references to works and papers upon the effects of Coffee. This list is too long for us to give, but is well worth the attention of any one who makes the subject a study.

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CASE OF DIARRHŒA WITH DISCHARGE OF MEMBRANOUS TUBES.

By Dr. HAYLE, of Newcastle.

E. C., an unmarried female of thirty-seven years of age, low stature, dark complexion, hair, and eyes, sharp features, quick expression, choleric temperament, presented, on the 29th July, 1845, the following symptoms :—

Diarrhœa; stools very frequent, sometimes even once an hour, yellowish, slimy, ranging in consistence from watery to pappy, containing frequently, and especially after purgatives, tubes of coagulable lymph, generally of small diameter and short, but sometimes at least two inches in length, for an inch at least equalling a crow quill in diameter, and then branching out into smaller tubes. The specimen I have now before me, preserved in spirit, is of a fawn colour, presenting, like a cut artery, open mouths, and in dimensions answering the above description of the larger kinds. The diarrhœa never appeared at night, and was most violent in the morning and forenoon. There was no tenesmus. Severe gripings sometimes preceding a stool, sometimes not immediately connected with one, extended frequently from the right hypochondrium towards the left, being most severe in the former quarter; they were worse in the forenoon, easier in the recumbent posture, and when the parts were squeezed. The region of the liver is not tender on pressure, but is very sensitive to cold, which, as she says, "seems to go through her." These symptoms have lasted a year, and are increasing; they were preceded for a year by occasional uneasiness in the right hypochondrium. Pulse 120; tongue dirty brown; appetite good, but for the last six months weight at the epigastrium for two or three hours after eating; suppression of catamenia for six months; whitish sediment in the urine; feet cold; great irritability.

On *August 4th*, after having taken a drop of Aconite 3, every other morning, diarrhœa and griping less; appetite more decidedly good than before; tongue cleaner; urine clear; pulse 108; feet swelled. Continue.

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August 11*th.*—Diarrhœa increased; stools yellow, but not slimy, preceded by gripings. Chin. 2/12 every other morning.

August 26*th.*—P. 120. No improvement. Acon. $g^{tt}/3$. Merc. sol. 3/3 alternately every twelve hours.

September 2*nd.*—No change. Acon. $g^{tt}/3$. Sulph. 3/12 alternately every morning.

September 8*th.*—Is looking better; pulse 96; otherwise no change. Continue.

October 9*th.*—No griping; diarrhœa less; strength greater; pulse 108 after having walked a mile. Silica 3/30 every other morning.

October 25*th.*—Pulse 106; improving. Sulph. 3/30 every other morning.

November 4*th.*—Stools thicker; pulse 90 after walking.

November 21*st.*—Pulse 104, occasionally but rarely intermittent; otherwise much the same. Merc. sol. 3/12 every other morning.

December 3*rd.*—Pulse 100; stools nearly firm, two or three a day; gripings gone. Continue.

December 24*th.*—Is gaining strength and flesh; pulse 90; catamenia have returned. Merc. sol. 3/3 every fifth morning.

July 1*st*, 1846.—Has quite recovered, and states that she has continued improving ever since the last advice. Pulse 84.

This case appears to have been one of pseudo-membranous enteritis, the disease, I believe, first described by Powell; and it pretty closely coincides, in its symptoms, with his description.

Dr. Copland, in order to account for the frequently preceding jaundice, supposes either "an inflamed state of the villous coat of the duodenum," or "a false membrane over or into the common duct;" and this case not only proves the possibility of the latter supposition, but shows that such membrane may pass from the common duct into the various smaller ones which open into it. It proves also that this state of things may consist with very little interruption to the passage of the bile, for there was very little, if any, jaundice.

From Dr. Corrigan's point of view, this case is also interesting, as proving, beyond a doubt, inflammation extending high up the hepatic ducts to be the origin of a set of symp-

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toms which he had previously referred to this as their probable cause. In his group of symptoms it is true the tongue is not coated; it is smooth and red, nor is there diarrhœa; but this difference is probably owing to the difference in the kind of inflammation; his symptoms being referable probably to muco-enteritis, and those of the preceding case to pseudo-membranous enteritis.

On a review of the treatment and its results, we may, I think, arrive at the following conclusions as probable:—1st, That Aconite produced decided, but not permanent improvement; for during the first week of its administration the diarrhœa and gripings diminished, and the pulse fell from 120 to 108; during the second week, however, matters went back somewhat;—2ndly, that Sulphur was an important element in the success of the treatment; for it was not until it had been given in alternation with Aconite that the symptoms diminished and the pulse came permanently down; although China alone, and Aconite in alternation with Mercury, had been given for three weeks previously without any good effect. It is not, however, clear that Sulphur was the only element, for the alternation with Aconite, or the precession of the other medicines might have been essential. In the later part of the treatment Mercury appears to have had a good effect. It is admitted, therefore, that Aconite, Sulphur, and, perhaps, Mercury, are the medicines presented by this case in the most favourable view.

In favour of the action of the remedies, there is the previous duration of the disease, and its increasing intensity, and the fact that no change was made in the diet or regimen; but the observations of similar diseases, either in my reading or my practice, have been too few to furnish a point of comparison, and nothing can, therefore, be urged by me against the assertion that the disease got well of itself. The case is, therefore, recorded rather for its pathological than its therapeutical interest.

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CASES OF PUERPERAL CONVULSIONS,

By Dr. D. Wielobycki, of Edinburgh.

(Continued from page 212.)

Case IX.—Mrs. D., aged twenty-four, of a middle stature, corpulent, sallow complexion, brown hair and eyes, with congenital deformity of the face, its left half being smaller than the right; married a year ago; was seized with labour pains towards the morning of the 26th January, 1847, after the spontaneous escape of the liquor amnii, which took place the night before; it was her first pregnancy, and she was at the full time. Was attended by a midwife, who was afraid of the rupture of the uterus, from the first stage of the labour having been precipitate and very violent. It was between four and five P.M. that I saw the patient first; the external passages were tough and unyielding, the patient being fat; the os uteri open nearly fully, and cranium presented in the third position; the pulse 126, small; she was restless, tossing about and desponding of ever being better. Bowels usually torpid, were relieved by a common enema before my arrival; was hot and thirsty. *Aconite*, in cold water, was of benefit. About six o'clock the fœtal cranium turned itself to the second position, and having entered the pelvic cavity the labour became irregular and lingering; the cellular tissue of the passages, though unusually tough and thick, was not an obstacle to the labour, neither was there any malformation of the pelvis to account for the consequence; its progress was impeded by some depressing cause acting on her mind for some time previously; though she has never required to resort to art, her mind has always been in a terror at the idea of a medical man, she also dreaded the labour, and with its accession, she begged that nobody might be sent for; with the continuance, however, of almost ceaseless pains, the midwife wished to have more assistance. The cramps in the lower extremities after the pains, were greatly complained of; but about eight o'clock the pains began to subside, the fœtal pulsation indistinct, and the symptoms of prostration without reaction supervened: there was universal pallor and contraction of the features, shuddering, with a very small and rapid pulse, confusion of mental faculties, the pupils

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irregularly contracting, respiration shortened, with coldness of the hands and feet, followed by indistinctness and almost cessation of the pulse at the wrist, stupor, oppressed and noisy respiration, involuntary twitchings in the face and subsultus tendinum, but with returned sensibility after the pains, and after the face was sprinkled with cold water; then she appeared as if in a state of continued languor and faintness, interrupted by yawning, sighing, and sleeping, verging on delirium; then the pulse and the breathing almost imperceptible to the nicest observation, were followed by the convulsed state of the features, expressive as if of irony or risus sardonicus. *Opium*, then *Secale*, kept off the fits, and brought the labour to a speedy and happy termination; during the last pain, when the left labium externum was being distended by the fœtal cranium, a feeling of rupture was imparted to the hand, as if something had given way. It was the first time in my practice that I ever felt that peculiar sensation. A female infant, of a larger size than average, was born naturally at about ten o'clock, in a state of asphyxia and rigidity of the upper extremities, lasting for more than an hour; it could not be resuscitated, and the mother continued for two or three hours in an uncertain state of the mind, she could not be pacified, attempting to rise, and sobbing from joy or fear; was repeatedly sick or faintish, with cold skin, in spite of the means usually employed to produce artificial heat; the placenta was shrunk and partly filled with adipose tissue. The reaction after delivery was very slow and imperfect for more than an hour; with the use of *Coffea* and *Hyosciamus* her recovery was progressive, and she was able to be out in a fortnight; but was seized afterwards with metritis, and violent peritonitis, with symptoms of cystitis, and diffused inflammation of the cellular tissue of the pelvic cavity, the treatment of which does not belong to this paper. She had a very slow, but gradual recovery till the end of March, and I lost sight of her afterwards.

Perhaps many of the symptoms in this case were owing to a lesion in the cellular tissue, the peculiar properties of which may give at once a tendency to circumscription of the inflammation when produced by a local injury, while its general diffusion and intimate connexion with lymphatic vessels enables it to produce severe constitutional derangement.

Case X.—Jessy Bruce, aged twenty-six, stout and robust, of a dark florid complexion, but dull and heavy in her look and general

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appearance; unmarried; in the ninth month of her first pregnancy. Subject to epilepsy in youth. April, 1847. After suffering several days from diarrhœa, with cramps in the stomach and cutting pains in abdomen, was suddenly attacked, at about ten o'clock A.M., with convulsions, of which she has had many severe fits, and little or no consciousness in the short intervals; the fits were so violent, that she was severely bruised in different parts of the body. The os uteri was dilated to one inch in diameter; the cranium of the fœtus low in the pelvis, with abundance of the liquor amnii. She did not believe she was in labour. The tongue was lacerated, the jaws clenched, and bloody saliva resting on the lips and teeth. Pulse irregular and intermittent; skin bluish, cold; abdomen tender at the hypogastrium, with borborygmus, cramps in the epigastrium, and syncope. Being told that she has been informed of her intended having married another woman, and remembering a happy issue from the means used in an analogous case of complicated labour (Case VIII of the series) from over-distention of the uterine and abdominal parietes, and probable pressure on some of the internal vital organs, so as to suspend their function, I ruptured the membranes, and by *Ignatia* and *Mercurius solubilis*, the fits became milder, less frequent, and with the return of consciousness during the intervals the labour went on uninterruptedly, and she was delivered at noon, naturally, of a big living male infant, twelve pounds and eight ounces weight; recovered well; but that heavy, dull, and stupid expression of the countenance must have been congenital.

Case XI.—Mrs. F., aged twenty-four, of a slender and middle stature, small brown features and eyes, from Glasgow, came to be under my care, being delicate, suffering constitutionally from constipation, pains in the temples and occiput, vertigo, fainting, and dysmenorrhœa, before marriage; but nothing unusual occurred during the pregnancy, which was her first, and in the ninth month. Her general health has improved, but she was frequently depressed in spirits, her left leg swelled, and the varicose veins upon it threatened to burst. On the 7th June, 1847, precursory signs of labour were present; but it was not till the next morning that a spontaneous evacuation of the liquor amnii took place; for two weeks previously she had suffered from influenza and severe headach in the occiput. The labour was slow, with attacks of nausea, chilliness, occipital headach, vertigo, and despondency of spirits; there was also an increased action of the vascular system, with tinnitus aurium, flashes

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of light before the eyes, sighing, and other symptoms, with tendency to convulsions. They were, however, kept off by the common specifics, so as to counteract the unusual vascular excitement, and the mental agitation by frequent use of cold towels to the head and hands; the sense of weight upon the heart, as if strongly compressed, with corresponding confusion in the head, thirst, the sighing, the yawning, the ringing in the ears, and other signs of congestion from the long and teasing labour, were only temporary, before seven o'clock P.M.; but, when the os uteri was fully dilated, and the fœtal cranium fixing itself in the brim of the pelvis, in its first position, a slow, indistinct speech, with occasional spasms of the right side of the extremities, and twitchings in the left side of the face, continued during the course of about ten minutes; after which the spasms left this side, and the muscles of the opposite side became convulsed, with dilated pupils during the fits, but contractile and sensible in the intervals. She was nearly comatose during this time; but the labour pains being strong and regular, and the greater part of the head in the pelvic cavity, the fits of incoherence, drowsiness, and oppression in breathing were relieved by *Pulsatilla*, *Secale*, and *Opium*, used according to the indications present, and at midnight she was delivered, naturally, of a feeble living female infant. No fits after delivery, but the confusion did not leave at once; the consciousness and sensibility did not return till the morning dawn; pulse was then 76, full, and strong. The lady had a good recovery, and the infant is thriving well.

The languor and stupor or drowsiness in the commencement, and succeeded by nausea, rigor, præcordial anxiety, a rapid and bounding pulse, oppressed respiration with frequent attempts to sigh, then flushed countenance, dilated and contractile pupils, dry heat of skin, parching thirst, incoherence and wildness of expression, but not amounting to delirium; all were the signs of prostration, with excitement.

Since my mind was first directed to the practice of my profession, it has been in a particular manner interested by the subject of this paper, and the extraordinary phenomena which have occurred in the above cases before and during labour, deserve our special inquiry now as well, as they have at all times particularly attracted the attention both of medical men and of the world at large; though they have been described at a considerable length by all the ancient Greek

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physicians, with whose works we are acquainted, by Celsus and other Latin authors, and by the most distinguished among the moderns, yet neither the whole book, which Hippocrates has devoted to the consideration of this subject, nor the works of Galen, Aetius, Alexander Trallianus, and Paulus Aegineta, seem to contain much of importance. Aretæus appears to be the only writer on convulsions among the ancients who is worthy of attention, yet their nature and proximate causes still remain unknown, and the method of cure difficult and uncertain. Some valuable information, however, useful facts, and practical observations relative to this complication in labour, we are indebted for chiefly to modern systematic writers, and to various medical journals of this and other countries; and my object in undertaking this inquiry was, to ascertain with more precision the morbid state indicated by the term "puerperal convulsions," to investigate the causes most commonly productive of that state, the phenomena by which it is manifested, and the laws by which it is governed; and, from the comprehensive view thus obtained, to derive, if possible, some permanent pathological characters which might serve as a guide to more correct notions of its nature, and more scientific principles for its treatment. Of the facts and information, together with a few observations of my own, I propose to give as full an account as the limits of this journal permit.

Eclampsia parturientium, or epilepsy of parturient females, commonly termed "*Puerperal Convulsions*," implies all kinds of convulsive affections which may occur before, during, and after labour. It consists of paroxysms of convulsions, which, during gestation and after labour, take place at uncertain periods, and during parturition with the return of each labour pain; they are accompanied by an absence of sensation of voluntary motion, and end in somnolency or complete sleep, with a total loss of memory or recollection; they are sometimes sudden, sometimes preceded by certain premonitory symptoms,—as languor, torpor, pain or giddiness in the head, drowsiness or disturbed sleep, dimness of sight and tinnitus aurium; besides these, Aretæus enumerates—fulness and distension of the cervical veins, and nausea and vomiting

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after eating; immediately before the fit (he says) flashes of light appear to the eyes, or black spots, or spectra of various colours mixed together, as in the rainbow; the patient becomes bilious, and apt to be angry without cause; she experiences also perturbation of mind, with pain in the head and weakness in the stomach.* Heberden has observed a slight alienation of mind a few hours before the fit, and the patients were affected with the perception of disagreeable taste and smell, (gustu et odore moschi,) with pain in the head and bowels, with diarrhœa, vomiting, obscurity of vision, impeded or suppressed speech, difficult breathing, and cold extremities. Hutchison attests the appearance of a singular blue colour of the gums; but the most remarkable precursor of the disease is a sensation of a cool gentle air blowing on or proceeding from the part affected,† called aura epileptica, or of a stream of cold water ascending from different parts of the body to the head, (aura frigida,)‡ or of creeping, like that of insects, from the points of the fingers upwards, (formicatio.)§ This sensation seems to be the consequence of an irritation of the nerve in the part from which it ariscs, and following the course of such nerve,|| but Cullen remarks, that "he never found this sensation distinctly taking the course of such a nerve, for it generally seems to pass along the integuments."

Sometimes without any premonitory symptoms the patient falls suddenly to the ground in a state of utter insensibility, neither seeing, nor hearing, nor being at all conscious of impressions, however powerful they may be; only the involuntary muscular power remains, and is, indeed, excessive, and sometimes preternaturally violent,¶ as if the mind were in a dreaming or delirious state. The powerful contractions of muscles, especially of the face, are often such as to terrify the

* Aretæus; De Causis et Signis Morborum acutorum, Lib. I, cap. 5.

† Galen: De Locis Affect., Lib. III, cap. 2.

‡ Paulus Aegineta speaks of a woman who, during pregnancy, had epileptic fits, which were preceded by a sense of cold air ascending from the uterus to the brain.

§ Schenkius, p. 106.

|| Galen, Fonetus, Haller. Dictionaire Univers. de Med.

¶ Van Swieten, parag. 391.

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beholders; the body is sometimes bent forwards till the chin touches the sternum;* sometimes it is drawn backwards with prodigious force; the eyes roll furiously, or are so distorted that only the white part of them can be seen; the lips are dreadfully convulsed, and covered with a frothy saliva; the tongue thrust violently from the mouth, and shockingly cut with the teeth by the spasmodic contractions of the muscles of the jaws; the features expressive of various, and, as it were, contending passions of the mind, which, in addition to the fearful state of the eyes and mouth, with gnashing of the teeth, pale, livid, or else almost black face, a hissing, stridulous, or suppressed respiration, and powerful tossing of the whole body, give to the sufferer a horribly wild expression, as if the wretched patient were possessed, or, in the language of Scripture, *torn* by some malignant demon. *Quinetiam, subita vi morbi coactus.*†

During the fit, all the animal functions are differently deranged, and the secretions and excretions differently disturbed in different individuals: the heart palpitates; the pulse is irregular; the breathing oppressed, laborious, even stertorous; the voice is like that of a person almost suffocated;‡ the respiration being impeded, the venous blood is accumulated near the right ventricle,§ and the conspicuous veins become turgid, especially the jugular, and those of the forehead and under the tongue; the bile from the stomach, and a thick viscid saliva ejected from the mouth; the alvine and urinary matters discharged involuntarily and forcibly;‖ all the muscles of the chest and abdomen sometimes thrown into emprosthotonos or opisthotonos, or the general rigidity of tetanus supervenes. Many of the above symptoms do not subside until the female is delivered, either naturally or artificially; some of them last from one to five minutes, others from half an hour to many, and sometimes to twenty-four hours, when the attack may subside or be renewed either

* Aretæus, loc. cit. † Lucretius, Lib. III.

‡ Ὡς ἐν πνιγὶ αφωνίη. Aretæus. De causis et Signis morborum acutorum, Lib. I, cap. 5.

§ Unde sanguis venosus accumulatur circa cor dexterum. Van Swieten, Loc Cit.

‖ Boerhaave and Van Swieten's Comment. parag., 1073.

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alternately or mixed with an apoplectic state. Aretæus thinks that the disease begins to remit on the excretions of fluids from certain parts, the strangulation becomes less when an inundation of humours bursts from the nose, mouth, or other cavities; foam, he says, is thrown out, as by the sea, agitated by violent storms, and the symptoms disappear;* and, speaking of its severest form he says, it is an evil of a various and portentous kind, fierce in its paroxysms, acute and pernicious, or deadly, for sometimes a single fit proves fatal. Paulus Aegineta, Alexander Tralianus of the fourth century, and other Greek medical writers, have very minutely, and with much elegance and power of language, detailed the history of this disease, and agree in opinion with Aretæus on this subject. If the first attack of convulsions does not prove fatal, a remission follows; the consciousness gradually returns, but without any recollection of what has passed, the patient never knowing she had been in labour, or had been delivered; the pulse remains precipitate, single muscles still in oscillation, the head confused, abdomen tender, great exhaustion, then sighing and yawning, and the eyelids begin again to twitch, the lips to quiver, the face flushes, with tossing of the head, and another attack breaks out, commonly with an increased intensity, and in this manner a dozen or more paroxysms may take place in one day, though frequently, after two or three of them, recovery or death follows. Tissot says,† if the fits be not mitigated or removed at the time of pregnancy, the patient is destroyed. Perfect,‡ Portal,§ Baudelocque,|| and Capuron¶ record convulsions attacking the same patient in subsequent labours. Heberden records a case where, after an interval of thirteen years, the disease returned with more frequent and more violent paroxysms than before. Abercrombie thinks this disease one of the most obscure and difficult subjects in medical pathology. He describes a case in which the fits have returned after many

* Αφρὸν δὲ ἀποπτύουσι ὥσπερ ἐπὶ τοῖσι μεγάλοισι πνίγμασι ἡ θάλασσα τὴν ἄχνην. Loc cit. Lib. I, cap. 5.

† Traité de l'Epilepsie. ‡ Cases in Midwifery. Case 158.

§ Practical Observ. XVII. || Parag. 1100. *(Trans.)*

¶ L'art des Accouchem., p. 397.

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months' interval, on a sudden fright, at short intervals, and proved fatal. Strange, however, it is, that even after the most severe attacks of convulsions, where recovery has taken place with puerperal females, no paralytic affections are found on record as their sequela,* and neither mind, nor sight, nor hearing impaired, such as are the consequence of apoplexy; on the contrary, the judgment, memory, imagination, cheerfulness, natural sleep, and all the senses return. The puerperal convulsions cannot be identified, even with common epilepsy, where imbecility supervenes, even in the longest intervals of the paroxysms, the person being always torpid, languid, and dejected, avoiding the sight and society of men, time not affording to the individuals any mitigation of their sufferings, being often oppressed with watchfulness, or terrified with horrible dreams when they do sleep, loathing food and digesting with difficulty, losing their natural colour, and assuming a leaden hue; with the torpidity of their mind and senses, they comprehend with difficulty; are dull of hearing, with ringing in the ears, or a confused sound in the head; being agitated by convulsions, their mind is so disturbed by the complaint, that the wretched sufferers labouring under it become quite fatuous; dragging on a miserable existence in pain and ignorance, are sometimes, by the violence of the disorder, driven even to madness.

Puerperal convulsions, arising from causes to be described below, and yielding to the treatment as evidenced by the cases adduced above, must be an affection *sui generis*, originating in the grand organ principally engaged in the process of parturition, as we see, "that when recovery takes place it is mostly perfect, gradually brought about, and no trace remains of the serious attack the patient has suffered."†

Hunter, Lowder, and other teachers, were accustomed to state in their lectures, that more than one-half the patients attacked with this disease died;‡ Jacobs tells us, that scarcely any example is known of a patient having recovered;§ and

* Lamotte. Traité des Accouchem., 1745, Observ. 363.

† F. H. Ramsbotham Obstetric Medicine and Surgery, second edition. London, 1844. P. 462. ‡ Merriman's Synopsis, p. 132.

§ Ecole Pratique des Accouchments, 1785, p. 238.

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Nisbet writes, that when coma accompanies the fits, the disease "generally, though not always, proves fatal."* And in the last report on this subject, the average mortality is stated to be *two in every seven cases* of puerperal convulsions.†

Dissection.—The morbid appearances *post mortem* are not satisfactory, from want of examinations of the spinal cord; and within the cranium there are generally signs of congestion and sero-albuminous and sanious extravasations have been found between the membranes and in the ventricles, especially where apoplectic symptoms have been present in connexion with convulsions.‡ Romberg found a small coagulum of blood at the basis of the anterior lobe of the left hemisphere of the cerebrum, in a case of a female aged twenty-nine, in the eighth month of her third pregnancy, who was suddenly seized in the night time with violent headach, unconsciousness, convulsions, and died in twelve hours afterwards.§ But the *post mortem* appearances depend entirely upon the nature and course of the disease: thus, besides the vascular turgescence of the brain, and effusions, particularly of a thin yellowish, pure or limpid water in the sinuses, and washing the whole substance of the organ, filling the skull and the ventricles so as to produce the destruction of the corpora striata and thalami optici, or besides, a mucous viscid humour or jelly-like substance scattered through the brain, or purulent fluid formed between the dura mater and the cranium. Boerhaave, Bonetus, Lieutand, Morgagni, Tissot, and other eminent anatomists, have attested the presence of tumours of various kinds, abscesses, exostoses, induration of the membranes. The skull itself is often malformed, and the brain hypertrophied|| and too hard, or too soft with tubercles, or containing hydatids in the plexus

* Clinical Guide, 1800, p. 257.

† *British Journal of Homœopathy*, No. XX, p. 198.

‡ *Hauck.* Einig. a. d. Gebiete d. prakt. Geburtsh., in Casper's Wochenschrift der ges. Heilkunde, 1833. I Th., p. 188: and *Velpeau* die Convulsionen der Schwangerschaft während und nach der Entbindung. Uebers. von *Bluff, Köln*, 1835, *p.* 86.

§ Lehrbuch der Nervenkrankeiten des Menschen. I Band. 2, Abth., p. 572.

|| *Parchappe.* Récherches sur l'encephale, sa structure, ses functions, et ses maladies. II Mémoire. Paris, 1838, p. 201.

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choroides. Joseph Wenzel states* that he has examined the heads of twenty persons who had died of convulsions, and found in fifteen the cerebrum in a healthy state, but the cerebellum *uniformly* diseased, the pineal gland always softer and smaller than natural, mostly of a gray colour; in one instance it was brownish, and contained a yellow transparent vesicle, the infundibulum being surrounded with a thick lymph. In the cerebellum he found always most extraordinary lesions; its whole surface often appeared generally unequal and furrowed; in one, about the insertion of the infundibulum, there was a large excavation from a loss of the substance, of almost the whole of its superior surface; in two instances, its superior surface was of a dusky red, mottled, and different shades approaching to blackness; the whole substance being harder, more compact, and considerably larger than natural, owing, probably, to the important alterations observed in its interior. After having made one or two horizontal sections of the cerebellum, in ten instances out of twenty, he found, between the lobes at the point of their union, a yellow, friable, solid matter, which almost always had produced not only a separation of the lobes, but a loss of their substance; in others, a great quantity of lymph, more or less thick, was seen between the lobes instead; in one case a round ball was observed, containing several small globular transparent bodies, much resembling the granulated substances often seen in the pineal gland.

As regards the lesions in other parts of the body, Bonetus has seen a gelatinous humour in the great veins near the heart, makes mention of the blackness of the right robe of the lungs, of an ulcerated pancreas, carcinoma of the cardia, ulcers in the bladder; and Prout, of Paris,† assures us, that in every case he found invariably masses of worms in the intestines, generally accompanied with acrid substances in different parts of the alimentary canal. But it is proper to remark, that in many instances after puerperal convulsions, no marks of diseases whatever could be found within

* Beobachtungen über den Hirnanhang fallsüchtiger Personen von Carl Wenzel. Mainz, 1810.

† Médicine éclairée par l'observation and l'ouverture des corps. 1804.

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the cranium, the thorax, the abdomen, or in any other part of the body. Lee states that, "except a little unusual fulness in the blood-vessels of the brain, there was no morbid appearance to account for the convulsions," thoroughly repudiating the heroic treatment, in which "he has been led to believe, from Dr. Hamilton's lectures."*

Causes.—Puerperal convulsions may be *occasional*, or *symptomatic*, or *idiopathic;* the first, being the result of some evident irritation, and ceasing on the removal of that irritation ; the second, having its origin in some part of the body, and affecting the brain secondarily ; the last being a primary affection of the brain or its membranes. And the ancients have attributed them to some supernatural agency, or to the influence of a dumb and and deaf spirit,† and to the moon ; hence the σεληνιαζομενοι of Alexander Trallianus, and the *Lunatici* of Ptolomy, ancient astrologers, Galen, and of some Latin writers.‡ But there are evidences for believing that a certain constitution of the brain and nervous system exists in particular persons, which renders them especially liable to this disorder; that in a delicate constitution of the frame there is a much greater sensibility and irritability, or what Cullen terms mobility of the brain and nerves, which constitutes predisposition to the Convulsions. We see some persons easily elated by hope and depressed by fears, and passing quickly and readily from one state to the other, easily pleased, and prone to gaiety, and easily provoked to anger, and rendered peevish and liable to strong emotions from slight impressions; this is the temperament, *qui colligit et ponit iram temere, et mutatur in horas*, says Cullen, this is the *varium and mutabile fœmina.* The head larger and the skull thicker than usual, is adduced by Leduc and Lorry; and plethora, and sanguine temperament by Prichard;§ stimulants, producing congestions distending the vessels of the brain or other changes in its structure or diseases in the substance of the cerebellum

* Clinical Midwifery. London, 1842. P. 207.

† Αλλαλου και Κακου πνευματος. Plutarch. de Orac defect. P. 38.

‡ Van Swieten, Forestus. Lib. X. Observ. 60.

§ On Nervous Diseases, p. 94.

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and spinal marrow or spinal nerves. All these causes either stimulate or compress various parts within the cranium or spinal canal, producing either epilepsy or apoplexy according to the greater or smaller degree of pressure on the nervous centres, or according to the diminution or the increase of the power of the exciting cause as proved by Portal's experiments and demonstrated by Wenzel's dissections. Meckel, of Berlin, proved an engorgement of the nervous centres; Mansford, an increased momentum of blood in them to be the immediate exciting cause of convulsions. Drelincurtius, of Leyden, asserts violent exercise, great heat, intoxication, and joy and anger to cause them in plethoric people; Cullen adds chemical stimulants, as fluids lodged in certain parts of the brain, thus producing an increase of its energy, calling *collapse* whatever diminishes that energy, or by depressing passions of the mind: fear, terror, sudden grief, disagreeable and powerful impressions on the imagination and senses;* and every thing that weakens the action of the heart, as hæmorrhages or other excessive evacuations. Some females, says Aretæus, fall down in this disease oppressed with sorrow, some terrified with shadowy appearances or by the dread of being suddenly attacked by a wild beast. Van Swieten informs us of a lady of strong constitution, who had always enjoyed good health, being, during pregnancy, so much terrified by the breaking out of a dreadful fire in the neighbourhood, as to be affected with epileptic fits, which at length proved fatal. "I never saw," says Tissot, "a more distressing case of convulsions than that of a female, who, on receiving a very gross insult from an insolent blockhead, was seized violently with them, and she was never free from the disease for more than a day for many years, dragging on a most miserable existence; and other cases of the same nature he adduces as resulting from terror or terrific dreams;† sudden suppression of cutaneous eruptions, or of accustomed evacuations.‡ Morbid affections of the spinal cord, as proved

* The smell of burnt *lapis gagates* (jet) was used by the ancients in purchasing slaves, to discover whether or not they were subject to the disease.

† Loc. cit., p. 131-135.

‡ Journal de Médicine, Tome XXX, p. 440; and Monro's Account of Disease, p. 237.

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by dissections of Esquirol,* of concretions on the nerves in distant parts of the body, in their course towards the spinal marrow;† drinking sea water and eating indigestible matters when shipwrecked;‡ Prout, of Paris, adduces sufficient grounds for belief, that irritation in the intestines from acrid fluids or solids, bile, ascarides in the cœcum and the ascending portion of the colon, produces most serious disturbances in the nervous system, which may give occasion to organic and incurable changes in parts at a great distance from them. Van Swieten relates a case of violent and continued convulsions, at last fatal, from a round worm § which had perforated the duodenum, and was taken out alive from the body. Bartholinus, Stahl, Wepffer, Fabricius of Helmstadt, Sennestus, Schenck, Sir George Baker, Tissot, La Motte,|| and Roget,¶ give numerous accounts of convulsions produced by the above causes, as well as by eating mushrooms, leeks, some kinds of fish, eels, roots of cicuta aquatica, and have witnessed the deleterious effects of lead and arsenic, in connexion with gestation and parturition, particularly in females of a sanguine temperament.

Prichard is of opinion that disorders of the nervous system are, in the majority of cases, secondary and sympathetic affections,—that they are often symptoms of some latent disease in the organs which are subservient to the natural functions, and could be removed only by removing the primary cause, but not by the exhibition of a set of medicines supposed to be possessed of certain anti-epileptic powers;** he also describes convulsions by metastasis to the brain from the healing of old ulcers and the recession of exanthemata,†† from gout and rheumatism, from inflammation of the serous membranes,‡‡ from dropsy,§§ and removal of the tumours. |||| James Johnson says,—there is every reason to believe that

* Des Maladies Mentales. Paris, 1838. Tome I, p. 277.
† Edinbr. Medic. Essays and Observ. Vol. IV, art. 27.
‡ De Moissoneuve, Récherches et Obs. sur l'Epilepsie, p. 229.
§ Parag. 1075. A lumbrico terete.
|| Medical Transactions of the College of Physicians, Vol. II, p. 86.
¶ Medico-Chirurg. Transactions, Vol. II, p. 155.
** Nervous Diseases, p. 252.
†† Loc. cit., p. 216. ‡‡ P. 221. §§ P. 225. |||| P. 230.

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the immediate cause of convulsions is a temporary turgescence of the cerebral vessels, which is determined by a temporary over excitement in the nervous structure of the parts, on the well-known principle "*ubi irritatio, ibi fluxus.*" Mansford believes an excess of the electric matter in the brain in relation to its existing capacity, inferring chiefly from the phenomena of the torpedo, that the nervous and electric fluids are the same.*

Dr. Mickschick† tested the urine of twenty-six parturient females, with the view of ascertaining the correctness of Lever's statements as to the presence of albumen in the urine in cases of convulsions. He detected it in the urine of five patients, one of whom was dropsical. Labat has reported an interesting case where puerperal convulsions came on in a highly anasarcous woman, who at length sank into a comatose condition.‡ Landsberg§ has published a very prolix essay on puerperal convulsions, pointing out chiefly that the danger attending them arises not from the convulsions, but from the accompanying congestion in the brain.

Sauvage observes, that if the brain of an animal be denuded and perforated with a sharp instrument, no sensation will be occasioned; but if the instrument reach the origin of the nerves, or the medulla oblongata, a convulsive paroxysm will be produced. This seems to be confirmed by the dissections of Wenzel. Brown, however, in his dissertation "*De Epilepsia,*" says,—"*Est quasi terra incognita, in quo quisque pro voluntate sua vagatur, et viam diligit jam factam, aut facit. Auctores de hac re multas plausibiles et populares fabulas effixerunt; hæc vero, omnia novimus esse nihil.*" And I think very justly, because nervous disorders are connected with each other most extraordinarily; they frequently run into each other, and neither of them can stand isolated and distinct from others: thus, persons who have partially recovered from a recent apoplexy are often assailed by convulsions, which display most of the phenomena of epilepsy, and fits of the

* Researches into the Causes of Epilepsy, p. 64.

† Medical Gazette, September 12, October 24, 1844.

‡ Dublin Quarterly Journal, May, 1846.

§ Zeitschrift für die gesammte Medicin, July, August, 1846.

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the genuine epileptic character frequently occur after an attack of hemiplegia; on the other hand, persons who fall victims to the repeated fits of epilepsy, perish under all the symptoms of apoplexy; and others, who recover from a severe fit or frequently repeated fits of epilepsy, are often found to labour under hemiplegia, paraplegia, or other modifications of palsy; though, as stated above, puerperal females, if they recover once, are exempt from them. Prichard also thinks, that insanity is still more intimately connected with epilepsy, and the fits of it being often followed by most violent attacks of maniacal delirium; the fits of madness from uterine disorder most commonly abate in a few days after the epileptic attacks have ceased; in other instances, however, the maniacal state is of longer duration, and epilepsy is sometimes the harbinger of a permanent and hopeless insanity.* Merriman mentions having "known two or three instances of mania occurring as soon as the convulsions ceased, and remaining for some weeks," and another of true chronic epilepsy which continued for some years, until the woman died of pulmonary disease.†

Thus, the relation of epilepsy to gestation and parturition is obscure; and Cullen confesses that he does not attempt to form the indication of a cure from a knowledge of the immediate or proximate causes of the disease.‡ We must, therefore, inquire into the *remote* causes, chiefly, by considering the most prominent symptoms and physiological facts in connexion with the affection in question, as regards the instantaneous relief obtained from means popularly resorted to, and we may arrive at a true diagnosis and infallible principle in assuaging or preventing the sufferings and danger in this complication in labour.

Irritation existing in some part of the alimentary canal, depressing passions, atmospheric electricity,§ over-distension of the uterus with twins or liquor amnii, death of the fœtus, general irritability of the constitution, forcible removal of the retained placenta,|| and all the mental, physical, dietetic,

* Loc. cit., p. 62. † Synopsis, p. 140. ‡ Vol. III, p. 150.

§ Denman, loc. cit., Cap. XVI, sec. 2. Smellie's Midw., 1779, Vol. II, p. 285.

|| Ingleby on Uterine Hemorrhage, p. 186.

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meteorological, cosmological, and numerous other agencies, which are considered by the systematic writers on puerperal convulsions to be the remote causes of this affection, are heaped together in their works without any special analysis being attempted, because its nature is believed to be unexplorable and obscure; copious bleeding, however, is recommended as a sole specific for it, evidently from the belief that the only clear and comprehensible cause is the overloaded state of the system!—hence, to unload it by *V. S.* is decided upon by all the modern writers, who seemed also to be encouraged by the vague argument brought forward by Denman,* that "the accidental loosening of the bandage tied round the arm after venesection, which occurred in the practice of Dr. Broomfield, has given the first idea of the value of *larger* bleedings than it was formerly the practice to resort to," forgetting altogether the extent of the puerperal excitement, where the powers of life are so much reduced by protracted labour, or other irritating constitutional causes, as to be scarce able to maintain what is necessary to it, and where the bleeding only the more rapidly exhausts it, not remembering, likewise, that in war it is to many often a piece of good luck to be left on the field of battle, that sleep will restore where the lancet or alcohol destroys, and that the remnant of life is sometimes more quickly consumed by their incessant appliances than would have been the case had nature been left to her own resources.

All the modern obstetric writers, however, are at this moment of opinion, that the remote cause of this kind of eclampsia is situated in the uterus, as proved by the comparative frequency of peritonitis and metritis after the labours, which have been complicated with puerperal convulsions.†

The *diagnosis* is very clear. The characteristic frightful appearance of the parturient or pregnant female, as detailed in the history of the above cases, cannot be confounded with any other disease peculiar to the puerperal patient; it occurs more frequently during parturition as well as during the latter two months of gestation, but seldomer after labour,

* Loc. cit., Cap. XVI, sec. 5.

† British Journal of Homœop., No. XX, p. 198.

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and seldomest during the first seven months of pregnancy; it occurs more frequently among the primiparae than those who have borne children before,* and more among the younger hemorrhagic or dysmenorrhoetic than older females, though Dumont mentions the case of a woman who was attacked with convulsions for the first time when in her eleventh pregnancy;† it happens more in twin gestations,‡ in plethoric as well as delicate habits of body, from gastric, nephritic, and vesical irritation, in consequence often of the mere pressure of the gravid uterus upon the bladder and other abdominal viscera, as well as from protracted and difficult labour, and from extreme, incessant, and unremitting pains during it; but after labour from internal uterine hemorrhage or retention of the placenta;§ and Dr. A. Wood has reported a case of puerperal convulsions following delivery, where the vapour of sulphuric ether had been inhaled during labour.||

But in spite of the so frequent occurrence and influence of the just-named causes, this eclampsia belongs to rare diseases: thus, Mayer of Berlin, out of two thousand five hundred cases attended during fifteen years of his accouchement practice, met only with five;¶ the famous Lachapelle, of Paris, only with sixty-eight in thirty-eight thousand cases; it has occurred oftener in the practice of the British accoucheurs: thus, Merriman, out of two thousand cases, has treated forty-eight of puerperal convulsions; Ramsbotham, only fifty-five out of forty-eight thousand six hundred and eighty-two;** it is rather difficult to find, from the works, the proportion in the practice of others; in mine, the above eleven cases are all in number I had to witness and to treat out of three thousand six hundred deliveries attended by myself hitherto.

Prognosis depends upon the age, constitution, habits, and other conditions of the patient; the younger and

* F. H. Ramsbotham, loc. cit., p. 448. † Velpeau, p. 57.
‡ Hamilton's Pract. Observ., p. 356; and Denman's, Cap. XVI, sec. 2.
§ F. H. Ramsbotham, loc. cit., p. 452, note.
|| Monthly Journal of Medical Science, June, 1847, p. 936.
¶ Romberg. Nervenkrankheiten des Menschen. I Band. Berlin, 1840, p. 573. ** Loc. cit., p. 726.

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stronger the female, the less frequent and less severe are the attacks. According to the origin and form of the convulsions, they may be *partial* or *general*, and *centric* or *ex-centric:* in the *centric* there being restlessness, wakefulness, fretfulness, intolerance of light and noise, peculiar throbbing in the temples and contraction of the brows, from the beginning of labour; in the *ex-centric* ones, as the uterine, gastric, nephritic, and other peripheral nervous affections, all the phenomena being spinal, and the general convulsions taking place before cerebral symptoms are observed; but under the treatment by specifics, the symptoms of either are of a transitory character; their permanency would terminate in death. Danger threatens to both the mother and the child; it is greater in the last months of pregnancy than during or after labour, and more to plethoric than to hysterical or epileptic females. Death in unfavourable cases takes place in twelve, twenty-four, thirty-six hours; it threatens, when the convulsions are mingled with profound sleep and stertorous breathing, and when the intervals between the attacks are very short or indistinct, and above all, when the disease appears to depend upon some cause acting mechanically on the cerebro-spinal system and its branches, particularly when the strength of the mother is diminished, and the powers of the mind impaired. Transition into other diseases is very rare. Only in singular cases metritis and peritonitis were developed; and in consequence of hemorrhage, partial paralytic affections remained.* In favourable results, perfect health of the individual returns. For the child, the prognosis is still worse; it dies generally when the convulsions occur during the last months of gestation: its life is sometimes preserved, if during labour.

As regards the *treatment* of convulsions, Aretæus and Celsus think, that in plethoric females, whatever is calculated to evacuate noxious humours from the head is likely to be useful in these cases, and the latter recommends cupping-glasses and the actual cautery to the occiput;† blisters, issues, and setons are highly approved of in this view by all the

* Velpeau. Loc. cit., p. 80.

† Ut per ea perniciosus humor evadet. Celsus. Lib. III, Cap. XXIV.

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modern writers, and the introduction of the free use of powerful purgatives into the treatment of nervous diseases is considered as one of the greatest improvements of the medical art which has taken place of late years.* Abercrombie states that if the disease has not yielded to purgatives, strictly vegetable diet, with total abstinence from strong liquors, and frequent washing of the head with cold water, he has not found it yield to any remedies; and Tissot† recommends the greatest attention to be paid to the state of the perspiration by warm bath. In convulsions from debility, besides the *tonics* and *antispasmodics*, and cold open air, Galen had confidence in *theriaca andromachi;* Aretæus in *Cinnamon, Cassia, Pepper, and Castor:* and Coelius Aurelianus in cold baths; De Haen, Home,‡ Thompson,§ and Tissot,|| speak highly of the use *of bark* and *bitters;* and Cullen¶ against it; the *leaves of the orange tree* were given as a nostrum in Hague, by De Haen, and in the hospitals of Vienna and of St. Mark, but Good disapproves of them;** Dufrenay†† found *Meadow-narcissus* useful. Of the *vegetable* astringents, *Viscus quercinus, Misseltoe,* (Loranthus) were highly reputed by the Druids, and by the ancient and many modern physicians, but have fallen now into disrepute;‡‡ and of the *metallic* tonics, since the publication of the case of a gentleman, who was in the habit of introducing a crown-piece between his teeth to prevent the tongue being bitten during the fits,§§ and had swallowed it by accident, and had no return of fits for nearly a year, the *nitrate of silver* has been distinguished as possessing the unfailing anti-epileptic power;|||| but Georget¶¶ pronounced it dangerous, saying, that he has great difficulty in conceiving

* James Hamilton's Observations on Purgative Medicines.
† Loc. cit., p. 230.
‡ Clinical Experiments, p. 207.
§ Practice, p. 346.
|| Loc. cit., p. 336.
¶ Loc. cit., p. 389, 390.
** Study of Medicine, Vol. III, p. 545.
†† Annals of Medicine, Vol. IV, p. 188.
‡‡ Cullen, loc. cit., p. 388; and Good, loc. cit., p. 544.
§§ Medical Transactions, Vol. III, p. 30.
|||| Powel. Medic. Transactions, Vol. IV, p. 86.
¶¶ Physiol. de Syst. Nerveux, &c., &c., Vol. II, p. 401.

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how the blindest empiricism should have led any one to attempt the cure of a diseased brain by cauterizing the stomach, irrespective of the discolouration of the skin. *Zinc* was employed boldly and with success,* and Cullen found it useless. *Cuprum ammoniatum*, says Battin, seldom fails to cure this disease;† never, if it be idiopathic;‡ but it has completely failed in the practice of Home, Hook, M'Ginnis. Rush, of Philadelphia, found *acetate of lead* of advantage. *Stannum* was successfully given by Fothergill, Shearman;§ Cullen speaks of it indifferently. *Mercury* has been favoured by Willis, Cullen, Tissot, Housset, and disregarded by Good.|| *Antimony* is spoken of favourably by Abercrombie; and *Arsenic* has been used by Prichard with supposed advantage, purgatives having been given besides.

Good attributes the disease to a habit, and employs his means only with the object of breaking through such a habit.¶ Abercrombie argues, that the medicines called tonics act beneficially in nervous diseases by restraining the vascular action.

A number of *antispasmodics*,—as, *Bovista*, *Valerian*, *Camphor*, *Castor*, *Musk*, *Ether*, *Ruta*, *Phosphorus*, *Oleum animale*, *Turpentine*, *Assafœtida*; and of *narcotics*,—as, *Opium*, *Hyosciamus*, *Stramonium*, *Digitalis*, *Belladonna*, have been celebrated with many practical writers, and reprobated by as many high authorities. Fothergill** thinks that such disgusting medicines might act beneficially by lessening the appetite and allowing nature thus to recover herself and shake off the disease, which indulgence had principally produced. In Hufeland's Journal the benefit from *Phosphorus* has been extolled.†† Percival, Lithgow, Young, Latham, Johnson,‡‡ speak highly of the curative effects of *oil of turpen-*

* Duncan's Annals of Medic., Vol. IV, p. 479.

† Ann. of Med., Vol. VI, p. 377.

‡ Edinbr. Practice of Physic, p. 419.

§ Observations on Epilepsy in the London Medical Repository, Vol. XVIII, p. 190.

|| Loc. cit., Vol. III, p. 546.

¶ Loc. cit., Vol. III, p. 548.

** Works. Vol. III, p. 206.

†† Annals of Medic., Vol. IV, p. 276.

‡‡ Practical Treatise on the Derangement of the Liver, p. 105.

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tine. In cases of irregular and excessive action, depending upon irritation, or increased irritability of the system, *Opium* has been praised by Cullen, Portal, Laland;* *Stramonium* by Odhelius† and others; *Digitalis* and *Hyosciamus* by Thomas,‡ and vituperated by Percival, Mansford, (p. 99,)—the latter recommending *Galvanism*, (p. 81-82;)§ *Belladonna* by Choussier,|| but others (Velpeau, l. c., p. 94) have not approved of it.

All the above-named means—and their disapproval—are stated in the obstetric works as having been employed for the purpose of removing or diminishing the predisposition to the disease; but, to remove or diminish the influence of the exciting causes, the ancient physicians used actual cautery, and often (we are told) with success, though Hippocrates, speaking generally, says, where medicine fails, steel may cure; where steel fails, fire may cure; where fire fails, the disease is incurable;¶ and Celsus,** Boerhaave, and Van Swieten (Vol. X, p. 392) have adopted the ancient opinion, that peccant humours sometimes cause convulsions, and that their direct evacuation may remove the affection; they have also revived the ancient practice of cautery and trepanning, and were followed by Tissot (100-101) and Baron Percy;†† the pyrotechnic doctrine has been adopted by Gondret;‡‡ but, as his patients did not like to submit to an operation so bold and frightful, he recommended *Ammonia* in pommade as a substitute; and incisions or excisions are recommended in cases of the affection depending upon causes acting on the nerves distant from the nervous centres;§§ in fact, the surgeon's scalpel is resorted to fre-

* Medical Journal, Vol. IV, p. 570.

† Comm. Acad. Succ. Stockholm, Vol. XXVII, p. 227.

‡ Edinbr. Med. and Surg. Journal, Vol. IX, p. 271; and American Records, No. 2.

§ Vol. X of Medical and Physical Journal.

|| Considérations sur les Convulsions qui attaquent les femmes enceintes. Paris, 1823.

¶ Οκόσα φάρμακα ὐκ ἰᾶται σίδηρος ἰᾶται ὅσα σίδηρος ὐκ ἰᾶται, πῦρ ἰᾶται. κ. τ. λ. Aphor., Sec. VIII, 5.

** Lib. III, cap. 23.

†† Pyrotéchnie Chirurgicale, p. 170.

‡‡ Considérations sur l'emploie du feu en Medicine.

§§ Medical and Physical Journal, Vol. X, p. 52.

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quently, and the treatment at random is pursued;* and in cases of suffering from certain affections or passions of the mind, or from violent exercise, from intoxication or exposure to heats and colds, no treatment is offered except to avoid the causes, as the *modus operandi* is not understood; but where the disease is connected with, or sympathetic of, certain morbid states of the abdominal or pelvic viscera, Galen† uses purging and tonics, *dolichos pruriens*, with artificial drains in addition.

We find, on the whole, very little practical information as to the treatment of convulsions in connexion with pregnancy or diseased state of the pelvic and abdominal viscera, many *arcana* employed by the empirics being whimsical and absurd; such as eating tame cats, the brain of a vulture, the raw heart of a sea-fowl, or drinking fresh blood,‡ the liver of a weasel, the skull of an ass, the ashes of cloths stained with blood of gladiators given in wine, &c., &c., black and white pebbles or peony-root on the neck,§ a small stone from the *limacone ignudo*, (naked snail,) or infusion of bones of the human skull,|| or an amulet:¶ all serving to show the littleness of man when under the influence of system, prejudice, or superstition!

Such are the experiments, observations, opinions, and practice of the most celebrated physicians in various ages respecting the method of cure in convulsions.

The French physicians, generally speaking, have employed very few means. Georget, in his inquiries respecting the physiology and pathology of the nervous system, condemns the whole tribe of what have been called anti-epileptic medicines. "The most violent poisons," he says, "have been extolled, the most painful operations recommended, for the cure of convulsions, and the practitioners have boasted of the efficacy of the pretended antispasmodics, narcotics, antipe-

* Cullen. Vol. III, p. 378; and Darwin's Zoonomia, p. 329.

† De locis Affect., Lib. V, cap. 7.

‡ Aretæus De Cur. Morb. Dint., Lib. I, cap. 4.

§ Celsus, Lib. III, cap. 24. Plinius. Nat. Hist., Lib. XXVIII, cap. 1, cap. 16. Lib. XXX, cap. 10.

|| Morgagni, Epist. IX, art. 6. Forestus, Quest., Lib. X, obs. 60.

¶ Medical Physic. Journal, No. XXXIV.

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riodics, and sedatives, both mineral and vegetable, and of cauterizing the head and giving the caustics internally; but all these means are either useless or dangerous, and some of them prove destructive." No wonder, when physicians seem, in general, to have contented themselves with speculating upon the probable effects of those means, rather than ascertaining their action on healthy human bodies, and then by their actual trial in diseases. From the trials made hitherto, as they are found on record, and with all the vast stores of knowledge heaped up by the labours of our predecessors, nothing, I think, can be confidently concluded regarding the efficacy of any of the above-named medicines in this disorder.

Depletion, therefore, by blood-letting, and purging, where symptoms are urgent, especially in a vigorous constitution, and by leeching and cupping in debilitated habits, is the sheet anchor of the established school of therapeutics; and emetics* and opium,† with pressure, ligatures (Galen loc. cit. Lib. III, cap. 2, Van Swieten, s. 1084) tourniquet over the limbs on the accession of the aura epileptica, and pressure on or tying of the carotids,‡ are recommended as prophylactics, though the latter, like all mechanical means, are dubious in their results; *Opium* again, requiring yet a special testing, and *emetics* in plethoric habits, promote and aggravate the convulsions, rather than obviate or retard them; and to say nothing of the great inconvenience of the abstraction of blood under strong general convulsive muscular action, it is doubtful whether any mitigation of symptoms would, in general, be thus obtained, more especially as Tissot and other high authorities have witnessed spontaneous bleeding from the nose without apparent relief, and Heberden§ and other accurate observers say, that bleeding during the convulsive paroxysms is calculated to lessen the strength of the patient, but not the power of the disease;‖ besides, bleeding being one of the infallible antiphlogistics of

* Thompson's Practice of Physic, p. 344.

† Fraser on Epilepsy, p. 62; and Brit. Journ. of Hom., No. XX, p. 199.

‡ Medic. Chirurg. Society, Vol. V, p. 1. Hodgson on Diseases of Arteries, p. 449-453.

§ 146. Vomitus quoque, et detractio sanguinis nocent.

‖ Cullen, Vol. III, p. 384.

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the established medical treatment, there seems to be no need for wasting the blood when there is no inflammation, but only some constitutional irritation causing the involuntary general agitation and the more or less powerful convulsions;—nay, it is, indeed, the boast of the medical profession, that if the nature of any morbid process be better understood than another, it is that of inflammation, and that, therefore, there can be no dispute regarding the principles of the treatment. The results of the treatment, however, cannot be boasted of; its almost uniform failure and injury in puerperal convulsions led me to study Hahnemann's Materia Medica with the object of testing the validity of the principle "*Similia similibus curantur*," and by adhering strictly to it in treating the most acute and dangerous affections of women and children, I became convinced, that neither the nature of inflammation, nor the operation of the remedies employed in its cure, was understood. Ask a medical man why he draws blood from one labouring under inflammation or convulsions, he will tell you he does so to reduce the force and frequency of arterial action; there is no increased force of arterial action; on the contrary, it is less than natural both in inflammations, and particularly so in convulsions; and where blood-letting acts beneficially, it does so, though indirectly, by imparting to the arteries a power to act forcibly. Still the subject requires more minute investigations and experiments on the operation of the few substances of our Materia Medica, relative to the convulsive diseases of the puerperal female; with the few of them, however, it possesses, I thought I could, along with proper regiminal and other therapeutic remedial agents, impart directly to the arterial system all that was gained by blood-letting, and thus check the disease without debilitating my patients: the restoration of health was rapid, without dooming to weeks of confinement those who, if they did recover from the immediate effects of the remedies, did but too often exhibit the remote effects of the harsh treatment—an enfeebled constitution in a system delicate and feeble by nature.

Neither is it the determination, but stagnation of the cerebral circulation that seems to be the cause of convulsions, as in both extremes, namely, where the capillaries of the

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encephalon are either over-loaded, so as to produce stupor and coma, or in a state of inanition, so as to be attended with delirium and coma; in both these instances, the stupor and the delirium is preceded by a pain in the head and contracted features; but as the stupor or delirium comes on, the pain ceases, though the impetus remains as before, or perhaps increased. Diminish in a slight degree the impetus, and you remove the delirium and renew the pain; diminish the impetus in a greater degree, and the frown on the forehead is relaxed, the features seem to open, and the pain entirely ceases. Some hints to that effect we find in Dr. Parry's posthumous medical writings.*

Now, if the lancet, in the hand of a judicious practitioner, has proved fruitful in unloading the vessels of the brain, any method in the possession of another physician, if equally fruitful, must be equally judicious.

But we shall come nearer to the point by considering merely the most characteristic portion of the subject in question, namely, the pain of labour.

Difficult and protracted parturition is sometimes fatal from pains, when amounting to a certain degree of intensity and duration. A good illustration of the effect of acute and enduring pain is found in Merriman's Synopsis of the various kinds of difficult parturition. Robert Gooch says, "this case is curious, not only as a specimen of the rare coincidence of polypus (three pounds and fifteen ounces weight) and pregnancy, but as a striking proof that mere pain can destroy life; the labour pains continued after the uterus was empty, and she may be literally said to have died of protracted labour, which took place after the child and the placenta were born."

In all cases pain has its seat in the brain. Being only a mode of sensation, it is subject to varieties, both in kind and degree, by the texture injured, by the nature of the injury, or of the exciting cause, and by the state of the circulation. Every texture has its characteristic under irritation. The different forms of injury and of inflammation have also theirs:

* Vol. I, p. 263.

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there is a pain of the nerves, of the muscles, of the serous and mucous membrane; a pain of laceration, of division, and of distension; a pain of suppuration, of ulceration, and of scirrhus; and the figurative terms,—burning, pricking, shooting, gnawing, throbbing, lancinating, twinging, aching, and many others are in constant use to express their varieties. We should, *à priori*, conclude, that the pain excited by mechanical causes is essentially different from that produced by any action of inflammation, and that the nervous system, excited by fever or enfeebled by sickness of any kind, would receive impressions of pain widely different from those transmitted to it in a robust or healthy state, as puerperal females in general are; it is probable, that in these contrasted states of the system, very opposite effects are produced by pain, as, for example, in one case stupor, in another delirium, and this is rendered more probable by the fact, that *anodyne* medicines of the "*contraria contrariis*" principle of treatment, are more than any others variable and uncertain in their effects, and that pain in different individuals, or at different times in the same, is relieved by remedies possessing qualities diametrically opposite. Such is the effect even of the transient bodily pain experienced in the extraction of a tooth or the evulsion of a nail, as in some persons to produce syncope, retching, or convulsions. Pains, however, even of the most harassing kind during child-birth, being relieved by intervals of ease, can be endured for a long time; but they gradually undermine and wear out the preserving principle. The first effect of intense and almost unremitting pains, as is the case in precipated labours, is precipitation of the action of the vascular system, with corresponding sensorial excitement, though neither of these phenomena is of long duration; the pulse, which has at first a strong bound or jerk, soon becomes small, tremulous, and irregular, or fluttering; the countenance, the features of which, in the first instance, are braced and compressed by a strong convulsive expression, quickly becomes relaxed, hollow, and ghastly; the extreme preternatural mobility of the muscular system, indicative of great restlessness, disappears, and a state of stupefaction and indifference to surrounding objects announces the state of exhaustion, and not the result

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of inflammation, since the state of excitement is only short-lived; the excruciating and enduring pains absorb the faculties of the mind, render the sufferer wholly insusceptible of domestic sympathy and the tender emotions, and make death an object, not of terror, but of earnest and unceasing desire, and terminate life by exhaustion in a very few hours. Pain in excess must, therefore, exhaust the principle of life, and either its continuance without intermission, or the superaddition of the slightest shock, subsequent to its endurance for a certain period, is fatal. In parturition, protracted by mechanical impediments, as from a hydrocephalic fœtus, or pelvic or uterine tumours, and where the nature of the impediment has been unknown, and therefore unrelieved, there is as much chance of fatal termination, as in cases of lithotomy, where the operation is protracted by unforeseen difficulties, the stone being of such a magnitude as to require crushing, and the patient often becoming moribund upon the table.

Moreover, every part of a living creature having its peculiar function, to the performance of which it is excited by an appropriate stimulus, must be irritable in proportion to the susceptibility for the impression of such a stimulus; but this property is not in the ratio of sensibility, nor vascularity or muscularity, nor any particular endowment, but according to the importance of the texture, and of the organ to the functions of life; thus muscle retains its irritability longer than any other texture, and the heart retains it later than any other muscle; consequently, in some parts predominates sensation, in others motion, in some a combination of these, and in others a result of such modifications of sensations and motion as escape our powers of perception, and of which we discern only the effects. The tone of the nervous and vascular system, the degree of physical activity and of mental energy, as well as the climate, diet, regimen, and in general the nature and strength of the stimuli by which the irritability is excited, are all modifying agents, direct or indirect, and lead to the various degrees of irritability in different individuals, and susceptible in all of infinite modifications, presenting all the fluctuations which can occur betwixt the extreme states of elevation and depression in consequence of

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the excess or deficiency of the natural stimuli, or by the operation of noxious agents; that irritability may be so augmented, diminished, or perverted, as to constitute a material deviation from health, or an actual morbid condition; thus, sudden changes from too intense light to darkness, and *vice versâ*, are followed by permanent spectra, the irritability of the retina in the first instance being rendered morbid by the reduction; in the second, by excess of it, habitual stimulus; an irritable retina is distressed to dimness by a full light, and, like the mind, disturbed by the surviving representation of transitory impressions; an irritable heart, if quickened by exertion or strong mental excitement, becomes tremulous and palpitates; an irritable mind is easily excited and over-excited by joy or anger, fear or pity.

But morbid irritability of the system is characterized by excessive *universal* sympathy, or associations founded on a reciprocity of sensations and actions, some being direct, as between organs served by branches of the same nervous trunk, others circuitous, as between remote organs, but maintaining an indirect communication through the medium of the brain; and the morbid sympathies of remote parts influence the course and character of disease in a remarkable manner, as is seen in the effects of morbid poisons and in neuralgic and spasmodic diseases; trismus, however, tic douloureux, and laryngismus, are examples of *partial* sympathy.

John Hunter defines an irritable habit to be "an increased disposition to act without the power to act with;" in another passage, he describes irritability "over-action to the strength of the parts;" and, indeed, extreme susceptibility and consequent over-activity, depending, most probably, upon weak and insufficient powers to constraint and resistance, as it is the case with puerperal females, are invariably coupled together. A weak organ or constitution is one easily disturbed or put out of order, because it is continually excited to greater activity than is consistent with the harmony of the system. But in a physical, as in a moral sense, every individual has a weak part, and this observation would as often apply to the function viewed abstractedly, as to the organ; besides, habits of life influence the body and its functions, as

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education the mind; it is, therefore, scarcely necessary to illustrate the influence of an irritable temperament upon the consequences of a casual injury or complication of disease. Practically, we all know it well: the first few hours enable an experienced accoucheur to determine whether the case will do well or otherwise. In some, the constitution seems almost ignorant of the affair, and the female will cheerfully pursue her ordinary occupations almost to the very last moment; in others, the whole system sympathizes, the spirits are ruffled and restless the whole time, the pulse acquires an undue bound, the tongue white, with creeping chilliness, lassitude, and erratic pains of symptomatic fever. The extraordinary vivacity of the nervous and vascular system, with which an irritable temperament is marked, occasions the labour-pains, though not earlier excited, nor exceeding in degree that which is experienced by a habit of the opposite description, to be the cause of a disproportionate constitutional excitement, and frequently induces symptomatic nervous fever and convulsions. The very remarkable diversity in the effects of medicine upon the system is notorious. I have seen, in two instances, acute pneumonia and mania set up by the excitement of *Mercury*, which proved speedily fatal, without any previous organic disease or prohibitory disposition; and there are many more on record.

The phenomena of *irritation* are chiefly displayed in the nervous system, and *it* is thus distinguished pathologically from inflammation, which belongs to the vascular; their relation, however, is as intimate as that of these systems, of the extraordinary actions of which they are the results. There may be an extraordinary excitement of the irritability either of a *part* or of the whole system. *Local* irritation ushers in by an alteration in the habitual and proper sensation or action of a part, by pain unattended by any other signs of inflammation, but characteristic of that degree of uneasiness which attracts attention to the part admitting of no positive description, and terminates, in resolution, or gradual retrocession, in local inflammation or in *constitutional* irritation, which exists in various degrees and exhibits very multiform and complicated phenomena, often becoming imminently hazardous and

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dangerous, as the disorder of the whole is of graver importance than the disorder of a part. In some cases the cerebral, in others the spinal medulla appears to predominate in manifesting morbid phenomena, particularly if coupled with a chronic alteration of structure or originating in the morbid state of the uterus, the mucous membrane which lines it, (much the same as the mucous membrane of the fauces, alimentary, or urinary organs,) and the serous membrane immediately investing the viscera of the head, chest, and abdomen, arouse, when subject to inflammation or injury, the highest degree of constitutional sympathy from their intimate relation to the vital functions; a formation of concretions on the uterine surface of the placenta—(in the same manner as in the biliary, renal, and vesical cavities)—a result of casual inflammations—acts as an irritant, much the same as in penetration of muscles by bony spicula in comminuted fracture produces tetanus, epilepsy in all its modifications, and other anomalous forms of spasms, mania, &c., &c.; besides, veins approaching nearer to the character of fibrous membrane, and being more susceptible of continuous inflammation, are productive of high irritation, and the absorbents alone often serve a salutary purpose, in arresting, or, at least, impeding, the progress of inflammation; whereas nerves, if subject to pressure or injury, occasion serious and alarming symptoms of irritation. Whether this be attributable to inflammation spreading along the neurilema, or to the propagation of morbid impression from the injury, or other mechanical cause, (over distension of the uterine parietes with liquor amnii, or with the bulk of one or more fœtuses during pregnancy, and retention of the placenta, or internal hemorrhage, or some superfluous interference during and after labour,) to the source of sensation, is not easy of decision, as the nervous texture has rarely exhibited to the anatomists appearances satisfactorily indicating the existence of acute inflammation, especially in scrofulous diathesis, where idiopathic inflammation is so obscure in its origin, and attended by so little suffering as often to elude observation, until announced by the palpable signs of disfiguration and lameness, and where a singular degree of apathy prevails even in the severe injuries

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of the organ, the *onus* of the mischief falling, as by accumulation, upon the more advanced stages of its progress, displayed in hectic, and ultimately consentaneous morbid changes in visceral, if not vital organs.

In the actual fit of convulsions the larynx is closed with a forcible effort of expiration, and the respiration suspended with violent actions of the muscular system, rarely equal on both sides of the mesial line, producing that distorted and frightful appearance of the patient as testified by the history above; the countenance is *either* livid and purple, with distension of the veins on the temples and forehead, and of the capillaries, doubtless of the encephalon—an evident congestion, with danger of effusion, or actual effusion,—*or* livid and pallid, cold and clammy, as in asphyxia, the blood being deteriorated, not sufficiently oxygenated or decarbonized, and acting on the fibres of the heart by destroying their natural irritability and arresting circulation,—bearing, however, no analogy to that of tetanus or hydrophobia, where, from the poisonous state of the blood, the symptoms continue without intermissions. In puerperal convulsions the frightful and alarming symptoms recur with each labour pain, or in opposition to an irritation during the growth and development of the fœtus, or in attempting to throw off a retained placenta or coagulum, which then act like some external exciting cause; and a hyperæsthesia or augmented spinal susceptibility to those excitants is induced, producing at first uterine erethismus, then various excited reflex actions, and at last general convulsions.

Every practical accoucheur admits and appreciates the influence of the mind in the issue of labour, and is conscious how much his prognosis is influenced by this consideration;—the variety evinced in the dispositions of different individuals in similar circumstances is remarkable. Some patients are observant of the smallest attention, and grateful for it, obedient, hopeful, always looking forward to good and speedy recovery, long and cheerless as is the journey, ever lightening the burden to themselves and those about them by a blessed spirit of contentment;—others, on the contrary, are so unhappily constituted, that they lie ruminating on some mis-

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chance or other, sullenly calculating the cost, if all proceed well, cast down by every adverse circumstance, and always anticipating worse, ever slow to acknowledge improvement, and selfishly regardless alike of the feelings they excite and the attention they receive. There are many intermediate shades of the mental constitution which cannot wholly be attributed to moral causes, as their effects are not limited to moral constitution; they have, on the contrary, a marked influence on the functions of life, on the progress of gestation or of labour, and on the powers of recovery, and during lactation. Many cases of death there are on record from the predisposition of the nervous system to maniacal excitement during pregnancy; at any rate, many casualties and operations for difficult labours, exactly as for chronic diseases, are occasionally productive of prostration, or a series of symptoms indicating a fatal interruption, derangement, suspension, or progressive failure of the powers by which life is maintained; or those symptoms are referable to that principle of universal sympathy which not only connects all parts of the system, but renders the welfare of the whole subservient and dependant upon that of one of its parts—the uterus. Hemorrhage, in itself, is adequate to the production of prostration, or a state not actually amounting to, but threatening or nearly approaching a cessation of vital action; and, I am afraid, it has not been uncommon for such a state to be produced by the intemperate use of the lancet, the judgment of the practitioner having been misled by the temporary relief obtained even to the last by the abstraction of blood, particularly in recent or acute diseases. Often pneumonia is followed by a stroke of fatal palsy in the act of blood-letting, because some persons cannot bear the loss of blood, it giving rise to prostration attended with convulsions or syncope, in which circulation fails so alarmingly as to require watching for several hours, and keeping up life by stimulants; the convulsions in such cases return in paroxysms, and resemble the puerperal in their severest form, signs of prostration with excitement, or an attempt at reaction. Indeed, many facts lead to the conclusion that emotions or mental passions act not through the cerebral system of nerves, but the spinal or ganglionic, pro-

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ducing sometimes such a prostration as is indicated by the entire relaxation of the sphincters, where a very sparing but frequent supply of nutrient liquid—a teaspoonful at a time,—or of a stimulus so diluted as not sensibly to swell the pulse, can succeed in preserving the life; as mental emotions produce strabismus, laryngismus, and sobbing in infants, so may they produce convulsions in females;—hence the necessity of patience and good temper in the attendants, that they may be able to maintain the patient in a state of mental tranquillity.

Sometimes prepossession or unfavourable influence of an irritable frame of mind, besides the bodily exhaustion from continued pain or spasms, proves suddenly fatal;—the patient dies by collapse, which takes place not during the expelling efforts in childbirth, but after they have ceased, namely, at the moment of transition from pain to ease. And not unfrequently the state of rude, robust health, or of nutrient plethora, being that forced state in which the nutrient powers are tasked to the utmost, and the subjects of this class are perpetually running upon the verge of the boundary between health and disease, cannot stand the labour; it becomes dangerously oppressive to the system, exactly in the same degree as when suddenly attacked by injury or illness. And most violent convulsions may follow the irritation produced by the resistance which nature opposes to herself in the operation of expulsion of the fœtus during labour, as of cutting a tooth during dentition; and if it be admitted that such states as follow distant injuries, as well as the phenomena of paralysis, spasms, &c., &c., are symptomatic, in numberless instances, of suspended or deranged nervous action, independent of any permanent change in the structure of the organ, there is surely no difficulty in also admitting that an impression of a certain kind, upon the stomach, upon the uterus in females, as upon the gums in infants, will produce convulsions, sometimes fatal, without a vestige of physical injury to the structure of the brain, many organs being so circumstanced as to lose their necessary irritability and tonicity of texture, and the duration of the labour itself, irrespective of any impediment during gestation, withdrawing sleep, appetite, digestion, exercise, and all the modes of recruitment requi-

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site to the vigour of the nervous system, must operate as an indirect but sure sedative upon the heart itself, and cause debility, which generally is the basis of *morbid irritation;* and those causes of debility which operate with the greatest force and directness, most invariably aggravate the state of irritation.

Of modern authors, Hunter remarks,—"It would seem as if simple irritation in a part was capable of affecting the whole nervous system; there are sometimes constitutional symptoms or universal sympathies, which arise immediately out of the act of violence itself, and which will, without loss of blood, produce immediate fatal effects."* Abernethy observes,†—"The effects that result from the sympathy of the whole constitution with local disorder vary greatly, both in nature and degree. Sometimes the brain is the part chiefly affected; on these occasions the nervous energy appears to be much impaired, and in some instances of this description the patient gradually sinks, little fever or reaction of the constitution being observed." Sir A. Cooper says,‡—"The most severe injuries by shock to the nervous system, cause death without reaction." "The sensorial powers," says Wilson,§ "may be so impressed as instantly to destroy all the functions;" and Benjamin Travers,‖—"A regular series of impressions and actions maintained between the nervous and muscular systems, is indispensable to animal existence, and there is reason to believe, that an interruption, derangement, or suspension of these is occasionally the result of a sudden and violent shock, mental or corporeal, or of the two combined, which is fatal or recoverable according to the greater or less intensity of the shock and the permanency of the condition from which it originated."

Nature, therefore, not being in a condition to make any arrangements for her own relief, a question presents itself, by

* Treatise on the Blood and Inflammation, Cap. IV, sec. 6.

† Constitutional Origin and Treatment of Local Diseases, p. 8.

‡ Lectures on the Principles and Practice of Surgery, Lecture I, by Fred. Tyrell.

§ Experimental Inquiry into the Laws of the Vital Functions.

‖ An Inquiry concerning Constitutional Irritation, 1827, p. 117.

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what means can we hope to rally the flagging powers and restore the natural harmonies of the system in cases of puerperal convulsions? The state of the circulation inferred from the pulse, the complexion, the breathing, and the temperature of the body are our chief guides, besides the state of the os uteri and of the external passages.

The custom of letting blood indiscriminately in cases of puerperal convulsions, is as irrational as in those convulsions occurring after accidents, that the authority of long-established custom forms no excuse for it, even in threatened apoplexy, with which the puerperal convulsions cannot be compared, as they never have occurred simultaneously in the same patient.* Prophylactic blood-lettings are here as improper as in cases of hemorrhagic diathesis—nay, they are injurious and hazardous, except, perhaps, when there are no constitutional remedies at hand. Specifics are then preferable, as proved at full length in valuable papers by Drs. Black and Ozanne, in No. XIX of this journal. I have seen practitioners tie up the arm of a female when pale, cold, and comatose, in whom the pulse could scarcely be felt at the wrist. It is easy to see their motive; but it is from an erroneous pathology, and is a dangerous practice.

The effects attending upon loss of blood are peculiar, and the reduction of strength by these means has no analogy whatever to that which is brought about by chronic disease. Here the heart is affected with tremor, and although it does not cease to act, acts so unavailingly, that the cerebral system is nearly arrested, and the current of life seems at its last ebb; it is, in fact, a state of syncope; and as the heart and vessels of the cerebral circulation recover their action during the interval of labour-pains, and the mental faculties begin to be restored, a momentary hallucination or delirium comes over the patient, not unfrequently accompanied with another, but slighter convulsion, succeeded by a rigor, then a warm glow, then a gentle moisture of the skin, and a calm, but somewhat oppressive languor; all brought on by prostration, with all the gradations between the extreme

* Ingleby on Uterine Hemorrhage, p. 186.

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states of excitement and depression, and with all the varieties of sensorial and nervous affection from light stupor to a profound coma, from passive incoherence to active delirium, and from a momentary sinking to a permanent syncope and convulsions, which are not dangerous if the uterine irritation be slight and evanescent; but if unabated and strong, extended deep and permanent, so as to affect the brain and organs of respiration, they generally prove fatal.

Such being the order of the train of the symptoms in puerperal convulsions, how can it be inferred that depletion, in the worse form of the attacks, has any prospect of success? That they are the result of a sudden depression of nervous energy is made evident by analyzing the few following most prominent symptoms as they appear, either singly or in combination with each other.

Nausea, more or less common during gestation and childbearing, cannot be always attributed to a deficiency of secretion, (as the salivary and alvine evacuations are sometimes so excessive as to produce most distressing toothachs and fainting,) but often to a suppression or a direct loss of tone in the sentient extremities and exhalant capillaries of the mucous surface. This effect occurs continually in health,* and is most rapidly and sensibly diffused over the system, as is seen in direct debility of the nervous, vascular, and muscular systems, ensuing upon sea-sickness, upon the introduction into the stomach of nauseating medicines and indigestible food, or upon a sudden affliction or other remote and transitory causes, where nausea precedes fainting. This symptom is, therefore, not an ordinary consequence, but a never-failing cause of nervous depression—of suppressed or depraved sensation—an immediate effect of irritation.

Vomiting is another symptom of irritation, and depends upon a general nervous derangement or prostration, if not concomitant with constipation or diarrhœa. And morbid sympathy in the muscular system shows itself in an extraordinary manner: thus we can explain palpitation, hiccup, dysphagia, dysuria, cramp, and spasms.

* Want of food palls and often destroys appetite; taking food frequently creates it—*L'appétit vient en mangeant.*

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Hiccup—a more advanced and decided symptom of prostration generally connected with the irritability which gives rise to vomiting, with intestinal obstruction and flatulent state of the small intestines, enfeebling almost to paralysis their peristaltic motion, and giving rise to excessive flatulent distention. The continuance of the hiccup, like that of vomiting, seems to depend upon the absolute exhaustion of the nervous energy, the presence of which being as necessary to repose as to action, to control as to incite.

Rigor, being the most uniform announcement of reaction, is a sympathy of the circulating with the sensorial organ—of the heart with the brain; arising also from a direct nervous impression, such as syncope or prostration, which is characteristic of severe irritation; rigor is most important as the harbinger of returning animation and action, if it do not by its violence and duration destroy reaction, or render it in its turn excessive and exhausting. Rigor having its origin in the enfeebled action of the heart, and the unequal distribution of blood, ushers in, in consequence of the struggle between the heart and the capillaries, and subsides as the former overcomes the latter, and the balance of the circulation is restored; the stronger the rigor the more severe is the ensuing stage; but, in irritation, a hot stage is either transient or imperfectly formed, or altogether passed over; flushes and partial sweats succeeding to the rigor at once.

Convulsions are invariably coupled with cerebral irritation. In every case of any organic suffering, or of an injured nerve or muscle, of lesions, of vascular congestion or effusion in the brain, convulsions are symptomatic of disturbance amounting to an interruption, or temporary suspension of the cerebral influence; though they occur in the plethoric and robust as well as in the exsanguine and debilitated, in their active as well as passive form, they invariably depend upon the tendency of a *local* irritant to produce them, being augmented by any more sudden depressing power, as by blood-letting or hemorrhage, thus producing a more unresisting condition of the body, as witnessed by me in Case II. Convulsions destroy life by arresting the muscles of respiration, and perhaps the heart itself, if the vital powers and functions are not stimulated to proper action.

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Delirium.—A more or less perfect condition of the arterial blood in the brain, and a share which the most important functions of this organ have in regulating the other actions of the system, well illustrate the state of confusion. A result of meeting of the two extremes of acuteness and obtuseness of the sensations and mental faculties often appears and prevails alternately in different stages, also of puerperal fever from prostration, with excitement of the nervous system.

Coma prevails in all cases in which reaction fails. Depletion, therefore, by blood-letting and purging is inadmissible here. Loss of blood, with inflammation of an important organ, acts differently from that without it—the two states form two distinct cases. "Under inflammation," Dr. M. Hall observes, "the system bears the loss of blood with less risk of exhaustion than in health; under irritation exhaustion is sooner induced than in health,"* though the treatment by specifics subdues inflammation, without it becoming, as it otherwise always is, a source of irritation; and even where the inflammatory action is marked and vigorous, the nervous action which supports it is strong and inirritable, and the former cannot be suddenly pulled down without a serious encroachment upon the strength and steadiness of the latter, as nervous power is much more easily depressed than raised; to lower it rapidly, we incur the danger of converting inflammation into irritation, and thus of destroying our only medium of recovery. The convulsions being a necessary consequence of *local* irritation, we can have no hope of amending the constitutional symptoms unless this can be altered; but it is a completely erroneous practice to bleed or purge on all occasions; an excessive reaction consequent upon the loss of blood will not subside till the depressing cause be subdued or withdrawn, or it may pass into the state of exhaustion as long as the depressing cause be still in activity, or it may suddenly shift into that of sinking or pure prostration, if chronic pleurisy, abundance of liquor amnii, or some other powerful irritant exists in conjunction with such a state of the system requiring speedy delivery, either by rupturing the membranes or by

* Medico-Chir. Transactions, Vol. XIII, part 1.

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forceps, exactly from the same grounds as the confinement of matter within a theca or beneath a fascia is competent to the production of violent delirium or tetanus, and, unless let out, proves fatal.

In cases of excessive reaction the energies of the system are diminished in proportion as the actions are increased; the heart rather thrilling than pulsating; its innumerably-rapid contractions, with expression by turns, excited and oppressed, wild and comatose; the breathing short, alternating with sighs; inability of maintaining a continued exertion of reason, and after a correct reply or remark, the patient wanders into irrationality;—all the confusion arising from rapid alternation of symptoms, and the urgent conviction that death must speedily ensue if this tempest be not assuaged, perplex the judgment of the practitioner; but that should not be the excuse for bleeding, or *calomel* and *jalap* administered by the practitioner in the belief that so *vitiated* a condition of the visceral secretions as there exists is yet the gravamen of mischief,—wine and strong nourishment being at the same time prescribed. This is the ultraism of faith in certain doctrines, unimpeachable when unabused, but capable, like every thing excellent, of being injured by a blind devotedness.

When the system has been rendered irritable, but is recovering, a second bleeding, even though it be inconsiderable, extinguishes life; for the loss of blood is not fatal in cases where the circulation, although feeble in the extreme, recovers and maintains its regularity, and no excitement remains, as in cases of uterine hemorrhage after delivery; but where an extra burthen lies, or is imposed upon the system, where the uterus is unrelieved and not emptied of its contents as the only cause of irritation and convulsions, the vital powers succumb as from unrecovered shock in cases of amputation for a mutilated limb.

Having repeatedly witnessed the total inadequacy of remedies employed under the sanction of, and in deference to, the axioms of schools and authorities, I may be permitted to remark, that in such a crisis experimental measures, supported by any fair hypothesis, should be encouraged rather than met

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with special objections, and that the results of having tried in succession all the various remedial processes of which the common therapeutics give either information or experience, should also induce the profession to give also trial to the specifics in this malady of the puerperal female, so terrific and deplorable in its consequences.

In the Philosophical Transactions for 1846 there is a paper on the Nerves of the Uterus, by T. Snow Beck, proving that the organic or gelatinous fibres of Remak are the nervous fibres constituting the true sympathetic system, distinct in its anatomy and functions from the tubular or cerebro-spinal nervous fibres; the latter taking their origin from the brain and the spinal cord, the former from the ganglionic corpuscles of the different ganglia of the sympathetic. The two systems being separate from each other at their origin and at their ultimate distribution, that the complex plexuses in the abdomen and pelvis derive their complexity from the mixing of the fibres of each system in the due proportion previous to their being distributed to an organ; that the amount of tubular fibres distributed to every organ is in direct proportion to the mental influence we are enabled to exercise over that organ, those organs over which we can exert but a small amount of psychical influence receiving but few tubular fibres and a large proportion of gelatinous fibres; and that the nerves distributed to the uterus are composed of a large proportion of gelatinous fibres with a small quantity of tubular fibres; whilst those sent to the bladder and vagina contain a much larger proportion of tubular fibres, and those distributed to the skin and muscles of the perinæum are formed almost entirely of the tubular fibres, with a small amount of the gelatinous fibres. The *white* cord between the spinal and sympathetic nerves being but a branch of the spinal nerve, consists, like other spinal nerves, of tubular fibres derived from the anterior and posterior roots of the spinal nerves in equal proportions; and the *gray* cord between them, being but a branch of the sympathetic, consists of a large proportion of gelatinous with a small quantity of the tubular nervous fibre—different from the former, though associated with them.

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From so intimate an association of the two kinds of fibres, it is evident that their reciprocal influence upon each other must be as considerable in diseases as it is in health. As regards the uterus itself, and its healthy functions and morbid states during gestation, we have proofs of the functions of the tubular or cerebro-spinal system being in complete abeyance, whilst the functions of the gelatinous or sympathetic system continue without alteration, viz., when ether is inhaled at the time of labour. This fact likewise proves that there must be some influence in operation to produce expansion during gestation, and contraction of the organ in parturition, even where the reflex function has ceased, as supposed by Brachet, who mentions a case of a paraplegic lady in her fourth pregnancy, who could not give birth to her child without artificial delivery; the details of the case, however, are descriptive of the labour having been more of a premature than a naturally impotent character. Ollivier, again,* has related a case of labour, the female being hemiplegic, and having left his case to nature, the labour took place "*tout à coup*," and with so little pain to the mother, that she was only aware of the fact by the subsidence of the abdominal tumour and by the cries of the child, though the efforts were strong and the child full grown. In my practice, I have met with two instances of the same kind: one of Mrs. A., a stout and healthy female, twenty-nine years of age, who, during her third pregnancy, felt her lower extremities very cold and numb, and could not walk for a month before her confinement. The inability of walking increased in a year afterwards; she was confined to the house for nearly two years after her third child, became pregnant again, and was completely powerless during pregnancy. On the 7th of March, 1845, the delivery of a full-grown living male infant was so rapid and easy, that, only by the escape of the liquor amnii, which took place half an hour before it, she knew she was soon to be better. Another case was that of Mrs. M'K., wife of a bookbinder; she was of a spare, delicate habit, mother of nine children, and forty-two years old; the right side of the body was

* Traité des Maladies de la Moëlle Epinière. Paris, 1837.

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paralytic for six years, and she had two children during this time,—was delivered of the last in February, 1846; it was a living female infant; the labour, according to her statements, could not have lasted longer than half an hour, with scarcely any pain. The recovery in both these cases was extraordinarily good, probably because the patients could not move, and the uterus was thus allowed to perform its natural action uninterruptedly.

The hitherto most generally received opinion of the action of the uterus is, that the contraction of the organ is caused by the reflex function of the spinal cord. It is supposed, that the incident or afferent nerves distributed on the uterus, receive an impression which is conveyed by the spinal cord; and that a motor influence is sent from thence along the reflex or afferent nerves to the organ, and causes the contraction, this motor influence being propagated without the consent or knowledge of the individual. But in many cases, in which the inhaling of ether has been recently employed to relieve the pains of operations in midwifery, the whole of the functions of the sensorium, and of the spinal cord, including also the reflex functions, have been annihilated for a time, and yet the action of the uterus went on as regularly and vigorously as if all the functions of the nervous system were in full force; the eyes fixed, insensibility to pain, the limbs and perinæum relaxed; in a word, all the most obvious reflex actions were in abeyance, and yet the contractions of the uterus went on unimpaired. This fact justifies us in saying that we cannot suppose that the reflex actions of the uterus alone continue, when all the most obvious reflex actions are annihilated; and must conclude, that the action of the uterus depends on some other influence than that of the spinal marrow. The very dilatation of the os uteri cannot take place by any cause but from the sole influence of the uterine contraction, and a peculiar power inherent in the organ itself. We cannot, likewise, suppose that the uterus, or any other organ of the body, is exclusively supplied with the gelatinous fibre; the female would then be unconscious of any actions which were going on in that organ; and only according to the amount of the tubular fibres con-

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tained in any nerve, is the organ which it supplies subservient to psychical influence; ether making the cerebro-spinal centres alone torpid, and not preventing the gelatinous fibres from performing their proper function undisturbed.

When we consider how peculiar and variable are the functions of the kidneys, liver, intestines, &c., &c.; how those which are manifested seldomer are more liable to disorder than others, and that they are imperceptible to the healthy organism, but become the object of attention only when disordered, the pain and other symptoms ceasing as soon as the cause producing them ceases; and when we reflect, how the modifications of those functions are clearly traceable to the varying proportions of tubular nervous fibres, which the different viscera receive, associated with the gelatinous fibres, we must conclude that every organ is supplied with a distinct set of ganglionic nerves for its own peculiar purpose, and all in combination, acting harmonically and dependently upon each other, constitute health; but the slightest disharmony and loss of balance in them produces disease. We see, therefore, that strabismus, contracted finger or toe, partial or total closure of the larynx suspending the respiration, that strangury, tenesmus, and the general convulsions of the face, and of the general frame, during puerperal convulsions, are one and the same kind of morbid affection in different parts of the muscular system, all of the same nature only seated in more or less important vital organs, and differing only in their degree of diffusion and intensity, and in being of *centric* origin.

Sauvage, as stated above, and Marshall Hall* have proved experimentally, that irritation of the substance of the cerebrum or cerebellum cannot produce immediately any muscular spasms, that the magnitude of diseases, producing compression of the medulla, acts as an irritant to the membranes, and produces their peculiar effect or symptoms, as in cases of common epilepsy; that irritation of the membranes alone is productive of immediate various muscular contractions; that the medulla oblongata or medulla spinalis, if irritated, is the

* Observations and Suggestions in Medicine, p. 64.

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source of the most energetic and frightful forms of muscular contractions; and that convulsions are excited when certain spinal nerves, connected with the spinal marrow, are irritated, especially at the points of their origin, viz., in the cutaneous, mucous, and other textures.

Pregnancy in females, like dentition in infancy, is the most excitable period of human existence. The condition of the gravid uterus, like that of the gums and of the alveolar processes which occurs during teething, is one of great vascular action and fulness, increasing with the progress of gestation;—the gastric juice and saliva, which is then secreted in an undue measure, adding in no small degree to the source of irritation, besides the undigested matters, flatus, acidity, north-east winds, and noxious exhalations in certain localities, as well as mental excitement,—all act according to the susceptibility or dyscrasia of the patient. How important it is to protect susceptible females from influences so fraught with danger!

We see them often not able to swallow a mouthful of water without a feeling of choking; so susceptible are the laryngeal branches of the pneumogastric nerve, as to induce its closure, and cold water to the face acts then specifically on the trifacial nerve in restoring their normal state.* And certainly, whilst strabismus arises from teething, or gastric, or intestinal irritation in children, and laryngismus from certain conditions of the atmosphere, the tenesmus and strangury, or spasmodic affections of the sphincter ani, and of the neck of the bladder, must proceed from the contents of the rectum, bladder, or of the uterus itself during the period of gestation, of parturition, and of lactation; and the convulsions, being often produced by too slight causes, must proceed from an augmented excitability of the uterine and spinal centre. The continuance of abrupt impressions from the uterus, though operating at a distance from the nervous centre, affects the whole constitution, like powerful emotions of the mind and other sympathetic affections, by embarrassing the function; that function here embarrassed is properly the vital, being that of the involuntary nervous

* By dashing cold water in the face, the late Dr. Denman prevented the accession of the puerperal convulsions in a case of the deepest interest, of which the details are given in his valuable work.

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system. Volition only slightly, if at all, interferes with involuntary spasms. The local irritation, either from the contents of the uterus, singly, or combined with those of the bladder and rectum, the mental excitement, the vitiated atmosphere, and all the above causes act on the system through the incident or motor nerves, the medulla oblongata, and through other branches of the pneumogastric, laryngeal bronchial nerves, and the branches distributed to the minutest branches of the air-cells,—the gastric, the hepatic, the nephritic; bronchitic, gastric, hepatic, and renal deposits of lithates in urine,—symptoms frequently forming a part of this puerperal affection;—a most interesting topic for inquiry! Through this labyrinth we can be guided alone by the knowledge we now possess of the sympathetic and spinal nervous systems, which must exert a very marked influence over pathology and therapeutics in general.

As regards the reciprocal relation of the vital functions, the experiments of Baglivi,* Fleurens,† Philip,‡ Mayo,§ Brachet,|| prove, that the brain holds in dependance, immediate or intermediate, all the phenomena of life; it is not only the organ of intellect, of sensation, and volition, but the source of instinctive and involuntary actions; so that its influence maintains the processes of circulation, respiration, and all their dependencies; and that, with the immediate functions of life, the central and best protected portion of the cerebral mass, including the tubercula quadrigemina and medulla oblongata, appears to hold the most intimate connexion; that the heart is excited by stimuli applied to any considerable part of the brain or spinal marrow, while the muscles of voluntary motion are excited only by intense stimuli applied to certain small parts of these organs;¶ and that the involuntary muscles are endowed with a power of

* Opera. Lugd., 1710. Cap. II, sec. 5.

† Rapport fait à l'Académie des Sciences, par M. le Baron Cuvier.

‡ Experimental Inquiry into the Laws of Vital Functions, Cap. XII.

§ Anat. and Physiol. Comment., Part I, p. 16.

|| Récherches Experimentales sur les Functions du Système Nerveux Ganglionaire et sur leur Application à la Pathologie. Paris, 1830. Pp. 238, 253.

¶ Valentin, De Functionibus Nervorum Cerebralium. Bernae, 1830, p. 64. Romberg, Lehrbuch der Nervenkrankheiten des Menschen, Band. I, p. 422.

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contractility superior to the voluntary.* When we find a voluntary and involuntary muscle differing, as they do, in the nature, measure, and duration of their ordinary actions,—differing also in the size, number, and arrangement of their nerves, and especially in the possession of a distinct apparatus, as the ganglia, with their gelatinous and tubular nervous fibres interwoven together,—we may justly conjecture, that the ganglionic system confers upon the involuntary muscles that temporary independence of the sensorial system during life, which obviates the fatality of puerperal convulsions, and of every casual syncope, renders natural death a gradual process, and maintains, for a period, the action of the heart during this puerperal affection, as it does after a sudden death, whether apparent or real;—the very automatic motions of individuals, in whom sensation and volition are suddenly suspended, being best proofs of every organic action depending upon a distinct set of nerves peculiar to that organ. And it is not unphilosophical to suppose that all organs derive their principle of action from the same source, modified by their respective necessities and provisions. Would it not have infinitely surprised us to find that the heart, which acts without a pause through a century, and a muscle of volition, which is fatigued by an hour's exertion, presented no variety in their nervous endowments?—The brain is the source of volition; if we take away the brain, the voluntary muscle is deprived of the stimulus of volition, and the involuntary one has parted with the ultimate source of its irritability. We find, also, that continued vigilance, extreme fatigue, and mental anxiety, by which the function of the nervous power is overtaxed, produce feeble action of the heart and of other muscles; we have, therefore, sufficient reason to believe that the alliance between the nervous and vascular systems is such as renders it impossible for either to be affected in any serious degree exclusively,—that, through the medium of both of them, all the vital functions are prompted, regulated, and harmonized,—and that, on account of some constitutional irritation being present, it is not safe to treat puerperal con-

* Bostock's Elements of Physiology, Vol. I. Grainger's Observations on the Structure and Functions of the Spinal Cord, 1837; p. 94. Müller's Archiv, 1840; p. 503-512. Casper's Wochenschrift für die gesammte Heilkunde, 1840; p. 441.

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vulsions as inflammation is often treated, by emptying the blood-vessels of their contents;—a permanent depression or privation of the whole nervous system may be induced, where the properties of sensation and motion, of irritability and of involuntary motion, cease in succession.

Of other means commonly employed by the obstetric practitioners, such as to excite copious evacuations from the stomach and from the bowels by the strongest *emetics*, and by drastic *purgatives* given every half hour, then shaving the head, drawing the woman's person partly over the edge of the bed, and pouring cold water unsparingly on the head,* then cupping her behind the ears, blistering the shaved head or nape of the neck, and putting mustard cataplasms to the feet and calves of the legs, with turpentine and assafœtida enemata, &c., &c., one and all are calculated to rouse the system, to keep it in an excitement; but excitement is followed by depression, which, in conjunction with copious and repeated bleedings, most unquestionably sap the strength of the system. Besides, excitement being apt to renew and keep up the fits, the most frightful and most alarming feature of this kind of labour is thereby unintentionally prolonged, and all the attempts of *nature* at a natural and speedy delivery are thus frustrated, because the longer such a state is maintained and encouraged, the more the whole energy of the system is at stake, and from want of time and strength for the reaction to take place, the unfortunate female sinks at last undelivered, there being often no time or room for *craniotomy* nor for *turning;* for the os uteri and the collapsed state of the patient preclude altogether *artificial* delivery being resorted to with safety, the slightest additional shock from the operation then extinguishes the enfeebled spark of life in an instant.†

Strange doctrines for the greatest emergency! It is, however, promulgated and strongly insisted upon by the highest modern obstetric authorities: full depletion of all accessible channels, in spite of the evident destructiveness and inefficacy of results, is the "sheet-anchor" of all the systematic writers; whereas there are cases in which strong

* Gooch. Compend., p. 47. Blundell's Obstetricity, by Castle, p. 648. Copland's Diction. of Practic. Medic. Art. *Convulsions*, p. 434.

† Ingleby, loc. cit. F. H. Ramsbotham, loc. cit., p. 452.

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vascular action in the head renders *emetics* dangerous,* and *purgatives*, if they act at all, do not act beneficially; it is then idly premature to talk about the secretions; their return to a healthy state is not owing to the purgatives, but to a healthy change in the action in the nervous system; the latter, at the time of the convulsions, is so irritable as not to be able at all to excite the sentient extremities of the nerves, or to stimulate the capillary circulation to its proper action. Cathartics, particularly, so much in vogue among the common practitioners, cannot have their effect until the circulation is restored, and pretty steady; it is, besides, of importance to avoid putting any thing into the stomach but what is essential to support the faltering action of the heart and diaphragm in cases of puerperal convulsions; and since it is upon the stomach we place our chief reliance, we should endeavour, by every means, to keep it in temper; and on the approach of any muscular twitchings or drowsiness,

Attend to the Proper Position: Place your patient in bed, on the *left* side, with her head bent forward, and the knees drawn up to relax the cervical and abdominal muscles, and thus prevent any pressure on the carotids or aortic circulation in the abdomen, which, in strong labour, might be checked by the weight of the contracting uterus in addition to the pressure of the contracting abdominal muscles when lying on the back; forbid the dorsal decubitus, more particularly if your patient be primipara, makes any complaint of headach, vertigo, flashings of light, tinnitus aurium, or be drowsy, and manifest symptoms of sanguineous determination to the head.

Be informed of the Habits of your Patient, perhaps taking opium, or some medicines habitually. The habits of long indisposition are full as important as those of health, and perhaps more so; their knowledge will enable you to exercise a sound judgment in the selection of remedies, or in the time and mode of your interference, and will bring you to the bedside of your patient on the vantage ground of mutual confidence. Where, particularly in the absence of hemorrhage, *deficient* reaction prevails, the patient has probably been habitually addicted to abuses of her constitution, to rigid confinement, taking opium, or cordials in any shape. I have

* Dr. R. Lee's Clinical Midwifery.

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known four puerperal patients suddenly attacked with colliquative diarrhœa subsequent to artificial labour, under which one of them (in the Edinburgh Lying-in Hospital) has sunk from the discontinuance, it was supposed, of large doses of opium, which she had taken up to that time without the knowledge of the attending accoucheur. Young prostitutes of delicate constitution, and rendered morbidly irritable by mercury and habitual dram-drinking, present often a fatal termination of constitutional irritation when puerperal convulsions complicate the labour. But when the reaction is *excessive*, we discover some strong point of aggravation, either from internal hemorrhage or a retained placenta, or from some extraordinary mental impression, which explains its predominance.

Remove Ligatures.—During the strong involuntary convulsive muscular action, any constraint is injurious to the patient; often spraining of the joints or rupture of muscular fibres, as marked by ecchymoses and apparent palsy, are apt to follow; and useless, if not dangerous, are all the sternutatories, acrid or volatile stimulants applied to the nose, mouth, or other parts of body.*

Pure and fresh air, and preservation of a natural and warm surface of body, with sedulous exclusion of every cause of excitement, will tranquillize the nervous system, and an equal influence over the circulation will be obtained; otherwise, there is a danger of sanguineous or serous effusions, not from any default of blood to carry on circulation, but from absolute exhaustion of the nervous system. Open the windows, and allow a current of fresh air to pass through the room, especially if the weather be fine; and when the patient is coming out of one fit, every source of surprise, every noise, every cause of excitement, should be especially avoided, as it is at this moment of repaired excitability that spasmodic or convulsive movements are most apt to be excited; but after the fit is over,

Soothe your patient by means which are apt to encourage the labour, and thus bring it to a safe and speedy termination by the efforts of nature alone, chiefly by removing or dimi-

* Quidam hoc quoque üsdem, quibus lethargicos excitare conantur, quod *admodum* supervacuum est. Celsus, loc. cit.

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nishing the force of the exciting causes; any rigor, if present, is abridged by external heat; any scybala present are removed by warm water enema, and the fulness and tenderness about the hypogastrium are relieved by the catheter; and, as the convulsions are sometimes connected with plethora, and sometimes with debility and inanition, you can attain the above object by *specifics* alone, according to the indications present,—thus, where there has been an almost invincible torpor of the intestines, as characteristic of an *enteric* epilepsy, and when water enema has given relief,—*Nux vomica;* if the abdomen be tender, with full pulse and perspiration,—*Bryonia;* if with the skin dry and hot,—*Aconite;* if distended, with flatus and diarrhœa, with tenesmus,—*Chamomilla, Mercurius,* or *Hyosciamus;* if with dysuria, cold, clammy, pallid countenance, as in asphyxia,—*Pulsatilla,* and sprinkling cold water on the face,* with friction of the limbs upwards with pressure; if the face be livid, purple, and warm,—*Belladonna;*† if there be a tendency to stupor, with stertorous breathing, or a state of incoherent wandering,—*Opium:* it renders the mind clear and calm, with corresponding improvement of other symptoms; *Hyosciamus* again in the ruffled state of the system in general, but especially in the over active state of the vascular system, acts like a charm, soothing and stilling the nervous system; the labour, in the meantime, goes on progressively;—if not, the uterine action must be excited by *Secale* or *Pulsatilla,* if irregular or sluggish, and by applying to the hands and face cold water frequently, which, *during* the fit, is most serviceable. No nurse can be qualified to superintend or direct the administration of remedies, or any means; it is the devotion of a few hours to the life and safety of both the mother and the child;—the duty may be divided. By not neglecting to supply the proper *specific* when called for, and only by observing vigilantly the signs of its indications, you maintain the action of the inadequate powers, till the natural resources come to your relief, abstaining, however, from all medicine

* Denman, as quoted above.

† Chaupier, instead of hurried delivery, recommends *Belladonna* to be injected into the vagina, or brought in contact with the os uteri.—(Considerations sur les Convulsions, qui attaquent les Femmes Enceintes.)—Paris, 1823.

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whenever reaction is established; artificial delivery is resorted to only if really indicated and indispensable. Always perfect quietude and a darkened room must be enforced—and never leaving the *post partum* treatment to others;—this practice has, to my knowledge, repeatedly proved disastrous. Let diseases be investigated, discriminated; let the diagnosis be clearly made out; your treatment will have the merit of proceeding upon principle, and, if efficacious, your practice, being the least severe, will be found preferable. Here neither the local signs, nor the invariable characters peculiar to them, are wanting; their occasional complication, however, with other phenomena, which are infinitely modified by the variations of constitutional susceptibility or non-susceptibility of the females to the same cause—be it local, mechanical, or chemical—requires likewise a discrimination of means to be used for their arrestment; in want of those means, your judgment should be formed upon the assemblage, and not upon an individual symptom. Considering that every organ is endowed anatomically and physiologically by its peculiar functions, that each function depends upon the vitality of the organ from the amount of the organic fibres originally distributed to it, and that neither its vitality nor its sympathy with others in the organism can be preserved, destroyed, or restored, by any other agencies, but those which exert a specific influence upon the part, and through it upon the whole system, the study of *specifics*, therefore, remains indispensable, particularly, that although half a dozen remedies could readily be named, of the common pharmacopœia, which have succeeded in as many cases in allaying irritation and checking the destructive action, you would be at a loss to name, conscientiously, one which had proved so successful upon repetition as to warrant any sanguine confidence in its efficacy; and I feel warranted in saying, that the plan of early support by *specifics* is more consistent with the laws and demands of nature than the common antiphlogistic and depleting measures which assimilate convulsions to cases of inflammation. Venesection, it is true, is one mode of relieving congestion; but a more pernicious one could not be devised, where the congestion is the obvious result of a sudden and extreme depression of the nervous power. In none of the cases detailed by

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Dr. R. Lee, by myself, and others, as genuine examples of puerperal convulsions, was the loss of blood attended by any degree of relief, nor did the appearance of the blood drawn suggest its repetition; and no wonder that "it was natural" to Dr. Lee "to feel dissatisfied with the results" of his treatment, and "with the absence of any morbid appearance in the brain to account for the symptoms."

Without authenticated facts, no principle can be considered a standard one; and, as in medicine, we can judge of the standard principle merely by the amount of facts and their preponderance over others, so every conscientious medical man is never expected to follow any principle in assuaging the sufferings of his fellow-creature and prolonging his life, but from the consideration of all the facts which attest the usefulness and efficacy of the mode of treatment, its being outweighed by any other, which he has ever tried; and if, after their accumulation, it is made clear that their amount is superior to that of any other, he is gratified to feel himself always resting upon a principle, which he is quite justified to consider a *standard principle.*

ON STIMULANTS, THEIR MODE OF ACTION, AND PRACTICAL APPLICATION.

By Henry R. Madden, M.D.

The use of Stimulants, especially those employed as articles of diet, had, until a few years ago, become so general, and its sanction by the medical profession so almost universal, that when the followers of Hahnemann forbade their employment, the cures effected were, in many instances, attributed by their opponents to this very prohibition,—a fact pregnant with matter for deep thought, as evidencing the heedlessness with which prejudiced opponents will rush into self-condemnation in their zeal to check the progress of unwelcome truth,—the ready question—"Why, then, do you allow stimulants?" having apparently never crossed the minds of those who strove thus to denude Homœopathy of her vaunted triumphs. Since

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the practice of Homœopathy has advanced, and the followers of Hahnemann increased in number, uniformity in the plan of treatment, except as regards *the one fundamental law*, has, of necessity, disappeared; and among other varieties we have some who restrict their patients from stimulants of all kinds, and others who make but little alteration in the habits of those who seek their aid, unless, indeed, an error in this respect is obviously the cause of the malady under treatment. It behoves us, therefore, to examine the subject carefully in its several bearings, and endeavour to collect together such facts as may assist in the ultimate solution of the two-fold question—How do stimulants act? and when should they be administered? In the following observations I have endeavoured rather to collect materials to assist in the practical working out of this important problem, than attempted at once to decide the question, and for this purpose I shall consider the subject in regard to the acknowledged facts respecting the use of stimulants, and the theoretical views which may be advanced in explanation of their mode of action, and from the consideration of which, rules for practical application may be deduced. It has, of late, become fashionable with certain of our brethren to be perpetually blazoning forth the statement that such an one is the strictest follower of Hahnemann, while such another has departed so widely from the path of our great founder, that it is difficult to say whether he be a true Homœopathist or not. A few words on this subject will not, I conceive, be misplaced as introductory to the consideration of a disputed point, such as that which is to occupy our attention in the following pages. It has always appeared to me as one of the strongest evidences of Hahnemann's sincerity, that while he adhered rigidly throughout his splendid career to the *one fundamental law* which it was his high honour to discover, he was constantly changing his opinion as regarded minor points. Had his whole system been a mere figment of the imagination, developed, as some of his slanderers would have us believe, for the sole purpose of accumulating wealth, he would never have risked his reputation by the frequent contradictions which are to be found in his writings. But when we view him in his true light, as one who having possessed himself of a treasure of inestimable value, is resolved to spend his lifetime in bestowing

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the blessings thus obtained upon his suffering fellows; when we perceive that, having discovered a sure foundation on which a true practice of medicine could be erected, he at once applied his whole mind, with unrivalled self-devotion, to the gigantic task of rearing such a building, we can well understand how he unhesitatingly, and with his own hands, pulled down any theoretical scaffolding that he had raised to aid him in his labours, which more mature experience proved to be rotten and unsafe. His discovery lifted him so far beyond the region of past experience, that he was compelled to devise some theory to hold together, and range in intelligible order his rapidly-accumulating facts; but, with the single eye of a true man, he willingly made known each flaw in his combining medium, preferring that his *facts* should for a while appear disjointed, than that their fair proportions should be lost sight of in the untempered daubings which they had received to make them adhere together. We thus perceive, that while from its first enunciation to the close of his career, the one fundamental law of relationship betwixt medicine and disease, the simple "Homoion Pathos" remains untouched, unmodified; almost every other point connected with the practical working of this law and its theoretical explanation, the things necessary to be attended to or avoided during treatment, the most suitable size of dose, the frequency of its repetition, &c., &c., have been subjected to all sorts of variations, and that which was announced as important at one time was thrown aside as useless at another. This state of things continued to his last days, and must still continue; if we desire to develop, to the full, this most valuable discovery, we must correct our practice by experience, and until we have a *perfect* pathology and a *perfect* Materia Medica, we cannot, by possibility, have a *perfect* therapeia. What must result, therefore, from a rigid, blind adherence to *all* that Hahnemann has said? Clearly a complete stand-still in our science. We dare not advance a foot, for now that our great founder has left us, every step we take must leave his dicta on some point in the rear, and strict conformity is thus departed from. But if current report is true, we none of us know what Hahnemann's latest opinions were, since those who possess his unpublished papers maintain that he modified,

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and in many respects considerably, several of his views as regarded treatment subsequent to the appearance of his latest printed works. Those, accordingly, who rejoice so much in following the strict letter of Hahnemann's practice, should remember that they are at best some distance behind him, and by a rigid adherence to their boast, must retain for ever that unenviable position. I have often heard it observed, "Let us first endeavour to be as successful as Hahnemann, and then, but not sooner, will it be time to advance beyond him." And how, let me ask, is this to be accomplished, *unless* we strive to develop our system? If we allow Homœopathy to continue as he left it, we must for ever remain less successful in practice than he was, and for two reasons; first and chiefly, because we can never obtain from a written account of the actions of our medicines by any means so accurate a knowledge of their essential and differential peculiarities as that possessed by Hahnemann, who witnessed and felt their actions experimentally, and, we, undoubtedly, cannot re-prove the medicines without arriving at many *new facts*, and thus outstripping our captain. But, secondly, all who have any practical experience in medicine must be well aware of the great influence exerted by mental impressions over the progress and terminations of disease, and hence the *very fact* of being treated by *Hahnemann himself* would serve, in not a few cases, to decide the question of success or failure, and, accordingly, with nothing *more* than his weapons, and much *less* than his reputation, we cannot do battle against the combined effects of psychical and physical disease, with any reasonable hope of an equal amount of success;—this observation, of course, applies chiefly to nervous cases, or at least such as have much of that element entering into their composition; but when we remember the great frequency of their occurrence, we may rest assured that the above circumstance will have an evident and visible influence on the total amount of good effected. I, by no means, wish to disparage Hahnemann. Far from it. But we cannot stand still; and, as our great leader has left us, we must press forward alone, studying diligently all he has written, and profiting gratefully by all that bears the test of experience,—but, at the same time, distinguishing carefully between *hypothesis* and *fact*, and admitting the former

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only when rigidly and experimentally proved. So long as we adopt as our standard, the *one great therapeutic law*, I care not how we differ upon minor points; we are all in that case fighting the same battle, and striving for the same goal, and we may rest assured that valuable discoveries will be made by all who labour faithfully; and, as the subject becomes developed, we shall find that a careful eclecticism, from the varied experiences of all sections of Homœopaths, is the surest method of arriving at the truth.

The stimulants employed as articles of diet may be divided into three classes, viz., I. *Stimulating Food;* II. *Condiments;* III. *Stimulating Drinks.* It is to the second and third classes that the following observations specially refer; but it will be necessary to say a few words, in passing, concerning the first also.

I.—*Stimulating Food.*

This includes what are termed the red meats, some kinds of fish, and strong soups, and their stimulating property depends upon the concentrated condition in which they present nourishment to the system, and also upon the possession of a peculiar animal sapid principle, termed *osmazome*, which appears to stimulate the stomach in a very great degree. Three familiar circumstances evidence the stimulating properties of these substances, viz.—1*st.* The fact that, although for the most part of easy digestion, they generally cannot be eaten by persons with weak stomachs, without producing local uneasiness, if not general feverishness, and other symptoms of excitement. *2nd.* They can seldom be partaken of uninterruptedly, for any considerable length of time, without producing symptoms of congestive dyspepsia. *3rd.* Experience shows that these effects result with a greater rapidity the more susceptible the mucous membrane is to stimuli, as, for example, in children during the period of development, when the daily use of red meat almost certainly gives rise to chronic enteritis. Food is the natural stimulus to the stomach, and there is reason to surmise that the stimulating property resides, in a much greater degree, in the *proteine compounds*, (the blood-making ingredients,) especially when combined with *osmazome*, than in any other proximate prin-

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ciples, since we find that the stimulating tendency of any given article of food is directly proportionate to the amount of proteine compounds and osmazome which it contains. That this power is owing to the combination of proteine and osmazome, and not to the former alone, is evidenced by two facts, namely, (1,) that eggs, which consist entirely of proteine compounds, but contain no osmazome, are among the least stimulating kinds of food we know of; and (2,) that, in the experiments of Mr. Edwards,* dogs fed on bread and *pure* gelatine soup became gradually thinner and weaker, till they perished; whereas, when a *small* quantity of meat soup, containing osmazome, was added to the solution of gelatine, the animals maintained vigorous health and strength. This property of osmazome is of great practical importance, and admits of many applications which have hitherto been but little attended to, but I cannot advert to them at present. It would appear, then, that this class of aliments, namely, stimulating foods, contain nothing abnormal, but frequently become a cause of disease by *stimulating to excess*, the stimulus, at the same time, being *normal*, in which respect they differ totally from the articles belonging to the two following classes, which owe their distinguishing property to the possession of artificial or abnormal stimuli.

II.—*Condiments.*

If we refer to any list of condiments, we shall find that they all possess, in a greater or less degree, the power of irritating the mucous membrane; and it is, I believe, to this property that they owe their value. Experiment has proved that any thing which irritates the inner coat of the stomach, especially when the system is in want of nourishment, causes an immediate increase in the amount of gastric juice secreted, and thus aids the process of digestion; and, moreover, that this irritation need not be of any specific character, is proved by the fact that both mechanical and chemical irritants are sufficient for the purpose. It appears to me that the action of condiments, such as mustard, pepper, and many spices, is almost, if not entirely, *local*, and depends, as stated above,

* Combe's Physiology of Digestion, article Gelatinous Meats.

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on their power to produce irritation of the mucous membrane. Before proceeding further, therefore, we must take up the consideration of local actions generally, and since it is one of great practical importance, I purpose entering pretty fully into it; but I would premise that the following observations are to be regarded more as hints for further examination than as confirmed opinions, since the whole subject still requires elucidation on many important particulars. An individual in the enjoyment of robust health, gets a particle of dust into his eye, and various local symptoms show themselves, such as pain, increased secretion of tears, &c., but if the foreign body is soon removed, the eye speedily recovers itself, and there is no perceptible influence produced on the system at large; this is the nearest approach to a purely local disease that is known; and while there is reason to believe that, strictly speaking, the effects are not entirely confined to the part injured, still no further evidence of injury is appreciable, and for all practical purposes its existence may be disregarded. Another individual, in equally good health, has the misfortune to rub his eye with his unwashed hand after examining a case of gonorrhœal ophthalmia, and in this manner a particle of the pus is introduced beneath the lids; here the effect is widely different from the former case, the symptoms are greatly more severe, intense inflammation sets in, and the person becomes feverish, and the whole system gives evidence of disease. A third person, whose sanitary condition is by no means satisfactory, after some slight change of temperature, or perhaps without any appreciable cause, becomes suddenly affected with violent ophthalmia. It is evident that we have here three distinct forms of local disease.

1st. What may be termed *purely local*—that is, where the result is traceable to some local application, and where there is no *apparent* constitutional disturbance.

2d. Local effects produced by the absorption of some morbid poison, in which case it is evident that the whole system is brought under the influence of the morbific agency, and the local effect is merely an aggravation or concentration of the general effect dependent on the quantitative excess of the originating agent at the point of application.

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3d. Simple local manifestations of a general disease, in which case the immediate cause of the local malady is often not detectable, and is never of a kind that would produce the same effect on a healthy organism.

Now, the effect produced on the mucous membrane of the stomach by pepper, mustard, and many spices, is referable, I conceive, to the first of these three classes, namely, the *purely local*. It is no doubt true that the continued application of any one of these condiments will ultimately produce not only symptoms of general derangement consequent on the grave nature of the injury inflicted on the mucous membrane, true gastric inflammation being produced, but also another and quite distinct set of symptoms, differing in every case according to the particular article employed, and which consist of the specific morbid influences of the substance upon the organism, or, in other words, its pathogenetic effects; but in the majority of instances, where they are used in moderation, no such effects are perceptible. For practical purposes, there are two questions which demand consideration here: 1st. When a substance capable of affecting the organism pathologically, and also of producing local irritation, is applied to any part in such quantities as to superinduce the local action, does it follow that general pathogenetic effects, or, in other words, *medicinal action*, must result at the same time? and, 2d. Are there any conditions of the body in which the local effects of such substances can be regarded as beneficial? And in immediate connexion with these, or, rather complementary to them, will come two other questions, directly applicable to the point under consideration, namely, 1st,—Can medicinal substances be used as condiments without giving rise to pathogenetic effects, and in this manner interfering with any course of medical treatment which may be pursued at the same time? and, 2d. In what conditions of the system will condiments probably prove useful?

1. Can substances capable of acting generally and locally produce their local effects without the superinduction of pathogenetic symptoms? That many substances possess, in a very marked degree, these two classes of actions, requires no proof. I would only refer to such medicinal articles as Nitrate of Silver and Cantharides, where the local action is

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intense and immediate, while the pathogenetic symptoms, though well marked, require a continuation of the use of the medicine for some time, unless the dose be large, before they are developed; and, on the other hand, such a substance as Prussic acid, where the local action is trifling, even of a dose which is almost incompatible with life. I believe that a reference to experience will decide affirmatively the question we are at present discussing; for example, how constantly are *Nux moschata*, and *Laurocerasus* partaken of without the occurrence of any symptom resembling those related in Hahnemann's Materia Medica? And again, how many medicines, administered Allopathically, give rise to no appreciable effects, save those traceable to their local action; as, for example, the saline purgatives, whose effect appears to result from their influence upon the physical phenomenon of endosmosis—*(see Review of Matteucci on the Physical Phenomena of Living Beings, in Brit. and For. Med. Review, for April,* 1847,)—and the vegetable cathartics, such as Scammony and Colocynth, which appear to act as local irritants, and after the use of which, in purgative doses, we seldom or ever meet with symptoms referable to their specific action? This twofold action of medicines must never be lost sight of when proving a substance preparatory to its Homœopathic employment otherwise we shall, to a certainty, be led into a maze of difficulties; for example, we cannot look upon the local effects produced by a large dose as of any value in determining its applicability to any given case where it is to be used in a dose too small to elicit such phenomena. Though Colocynth, in a sufficient dose, will almost certainly produce watery stools, this symptom alone by no means proves its Homœopathic suitableness as a means of cure in a case where watery diarrhœa exists; neither does the power of Cayenne pepper to redden the mucous membrane prove it to be a suitable remedy in cases of gastric irritation.* It appears to me, that unless there pre-exists in the organism a susceptibility to the action of a medicine, we can seldom produce true pathogenetic symp-

* I do not mean to assert that the above remedies *cannot* be Homœopathic to the morbid states referred to, but merely that the power to produce such local symptoms does not of itself prove their Homœopathicity.

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toms by a single dose, the sure method being to give the medicine in a dose too small to produce local effects, and repeat it from time to time, until the organism gives clea evidence of being under its pathogenetic influence. It must not be forgotten, however, that certain symptoms evidently specifically belonging to the remedy given, are elicited by one large dose; as, for instance, vomiting by Ipecacuanha, sleep by opium, &c.; still there are a large number of symptoms, and these are very much taken advantage of in Allopathic treatment, which result from the local action only of the drug administered, and which cannot be viewed as indicative of its true specific action upon the organism. Now, we know quite well that the latter class of symptoms can be elicited with certainty when the dose is such as to prevent any local action from becoming appreciable; and I believe that the converse also holds true of many medicinal articles, namely, that their local action can be induced without the production of any of their pathogenetic symptoms; nay, the very production of the former tends frequently to prevent the occurrence of the latter, since the local actions have the effect of guarding the organism against the inroads of the offending body. In this manner an irritant, applied to the mucous membrane, produces an increased secretion, which washes away the substance, and frequently carries it beyond the reach of absorption, before that process has been continued sufficiently long to give rise to any general symptoms as its results. But the mere fact of the pathogenetic symptoms of a remedy, employed on account of its local action, being inappreciable, is no proof of their non-existence; and, accordingly, before we can avail ourselves, in practice, of the above enunciation, we must consider how far the pathogenetic influence of a medicine, if existing, though inappreciable, is likely to interfere with the action of any other remedy whose specific effect it is desired to elicit. Let us assume, for the sake of analogical comparison, that all actions of the living organism, whether normal or abnormal, originate in vibrations similar to the waves of sound or light, in which case every morbific stimulus must be looked upon as eliciting a certain series of abnormal vibrations; and the organism itself must be regarded as a

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medium capable of being thrown into vibrations by a vast variety of agents, each producing its own specific effect,—or, to carry out the acoustic analogy, each giving rise to its own peculiar sound. Now all who possess a musical ear, know, practically, what is meant by harmony and discord; and I think none will deny that a large number of heterogeneous sounds may occur in the same room at the same moment, without the production of any discord whatever, *provided there exists no analogy between these sounds*;—thus, many different-toned voices may be in conversation together, and the roll of carriages may be heard in the street, during the performance of a piece of instrumental music, without the least discord being produced; the listener certainly requires the power of abstraction to enable him to appreciate the beauties of the piece; but the effect produced differs altogether from what would result if another musical instrument struck up a different tune, or the performer, by accident, touched a wrong note; precisely in the same manner I believe that *two or more morbific agencies can produce their effects upon the animal economy, and each run its specific course, uninfluenced by the others, provided there exists no analogy between them.* Evidence of this is easily obtained. How often it happens, for example, that individuals labouring under various chronic diseases, suffer from some prevalent epidemic, and those whose diseases have no analogy to the epidemic, pass through its various stages with not more variety in their symptoms than occurs among an equal number of cases in previously healthy persons; whereas the same disorder is at once modified in its course, if it chance to attack an individual suffering from some disease affecting the same set of organs.*

The practical conclusions which I am induced to draw from the above train of reasoning are, First,—That it is possible for substances capable of producing both local and general symptoms, to give rise to the former without the latter being appreciable. Second,—That pathogenetic symptoms, produced in an individual labouring under disease, will exert

* In the present epidemic diarrhœa, many examples of this fact have presented themselves to my notice.

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no influence upon the disease, and will not interfere with the treatment unless such symptoms possess some analogy to the existing disease, or evidence their action upon the same class of organs. Third,—That, where the local action of a substance is readily produced, we generally find the specific action more difficult to elicit (except with some virulent poisons) than in the case of substances possessed of but little power to affect locally that portion of the organism to which they are applied; and, Fourthly, (as a corollary to the second and third conclusions,)—That condiments which produce their local effects with facility, without giving rise to any appreciable pathogenetic symptoms, will not in general interfere with the action of medicines taken by an individual who uses them, unless it should so happen that the specific action of the condiment employed, possesses a close analogy to the medicine under whose influence it is desired to place the patient.

It may at first sight be supposed that the second admission would warrant the use of several medicines at one and the same time, and thus countenance the slip-shod practice of the old *mingling* school. A little reflection will, however, prove that such a conclusion is unsupported by the previous reasoning. The circumstance that two or more classes of symptoms, when not analogous, may occur in the same individual at one time, and each run its course undisturbed by the others, may indeed serve to explain the recovery of many patients under Allopathic treatment, where, in a prescription containing numerous heterogeneous ingredients, the physician has unwittingly given the true specific remedy. But, in Homœopathic practice, there can never be any inducement to combine remedies possessing no analogy to each other, since all remedies given must be Homœopathic to the disease, and hence they must, at the same time, be analogous to each other, and, on this account, would, to a certainty, act and re-act upon each other, and thus produce modifications which can only be appreciated by a careful pathogenetic proving. It is evident, therefore, that the above line of reasoning holds out no inducements for the administration of more remedies than one at a time, where dynamic actions are required; while, on

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the contrary, it does, I believe, warrant the experiment, where local effects are required, of applying one remedy locally, while a different and non-analogous one is administered internally.

2. Are there any conditions of the system in which it may be regarded as advantageous to produce the local actions of a remedy, while the production of its general effects is not to be desired? This question I feel disposed to answer in the affirmative; but to enter into a detailed defence of this conclusion would lead us into such a wide field of discussion, that I could not do justice to it in the limits of the present paper, and I shall, therefore, confine myself to the other question in connexion with it, which more directly belongs to our present subject, namely—In what conditions of the system will condiments probably prove useful? I have already stated my belief that the action of condiments, in assisting digestion, depends solely on their power of irritating the mucous membrane of the stomach, and thus giving rise to an increased secretion of gastric juice. If this be true, it is evident that condiments must *directly* debilitate the stomach, because it has been clearly proved that weakness invariably results from over-action, and that this effect is more speedily produced when such increased action results from the use of an artificial stimulus; notwithstanding this, however, it is quite conceivable that, in certain conditions of the organism, these means, though thus *directly* debilitating, may become *indirectly* strengthening. All vital force must be primarily obtained from food digested and assimilated. No organ can perform its function without the expenditure of vital force, but it is clear that much more force is obtained by the organism from the food digested, than was expended in the stomach during the process of concoction; hence it follows, that if we can effect the digestion and assimilation of a larger amount of food, by the aid of condiments than without them, the system will be strengthened, so long as the increased amount of force obtained thereby exceeds the increased consumption of force by the unduly excited stomach, and hence condiments will prove useful when it is desired to increase the whole amount of vital force, if at the same time the stomach is in a fit condi-

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tion to endure the loss of an unusual amount of force without suffering. This condition will most frequently occur when the whole system is debilitated from the effects of some general disease in which the stomach has not acted a principal part; hence, I believe condiments (and we shall hereafter see stimulating liquids also) do essential good during the convalescence from many severe diseases, where the stomach, though not primarily or principally affected, has shared to such an extent in the general debility induced that it cannot digest food in sufficient quantity to supply the demand throughout the system. Condiments must be looked upon as essentially *palliative remedies*, and where a specific can be found which will produce the desired effect, by rousing the whole system to make the required effort, it is to be preferred; but this is frequently very difficult to discover, and in the absence of such a specific, a judicious use of condiments (or stimulating liquids) will often render us essential service in the attempt to restore our patients' strength. The great obstacle in the way of using condiments has been the prevalent idea that because they are capable of acting medicinally they must, of necessity, interfere with the remedies given to promote the cure; but believing that this is by no means always the case, I consider the subject open for experiment. It is certainly true that we often meet with convalescents, who, while they cannot eat plain food without inducing dyspepsia, are, nevertheless, capable of digesting the same articles with facility when prepared with pepper, mustard, catsup, and the like; and in these cases I believe we shall do more good by letting our patients follow the dictates of their experience, than by rigidly adhering to a rule, which, though dogmatically insisted on by some high authorities, has, nevertheless, been shown, as I conceive, by the preceding reasoning, to be at least by no means unexceptional.

(To be continued.)

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NOTICES OF BOOKS.

The Progress of Homœopathy: a Series of Papers illustrative of the Position and Prospects of Medical Science. Published under the superintendence of the English Homœopathic Association. Samuel Highley, 32, Fleet-street. 1847. Price 5s.

THIS work, which is the second issued by the English Homœopathic Association, opens with an introductory address from the pen of Mr. Sampson, written in the clear, forcible, and sensible style characteristic of all that gentleman's compositions.

After adverting to the opposition Homœopathy has had to contend with from the profession at large, and showing, very cleverly, that the essential disagreements among its opponents in a great measure neutralize the logical weight of their opposition, he deplores that the association, of which he is the chosen speaker, should have had to encounter obstruction from some of the Homœopathic practitioners themselves, on the ground that medical gentlemen who co-operate with it, by so doing, lose sight of their own dignity. As this is the only part of this address with which we do not perfectly concur, and one which we are very desirous should be placed in its true light, we shall again state our views upon the point which we think have not been quite correctly apprehended.

We are very far, indeed, from looking with indifference, far less with coldness, upon the generous exertions of those friends of the cause to which we ourselves are devoted who compose this association. Indeed, a little reflection would convince them that it must be more than a whimsical fastidiousness that keeps us aloof from a body, who, from their influence, their wealth, and their zeal, have it in their power to do much to promote our interests. The principle on which we act in this matter—right or wrong—is perfectly simple. It is this: that while it is quite competent for those who have not received a medical education fully to appreciate the results of the various methods of practice, so as to warrant them using all their endeavours to advance what they believe is the best, yet that it is not possible for them to form a correct opinion of the particular and individual applications of any method without being conversant with the technicalities of the art. They may decide upon most sufficient grounds that Homœopathy cures more cases of Pneumonia than

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Allopathy does, but they cannot decide in which cases Bryonia, and in which Phosphorus, is the better remedy. A jury, to form a correct opinion in a case of poisoning, calls medical evidence and judges of it, but it does not decide upon the evidence which convinced the medical witness. Medical testimony is an ultimate fact to it. Exactly in the same way, a society of persons, not acquainted with the internal structure of medicine, may yet judge of its effects, and, having formed their opinion, may act accordingly, that is, they may try to induce others to adopt that system which their experience convinces them is the best; they may, in fact, extend their knowledge of the results of the system, and bring their talents and learning to bear on the general relations of the system to other departments of knowledge. More than this they cannot do, nor do they attempt more. They leave the internal scientific development of the system in the hands of its professional adherents. They say, "Gentlemen, it is for you to go on in the footsteps of Hahnemann, proving new medicines, adding to your armament against the diseases we and our families are liable to, and studying to attain to a more perfect knowledge of the weapons you at present possess. Do you do your duty; devote yourselves to the cultivation of your laborious science; we have neither time, inclination, nor the necessary knowledge to assist you here, but when you have made good your results, and convinced us of their truth, then we shall do our best to see them fairly acknowledged." Is it not a popular question whether Mr. Adams or M. Leverrier be the discoverer of Neptune? Yet out of the hundreds who are perfectly capable of estimating the evidence upon this subject, and of assisting in diffusing any good consequences which may flow from the discovery, is there above one or two who are prepared to follow either of the mathematicians through his laborious calculations? The object of such an association as the English Homœopathic one we look upon as being that of diffusing a knowledge of what Homœopathic practitioners arrive at by their experiments, studies and general experience, and to see that they have a fair field allowed them by the public. Honourable as the position of such a society is when composed of disinterested supporters of Homœopathy, would it not lower its position and diminish its influence with the public if it consisted of those who were directly and professionally interested in the extension of the system? Would the public place much reliance in an edict of the College of Physicians representing the advantages of Allopathy? If not, are they likely to place more confidence in the assertions of Homœopathic practitioners as to the

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superiority of their system? Their answer to both would be the same: that each is too much interested in the maintenance of one or other system to be an impartial witness.

If, then, the English Homœopathic Association would lose all their weight with the public, were they composed entirely of medical practitioners, what advantage is it to them to have any among them at all? We believe, so far from being of benefit, it is the reverse. And one reason why we do not join it, and urge our medical friends not to do it, is, that we believe it would entirely defeat the laudable and philanthropic objects of the Association if we did. At the same time, so long as they confine their efforts to the publication of such able and admirable essays as those of Mr. Sampson and Mr. Bryant, they have our best wishes for their prosperity. But we feel we should be deserting our post, and betraying the confidence of our patients, did we devote our time to diffuse what it was our duty to improve.

Our views on this subject are very well expressed by Mr. Bryant, in the second essay of this series, which is altogether an unexceptionable and excellent popular exposition of Homœopathy. "These associations," he says, "are formed, not for the sake of *making doctors of the members*, but for the sake of extending the knowledge of what they deem an important discovery, the merits of which they infer from what they have seen of its results," (p. 22.) If this be the case, we do not see on what ground the succeeding paper, by Dr. Curie, on that "patient-decoying subject," Chronic Gastritis, or Dyspepsia, finds a place in this publication. Unless it is the design of the English Homœopathic Association to publish a series of handbooks for the popular treatment of all diseases, and make every man his own doctor, this purely technical paper has surely no business here. We do not believe it will be of any benefit to those not acquainted with medicine, being far too minute and complicated for their use; and we are pretty sure that any well-educated physician will be quite satisfied, after reading the first two pages, that it is not intended for *him*. Neither fish nor flesh, it is nauseous to the profession, and may mislead, but cannot instruct, the public.

After getting out of the Chronic Gastritis, we again find ourselves in a more light, healthy, and cheerful region, where Drs. Forbes, Magendie, and Combe are very fairly met and handled. We are next met by a paper on Belladonna as a prophylactic against Scarlatina, by Dr. Hayle, of Newcastle. We consider this quite a proper subject to be treated in a popular work. It requires no technical knowledge to understand, and, like vaccination, it requires

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no skill to repeat the experiments and to benefit by the results. The substance of the paper is derived from one published in the second volume of this journal, by Dr. Black, which Dr. Hayle has moralized, as it seems to us, rather tediously. We should be half tempted to head it as Coleridge did one of his essays, "Sermoni proprior," which his humorous friend C. Lamb translated "fitter for a sermon." Still it may be of great use, and the observations, which are sound and good, may excite the attention of those who are not disposed to study the dry-looking statistics. We hope that Dr. Hayle will prosecute the subject scientifially, however, which he is well qualified to do, and at some future time give us the benefit of his actual experiments and observations.

Our space will not permit us to do more than give the titles of various other interesting papers,—"On Cholera and its Treatment," "The Curative Powers of Nature," "The Medical Society of London and Homœopathy," "The British Association and its Services to Science," "Sir Humphry Davy and Nitrous Oxide Gas, by John Epps, M.D.," "Sea Sickness Homœopathic to the Sickness of Disease," to which, like Mr. Burchel, we feel strongly inclined to say "*fudge.*" We have next a reprint of an article entitled "Medical Compromises," which requires a few words of explanation from us. The paper refers to a correspondence between Dr. Guinness and Professor Henderson, which appeared in this journal, and which, we have no doubt, our readers recollect. The position we took was this,—that, while it was the duty of a medical practitioner at all times to make his conviction and not his interest the absolute rule of his professional conduct, yet that there were, or might be, situations where it was impossible for him to carry out that system which he believed the best, and that, if he had the misfortune to be placed in such a position, he must either treat according to an inferior method, or desert his post as physician, and not treat at all. For promulgating this doctrine we are pretty severely censured in the article here reprinted; but it happens most fortunately for us that, in this very volume, there is an illustration of the exact position which we anticipated might occur, and which is referred to without there being any blame attached to the person who is to act as we supposed he ought to do in the circumstances.

The facts are these:—Mr. Stuart, of Liverpool, an extensive shipowner, became convinced, from personal experience, of the superiority of Homœopathy. Anxious that the crew of his vessel, bound for Africa, should have the benefit of it in the treatment of the fever and dysentery, with the fatal consequences of which he

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was but too well acquainted, he put the following advertisement into a newspaper:—"Wanted, a surgeon, for Africa; one having a knowledge of Homœopathy would be preferred." This advertisement led to an attack from the *Lancet*, and a very sensible rejoinder by Mr. Stuart. Upon this correspondence the following remarks occur at page 197 of this volume:—"He finds that certain means are effectual in the cure of diseases, which, under the old system of treatment, are very frequently fatal; and he therefore provides for those who navigate his vessels the opportunity of partaking of the advantage. *He does not forbid those persons from being physicked under the old system if they prefer it. He merely gives them a power of choice, which they would not otherwise possess.*" Where is the power of choice, if the Homœopathic surgeon refuses to treat except Homœopathically? In a case like this, either the surgeon must treat some patients by one method and some by another, or the owner of the vessel must send two surgeons—one Homœopathic, the other Allopathic—whose contentions would not be likely to promote the health and happiness of the crew, or he must abandon his philanthropic design of affording to his suffering sailors the advantages of what he looks upon as the best means of saving their lives. We put the question, and we expect an answer to it,—Which of the alternatives would the author of the essay entitled "Medical Compromises" recommend?

We cannot close our notice of this volume without expressing our regret that our observations should have assumed so controversial an aspect, for we are fully aware, that the points on which we differ with the authors of the work are very insignificant in comparison with those in which we agree; and we believe that, on the whole, such works as this will be of great service to the cause. Nor can we omit to mention the pleasure we derived from a short and able paper, by Mr. Beamish, on "The Advantages of a Homœopathic Hospital in connexion with the English Homœopathic Association." The benefits to Homœopathy, by a well-conducted hospital, under the charge of able physicians, may be estimated by the influence which the reports of Dr. Fleischmann have had upon the leaders of medical opinion in this country.

Besides the papers we have enumerated, there is a translation of Hahnemann's essay on "The Effects of Coffee," which, though in many respects characteristic, we do not consider a very happy selection for a popular work; and it concludes by a report of the proceedings of the English Homœopathic Association. We repeat our conviction, that, although we cannot agree with all this volume

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contains, yet we have no doubt that it will be found very useful in furthering the object of its publication.*

Jahr's New Manual: Translated, with important and extensive additions from various sources, by CHARLES JULIUS HEMPEL, M.D.; *assisted by* JAMES M. QUIN, M.D.; *with Revisions and Clinical Notes by* JOHN F. GRAY, M.D.; *with a Preface by* CONSTANTINE HERING, M.D. *Vol. I, Parts* 1 *to* 11. New York: William Radde, 322, Broadway. Manchester: Turner, 26, Piccadilly.

In a former number of this journal, (No. 20, April 1, 1847,) we felt it to be our painful duty gravely to censure a work recently published in London, purporting to be a new translation of Jahr's Manual. As journalists, we should have been unfaithful to the trust reposed in us by our subscribers, if we had failed to warn them of its deficiencies, or allowed them to imagine that it was, in any degree, essentially superior to the former translation, or at all worthy of the present state of Homœopathic literature, however acceptable it might have been in the very infancy of our system.

In the early editions of Jahr's Manual, the various symptoms therein found were made up of a number of mere fragments of symptoms, jumbled together in inextricable confusion. In many instances they bore no analogy at all, in others only a slight one, to those contained in the "*Materia Medica Pura.*" Thus, as a guide to the Homœopathists, it was but of small service, and, indeed, if relied on to any great extent, it was likely to lead him into positive error. In the last German edition a great improvement was made in this respect. The symptoms were detailed more at length, but even here it is to be regretted that accuracy is often sacrified to condensation. Had our English editors, however, taken this as their basis, and given us only a servile translation, we should have hailed their attempts at producing a useful manual for the English Homœopathists with pleasure and gratitude, and would gladly have awarded them that measure of praise which they would undoubtedly have deserved. We need scarcely remind our readers, however, that it was but the translation of a *French edition* with which we were favoured.

The enterprize of our brethren on the other side of the Atlantic

* Since the above was sent to press, we have learned, with great pleasure, that the English Homœopathic Association is likely to be entirely re-organized in a far better form, and under a different name. Our readers will find the particulars of the change in the Report of the Proceedings of the British Homœopathic Society in this number.

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bids fair to provide us with a far more useful book of reference than we should even thus have obtained. The eleven parts already received of the work which heads this notice, is much more than a mere translation, and the rapidity with which it has issued from the press augurs well for its speedy completion. The individual symptoms have been carefully compared with the "*Materia Medica Pura.*" Those which were defective have been revised; and others which were inaccurate, from their condensation, have been given more at length. Many new medicines, which have been recently proved, are added, among which we are glad to find that the Bichromate of Potass has not been forgotten. The re-provings of the old medicines, which have appeared in the Austrian Homœopathic Journal, are likewise carefully digested and incorporated in the present work. The value of this is too apparent to need comment.

To the more important medicines the excellent clinical observations from "*Noack and Trinks' Handbuch*" are appended. This includes also a sketch of their physiological action on the human organism. Pathological observations, both on man and the lower animals, are included in this work. These we consider of great value, as they materially assist us in a right understanding of our Materia Medica. The Homœopathic student who strives to burden his memory with a long list of mere symptoms, will assuredly fail, however great his industry and perseverance. But, if he first makes himself acquainted with the specific action of a medicine on the various tissues of the organism, as gathered from the morbid changes observable after death, and then compares these with the phenomena which they have produced on the healthy individual, he will soon find the difficulties he before met with removed, and that which hitherto seemed impenetrable confusion, now assumes a beautiful harmony.

No work in English has heretofore afforded the requisite materials for such studies; and, therefore, we cordially congratulate our readers on this acquisition to our Homœopathic literature; and we beg to tender our warm thanks to our American friends for their useful, though arduous labours in the development of our glorious science. At the same time, we cannot conclude without expressing our regret, that, when about to embark on so great an undertaking, their choice had not fallen on *Noack and Trinks' Handbuch*,—a work which is in many ways superior to Jahr, but especially in this, that the symptoms derived *ex usu in morbis* are not incorporated in the text with the pure pathogenetic symptoms. This is the great defect in Jahr's Manual. Hahnemann always disapproved of it, and we must protest against it.

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PATHOLOGY.

ENGEL ON THE DYSCRASIAS.

(*Continued from page* 241.)

2.—THE ALBUMINOUS CRASIS.

(Venosity, hypinosis, (Simon,) falsely termed a morbid decomposition of the blood.)

Anatomical characters: spissitude of the blood, with the formation of a small, not compact, blood coagulum, with dark colour; especial tendency to the formation of exudations of an albuminous nature.

Albuminosis appears with or without increase of the volume of the blood; the latter is an acute, the former a chronic condition, and κατ' ἐξοχην distinguished by the name of venosity, which name we shall retain when speaking of it.

In *acute albuminosis*, the general integuments of the cadaver show a characteristic dark colour, with dark suggilations; they feel tense, and are dry. The muscles are dark reddish brown, firm, the serous and mucous membranes frequently injected. The brain is resistant and brittle, dazzling white, without any serous effusion. The lungs often dark red in their dependent parts, containing much thick dark blood in their vessels. The liver is deficient in elasticity and bloodless, the spleen generally distended with dark red blood, venous stases in the cardiac extremity of the stomach are not rare; the kidneys are filled with dark red fluid blood; the blood is accumulated chiefly in the peripherical vascular apparatus and in the veins, the farther it is from the centre of the circulatory system the thicker it is, without, however, forming a clot. In the heart alone are found some clots, sometimes of considerable extent, but very slightly coherent. Fibrinous coagula imbibed with fluid blood are only observed when there is some hindrance to the circulation in the pulmonary apparatus. Blood of this nature has always a dark blackish red colour, its lustre is increased, albuminous. In consequence of its spissitude it is not capable of injecting the finer capillary vessels, but tends to produce stases on the larger veins.

The exudations, which occur in consequence of this crasis, contain albumen and water in varying proportions. They present various forms; they occur in the form of vesicles in ordinary exanthemata; on the mucous membrane as puriform mucus; as a catarrhal secretion in the form of mucous diarrhœa, &c.; on serous membranes as a viscid layer of exudation, or as albuminous serum, which is rapidly transformed into pus, &c.; as serous infiltrations abounding in albumen, in the parenchyma of

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other organs. According as they possess various other properties, we denominate these exudations variously,—sometimes medullary carcinoma, sometimes typhus-product, &c.; such exudations are certainly capable of being rapidly organized, but they seldom reach the higher stages of organization; they most frequently form pus and cellular masses, and just as rapidly are they destroyed by the ichorous process. If this occurs in a large quantity of exudation, scorbutic decomposition takes place in the blood; if in a small quantity, no effect is produced.

This crasis may terminate in one of two ways: either the blood returns to the healthy state and loses its thickness, at the same time becomin gmore coagulable, or it ends in a scorbutic-like decomposition of the blood, which is necessarily followed by death.

No anatomical causes for this crasis can be assigned. It attacks most frequently individuals in the prime of life; considerable obesity, at this period of life, seems to exclude this acute morbid process in the blood. There is no such thing as a peculiar predisposing habitus. To it belong the normal typhus, (as well ileo-typhus and colo-typhus, as also exanthematous typhus;) acute (general) miliary tuberculosis; the acute exanthemata, (that run a normal course;) acute Bright's disease of the kidney; acute medullary carcinoma, (appearing in the form of an exudation;) acute rheumatism, (without formation of abscess.)

Chronic albuminosis (venosity) commonly produces a marked increase in volume of the blood; its other characters are the same as those of the acute disease. The larger quantity of the blood occasions a greater imbibition of the cadaver, with dark colour of almost all the organs, greater injection, and greater friability; the hypostases are generally more extensive and voluminous, putrefaction advances with greater rapidity. The products of this chronic form are similar to those of the acute, albuminous with a greater or less admixture of water; the slow progress of the disease, however, more frequently produces changes in them, whereby their original character is concealed, and they show very indistinctly the form of the superabundant constituent of the blood. They very frequently occur as catarrhal products. After a longer or shorter period, the blood suffers transformation into scorbutic-like decomposition, or into the dropsical state. Hyperinosis never occurs as an after disease; sometimes premature marasmus ensues. The most frequent anatomical cause of this state of the blood is a retarded circulation of the blood through the lungs, whereby a dilatation of the right side of the heart is necessarily induced, if the quantity of the blood be not lessened in some way or other. Deformity of the thorax, valvular imperfections of the heart, anomalous communications between the different cavities of the heart, diseases of the large vessels, &c., can and must develop this state. There are certainly other causes, but they are destitute of any proper anatomical basis, and, consequently, do not come within the sphere of the present essay. The middle period of life is particularly subject to this morbid state of the blood.

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What has been said of other dyscrasic processes in general, applies also to this,—that along with it the morbid products of other dyscrasias may exist; but their already advanced stage shows that they owe their origin to an extinguised crasis. Like every other crasis, its occurrence tends materially to destroy such morbid products as have been developed by the influence of some previous crasis.

The diseases belonging to chronic albuminosis, are: Hypertrophy of the right side of the heart, however it may occur; obesity from various causes; the first stage of the disease of the blood in drunkards; chronic cancerous disease.

3.—THE SEROUS CRASIS.

Anatomical character of the blood: Diminution of its solid constituents, with increase of its fluid parts; great fluidity of the blood, allowing it to permeate structures easily, pale colour, very little disposition to coagulate; constant occurrence of serous exudations.

We have two principal forms of this disease: (*a*) the blood separates into two parts; a pale fibrinous clot and sanious coloured water—hydrops after arteriality: (*b*) the blood is very fluid, pale without any blood or fibrinous clot—hydrops after previous venosity.

(*a*) *Hydrops after hyperinosis.* Deficiency of blood, with considerable paleness and collapse of most organs, infiltration with serum, which is sometimes colourless, sometimes pale yellow, or greenish yellow. Nowhere blood coagula or proper blood, nothing but blood-coloured water; fibrinous coagula in the heart; transudation of serum in all the serous cavities. On the occurrence of inflammation, a sero-purulent exudation of very thin nature is thrown out. This state of the blood appears generally after great fibrinous exudations, more especially when these are rapidly formed; it is chiefly observed after the formation of tubercles in the pulmonary parenchyma, in the uterus (chlorosis) in the mesenteric glands (scrofulosis,) and generally accompanies the hectic diseases.

(*b.*) *Hydrops after Albuminosis.* The cadaver appears bloated, discoloured, every where infiltrated with discoloured bloody serum; *in the* large serous cavities collections of bloody serum. According to the duration of the disease, the blood retains some characters of venosity, or it has lost all traces of this state, and we find merely a small quantity of thin, not coagulable, pale coloured blood. The chronic as well as the acute albuminosis of the blood frequently terminates in this affection, which is generally the intermediate stage between albuminosis and the decomposed state of the blood. It frequently occurs after atrophy of *the* heart, with or without dilatation, as a sequence of pericarditis, which has terminated in complete adhesion between the pericardium and heart.

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MEDICAL INTELLIGENCE.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

ABRIDGED REPORT.

THE second Annual Assembly of the British Homœopathic Society was held in London on the 25th, 26th, and 27th of August.

PRESIDENT—DR. QUIN.

At the private business of the first meeting, Dr. BLACK, of Clifton, gave notice that he would move at next meeting,—

"That provincial members shall have a right to vote by proxy on the election of office-bearers, and on all questions regarding finance."

Dr. RUSSELL, of Edinburgh, asked leave to bring forward a motion involving a change in law XLIX. The law as it at present stood, required that there should be a majority of four-fifths of the members present, in order to take into consideration a motion involving a change in a law, the same majority being required before that change could be effected. His motion was to the effect, that a simple majority of the members present should suffice to allow the propriety of changing a law being discussed.

Leave was granted accordingly.

Dr. DUDGEON proposed extending the title of "Honorary Member" to medical men residing abroad, distinguished for their services to the cause of Homœopathy.

This extension was unanimously agreed to.

Dr. Mackintosh, of Torquay, who had been proposed at last meeting, was duly elected a member of the society.

The following gentlemen were then proposed as members:—Dr. Chepmell, of London, Dr. Ozanne, of Guernsey, and Dr. Hamilton, of London.

At the public business, Messrs. Sampson, Heurtley, Uwins, and Jackson, were introduced as visitors.

The PRESIDENT announced that Messrs. Sampson and Heurtley,—the first the originator, the second the Honorary Secretary of the English Homœopathic Association, had expressed to him their anxious desire to come to an arrangement with the British Homœopathic Society for co-operation in the work of extending Homœopathy, and that he had invited them to attend this meeting, so that they might become acquainted with the members of the society, and have an opportunity of making known their wishes and of stating their views. Before proceeding further, it was necessary for him to communicate to them a statement drawn up by Mr. Sampson and Mr. Heurtley, which these gentlemen had requested him to read to the Society.

After hearing this statement read, which excited the greatest sensation, and called forth several expressions of strong sympathy and indignation,

Dr. RUSSELL moved, and Dr. BLACK seconded, that law LI, which prohibited non-medical members from speaking in the society, should be suspended for the evening, in order to give their visitors an opportunity

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of conferring with the members of the society on their proposal. This motion was passed unanimously.

The PRESIDENT intimated to Mr. Sampson that the Society would be happy to hear any observations he had to make.

Mr. SAMPSON stated that the English Homœopathic Association consisted of above 500 members; the annual subscription was merely a registration fee of 2s. 6d., and they received many donations varying from one to five guineas. By far the largest proportion of the subscribers had been procured by himself and Mr. Heurtley. The Association had existed two years. They had a committee, of whom one-third retired annually. The conduct of two of the medical members had rendered it impossible to remain connected with them, and though he was convinced that the expulsion of those members would be easily effected by a convocation of the committee, yet they were unwilling to proceed to these harsh measures, (which would also put the provincial members to the inconvenience of attending,) and had determined, for several urgent reasons, to adopt another plan. They had come to the determination to send in their resignation not only as members of the committee, but also of the association, in which he believed they would be followed by the great majority of the committee and subscribers; in fact, Mr. Heurtley had in his pocket at that moment, the resignation of a majority of the committee. They proposed to constitute themselves a new society, under the title of the British Homœopathic Association, with the intention of co-operating with the British Homœopathic Society. As the funds of the Association from which they were retiring were just exhausted, they would leave nothing behind them but the name and the books. They felt convinced that their previous efforts had been damped by a pernicious influence, and by gross misrepresentations of the motives and conduct of the leading members of this society, and they had now the conviction that, by acting in co-operation with the British Homœopathic Society, their own sphere of utility and the respectability of the projected association would be greatly increased. To find out the best way for promoting this co-operation was their object at present. He and his friends would be happy to consent to any measures the Society might deem practicable for their acting henceforth in unison for their common object, the advancement of Homœopathy; nothing proposed for that end would meet with any opposition from him.

Dr. RUSSELL praised the disinterested conduct of Mr. Sampson. There had certainly been great misunderstanding on the part of Mr. Sampson and those he acted with; but they had never ceased to admire the untiring zeal and great talents displayed by Mr. Sampson in his proselytizing endeavours. He hoped no obstacle would now occur to prevent a proper understanding.

Dr. GILIOLI thought the present was one of the best moments Homœopathy had seen in this country. One great advantage, he hoped, would be gained by the union of the two bodies, namely, the establishment of an hospital, where the public would see that their system was eminently successful in the treatment of acute diseases. He need only point to the spread of Homœopathy in Vienna as a proof of the advantage of an hospital.

Mr. NEWMAN, Mr. CAMERON, Dr. DUDGEON, Dr. PARTRIDGE, and Mr. ENGALL expressed their gratification at the proposed co-operation of the Medical Society and the Lay Association.

Mr. UWINS made several interesting observations on the utility of the publications of Mr. Sampson, and gave several instances of the good they had done to his knowledge.

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Dr. QUIN passed a high eulogy on the exertions of Mr. Sampson, and on the talents displayed by him in the advocacy of Homœopathy, and he hoped that his literary labours in the cause would not cease. Should they succeed in establishing an hospital, the statistical results it would afford would furnish far more trustworthy materials for Mr. Sampson's arguments, in favour of Homœopathy, than some of those he had been persuaded, much to the injury of the cause, to bring forward.

Mr. SAMPSON felt that a large share of the praise bestowed on him that night was due to Mr. Heurtley, whose untiring and disinterested services, as Honorary Secretary to the Association, had mainly held it together. Their intention, now, was to send round circulars to the various members of the Association, announcing their plans, when he was sure of a very general adherence. He hoped that the members of the British Homœopathic Society would allow themselves to be appointed honorary members of the committee of the new Association. He might add his conviction, that, aided by the exertions of the President, Dr. Quin, they might form a committee of noblemen and gentlemen whose influence would prove most advantageous.

A lengthened conversation then ensued, in which the preliminaries of the arrangements for the co-operation of the British Homœopathic Society and the British Homœopathic Association were discussed.

A vote of thanks was passed to Mr. Sampson and his associates present, and the society adjourned.

At the private business of the meeting of the 26th August, Dr. Chepmell was duly elected a member of the society.

A proposition from Dr. NORTON, of Birkenhead, to the effect that the annual assembly should be migratory, like the British Association and some other scientific bodies, was negatived.

Dr. GILIOLI gave notice of a motion for the appointment of a committee for examining some matters connected with Pharmacology.

Dr. BLACK's motion, on voting by proxy, was, after a lengthened discussion, passed.

At the public business, Dr. BLACK read a paper on Posology.

Dr. MADDEN agreed perfectly with the views expressed by Dr. Black. There were proofs of a relative, but not of an absolute, exaltation of the power of drugs by trituration and succussion. Some drugs were inert in the crude state; others produced such violent local irritation, that they were expelled from the system without producing any of their general or specific effects. They should attend to the local as well as to the general effects of medicines. Sulphate of Zinc produced inflammation of the eye; but, in order to cure an ophthalmia, it must not be given internally, but in the form of a lotion of sufficient strength to cause such inflammation in a healthy person's eye.

Dr. RUSSELL observed that, in the recorded provings of remedies, there were some points that had not been sufficiently attended to by the provers; they should have recorded the amount of the dose by which each symptom had been produced. He had seen very few instances of medicinal perturbation or aggravation. One case of decided aggravation he had met with in a man affected with double pneumonia, to whom he had given some Tincture of Phosphorus in water, to be taken at intervals. He was speedily seized with such violent dyspnœa, that his friends gave him up for lost. This, however, soon went off, and at his visit in the morning he found him free from every symptom but the physical signs of pneumonia in a stage of hepatisation. Medicinal perturbations differed

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from true aggravations: in the former, some odd symptom occurred without being followed by relief; in the latter, all the symptoms of the disease started at once into prominence. He attached great importance to this distinction, as good effects usually followed on aggravations; whereas the medicinal perturbation generally caused no relief. The principal advantage of our minute doses was, that the influence of the medicine could be propagated to the different parts of the system without deranging or irritating the central organ of sympathy—the stomach. In a mechanical point of view there was no necessity for going beyond the sixth dilution, as the particles of medicine at that dilution were sufficiently small to enter the smallest capillaries. In compound vegetable substances, it was just possible that the relative forces of their various principles did not decrease in the same ratio by the manipulations to which they were subjected. Thus, with regard to Opium, in the first dilution the Morphine might completely mask the action of the Codeine; but, in diluting still further, the Codeine might be plus, the Morphine minus. A careful examination of the provings might probably show this.

Dr. NORTON had observed aggravations in greater proportional frequency from Nux vomica and Arsenic than from other remedies. A case he had lately, was a proof of the difficulty of deciding what dilutions were most apt to produce aggravations. A patient affected by neuralgia had been seen by a colleague, who left some Arsenic in solution, after every dose of which an excessive aggravation was produced. Thinking that the dose might have been too strong, he (Dr. Norton) gave a solution of the same remedy in the 30th dilution, after the first dose of which the neuralgia went away, and did not recur. He was afterwards informed that his colleague had likewise given the medicine in the 30th dilution. He was in the habit of continuing to give the medicine in spite of aggravations.

Mr. NEWMAN was of opinion, that if the remedy were Homœopathically selected, it would cure in whatever dilution it was administered. He was in the habit of prescribing all dilutions, from the 1st to the 800th. He had seen violent aggravations produced by the 30th dilution of Colocynth in a case of colic.

Dr. CHEPMELL agreed with Dr. Black in the practical rule at which he had arrived, but thought that the efficacy of the highest dilutions militated against the notion that the Homœopathic dilutions were mere material divisions. He had cured cases with the 200th and 800th dilutions, that had resisted the 12th and 30th of the same remedy. He had recently cured a young lady, affected with incontinence of urine for twelve years, with these highest dilutions; and a case of asthma in a child, which had yielded to Nux vomica, (200,) had made a great impression on his mind. He would ask, how could these results be made to coincide with Dr. Black's views?

Mr. ENGALL did not believe in Homœopathic aggravations, although his patients frequently spoke about them; the most violent aggravation he had ever seen followed on a dose of Saccharum Lactis. He did not think the genuineness of the high dilutions could be relied on, at least of those employed in Germany, which had been prepared by a horse-trainer.

Dr. MASSOL said, that in given cases of disease any dilution might succeed. The question of aggravations was very difficult to decide, for it was difficult to say what share the medicine and what the organism had in the production of any symptom. Symptoms caused by the medicines would decline rapidly of themselves; those which were caused by the disease would continue to increase.

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Dr. GILIOLI remarked, that the theory of dynamization depended on the idea of a dualism in material bodies. By the processes of trituration and succussion a *quid spirituale* was supposed to be separated from a material integument, the former being medicinal, the latter inert. The efficacy of the triturations and dilutions was fully accounted for by the old maxim, *Corpora non agunt nisi soluta.* He was very sceptical about the highest dilutions. To come to a just conclusion respecting them, we should be acquainted with the three chapters of a Book of Morbid Life, viz., 1st, Imaginary Diseases; 2nd, Cures by Nature; 3rd, Human Crotchets. He thought there was a great deal of truth in the distinction that had been made betwixt medicinal perturbations and aggravations. In one patient he had witnessed the occurrence of the same perturbations after several different medicines. He would subdivide aggravations into idiopathic and sympathetic. In Dr. Russell's case, he would say that the phenomena produced were those of sympathetic aggravation. The part idiopathically affected in a disease was best protected from the primary idiopathic effects of remedies. Thus, in a sore throat occurring from any cause, an increase of the disease from even a considerable dose of Belladonna would not be met with, if that were the proper Homœopathic remedy.

Dr. PARTRIDGE remarked that the Posology of Homœopathy was second in importance only to the fundamental law of its therapeutics. Considerations relative to the attenuation, the character of the disease, whether acute or chronic, and the temperament of the patient, whether nervous or lymphatic, originated the rules by which he had, for several years, been governed in the administration of medicines. Believing that the more crude medicines, and the lower attenuations, had a more superficial and temporary action—that medicines which were originally subtle, or were much attenuated, acted more profoundly and lastingly—that acute diseases were more functional and superficial, and chronic diseases more organic and deeply seated, his practice was to administer the lower attenuations in acute diseases, the higher in chronic, and the intermediate in sub-acute; the lower attenuations to the very sensitive, the higher to the lymphatic. The higher attenuations having, as he believed, a profound and enduring action, would not, in general, be followed by a sanatory reaction sufficiently early for the relief of acute diseases, but would, probably, convert the acute and functional into a chronic and organic affection; and, on the other hand, there were chronic diseases which he was of opinion could only be cured with the higher attenuations. He had long since discarded the doctrine of dynamization, and used the term *attenuation* to indicate thereby merely a subdivision of the matter of the medicines. An aggravation might take place when the quantity of medicine given was more than sufficient to neutralize the disease. The susceptibility to a medicine might be extinguished by the first dose. Thus, he had lately a case of gastralgia, in which the first dose of Nux produced excessive agony, the second immediate relief. Though the particles in the sixth dilution might be as minute as the finest capillaries, there were textures still finer on which the medicines had to act. He believed that Sugar of Milk, much triturated, was capable of producing pathogenetic effects on susceptible persons.

Dr. QUIN said the most experienced was very much at sea on the subject of Posology. The difficulties of the question, though great, were not, however, to be considered insurmountable. Nothing could be more true than the distinction which had been drawn betwixt aggravations and mere medicinal perturbations. A variety of symptoms started up, during

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the treatment of a case, which were not referrible to pure medicinal aggravation, but to sympathetic sufferings; patients were too apt to talk of aggravations, and medical men were frequently too prone to believe in their occurrence. The symptoms occurring after Sugar of Milk, alluded to by Dr. Partridge, were doubtless owing to some extraneous substance mixed up with it during its trituration. The theory of dynamization had been to many a great stumbling-block; at first it assisted them greatly in getting over certain difficulties respecting the action of the infinitesimal doses; but, on maturer reflection, the utility of this theory fell somewhat in importance before the fact, that there is no limit to the divisibility of matter. His attention had early been called to the subject of dose, and the same difficulties which were now engaging the attention of the society had occurred to him. On asking Hahnemann how one could be guided as to the proper dose, Hahnemann replied, that if a perfect similarity existed betwixt the symptoms of the medicine and the disease, the dose could not be too small to act beneficially; but if the selection were carelessly made, and without proper attention to a perfect analogy between the effect of the medicine and the symptoms of the disease, that then the large doses prescribed often acted on the principle of *contraria contrariis*. Dr. Petroz, of Paris, had mentioned to him a fact corroborative of the correctness of Hahnemann's observation. In a case of epidemic dysentery occurring in an old person, Petroz had given, as was his custom, pretty large doses without effect. Hahnemann, on being called in, prescribed some remedy, in very minute doses, with almost immediate decided benefit. Dr. Leon Simon, of Paris, had related to him similar instances of Hahnemann's sagacity. He entirely differed with Dr. Gilioli, that the diseased organ was the best protected from the medicinal aggravation; on the contrary, he considered it to be the most susceptible to the action of the medicine. Dr. Gilioli's sympathetic aggravation seemed to him identical with what Dr. Black had denominated, in his excellent paper, medicinal perturbation. In addition to Nux and Arsenic, from which Dr. Norton had most frequently observed aggravations, he had seen them often follow the employment of Bryonia, Sulphur, Belladonna, and Calcarea Carbonica. Up to the present time, no rule for their guidance in the selection of the dose or the dilution had been satisfactorily laid down. Early in his practice, he had under his care a woman affected with paralysis and loss of sensation in the lower half of the body. She had been bedridden for three years. After prescribing a variety of medicines, he found that Bryonia and Rhus alone exerted any beneficial influence on the complaint; but their good effects soon went off, until he resorted to the plan of giving them successively in every dilution, from the 30th down to the 1st, and back again; and when he had descended and again ascended what he might call the gamut of both medicines several times, he found, to his great joy, that the amelioration of his patient's state became progressive, and she was finally cured under the action of these two remedies, followed by Sulphur. During the treatment, at various times, decided medicinal aggravations occurred; they did so, generally, whilst she was taking the higher dilutions.

At the private business of the meeting of the 27th August, Drs. Hamilton and Ozanne were elected members of the Society.

Dr. RUSSELL brought forward his motion relative to changing law XLIX. After a lengthened discussion, Dr. Russell's motion was passed with a slight modification, whereby a majority of two-thirds was made

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sufficient to allow the discussion of a change of laws, in place of four-fifths, as formerly.

At the public business, Dr. QUIN, the president, read the following address on the occasion of the expiry of his triennial presidency:—

THE PRESIDENT'S ADDRESS.

Gentlemen, it is doubtless in your recollection, that when I had the honour of addressing you at this time last year, at the first meeting of the annual assembly, I entered into a brief history of the rise and progress of the society, and directed your attention to the consideration of the means by which you could best ensure the promulgation and advancement of Homœopathy. Among the chief of these means were,—Firstly, the publication of the transactions of the society, and a committee was subsequently appointed on the motion of Drs. Gilioli and Madden, to carry this out.—Secondly, the publication of a Cyclopœdia of Practical Homœopathic Medicine, containing monographs of acute diseases, and it was unanimously resolved at the following meeting, on the motion of Drs. Quin and Gilioli, that the metropolitan and provincial members should be invited to select a subject, or subjects, connected with the history and treatment of acute disease, on which to write a monograph;—Lastly, the establishment of a public dispensary, with a view to the future formation of an hospital, attached to the British Homœopathic Society, having all the members of the society connected with it, from among whom should be elected the different officers to perform the medical duties in it. It now becomes my duty to inform you how far these resolutions have been carried into effect, and to explain what have been the causes which have prevented their entire fulfilment. The committee appointed for the publication of the transactions have considerably advanced in their task by the examination and revision of several of the papers which have been read before the society, and I have little doubt that there would have been sufficient materials to form the first volume of the transactions, had they not found extreme difficulty in obtaining a copy of some of the papers from several of the members. The state of the funds of the society, although very prosperous considering the number of its members, has been another consideration with the committee for not pushing forward the printing of the transactions. Gentlemen, I trust you will, before you part, take into consideration the means for best remedying and correcting these evils. With respect to the Cyclopœdia, some papers by the members of the society are of a sufficiently practical character to admit of their insertion in this work; but they are too few in number to commence printing them, and the metropolitan members look with confidence to their provincial brethren not to be behind hand in furnishing valuable monographs for this work. The last, most important, and most difficult object is the establishment of a public dispensary or hospital. The lamentable infliction of famine which has visited the country since our last annual meetings, and the great drain that has been made upon private charity, to assist and furnish food to the famishing multitude, made the moment most unpropitious for making an appeal for funds to establish our dispensary. It has, therefore, been thought more prudent and politic to wait for times when the pressure of famine will have ceased to weigh upon the country, and an application for assistance to found the hospital more likely to be attended with success. That time is now come, or fast approaching, and I look with confidence to your devising means to obtain subscriptions, so as to enable the society to carry out, ere long, this most important project; and I trust that every member, both metropolitan and provincial, will use his most strenuous endeavours to advance a matter so essential to the promulgation of Homœopathy. Other projects of minor importance have been carried forward since the last annual assembly, an account of which will be found in the minutes of our meetings.

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I am happy to say that not one single defection from the society has taken place since we last met; on the contrary, a very considerable accession has been made to our ranks, and I rejoice to have it in my power to state that our numbers are progressively increasing. Eleven members have been admitted since our last annual meeting, and several more candidates are now waiting for the decision of the ballot. The harmony and good understanding which has existed among all the members is a subject of much gratification to me, and has made my office of President a matter of unalloyed pleasure.

The offices of President, Treasurer, and Honorary Secretary, become vacant at the close of this annual assembly, and it will be your duty, before separating, to elect new officers for the ensuing year.

Our Treasurer will submit to you a statement of the funds of the society, by which you will find that a considerable balance is in our favour. I trust you will see reason to approve of the manner in which the financial affairs of the society have been conducted by your officers. I may mention, that the subscriptions of the metropolitan members have more than sufficed to defray all the expenses attendant upon the establishment of the society, as well as the annual charges upon the society since its first existence. This will give satisfactory proof to the provincial members of the care taken by their officers of the funds entrusted to them.

On the last occasion when I had the honour of addressing you, at the annual assembly of 1846, it was my painful duty to allude to the loss the society had sustained in the death of one of its members. Since then, you are doubtless all aware that relentless Death has mowed down two of the metropolitan Homœopathic practitioners, both in the prime of life,—Dr. Ludwig Calmann and Dr. Harris Dunsford.

The former,—a native of Germany, had not been established many years in London; he was a pains-taking, hard-working member of his profession. Ill health, the difficulties attendant upon a beginner, particularly in a foreign country—the "*res angustæ domi*"—and the early termination to his career, prevented his name from coming prominently before the public. When the declining state of his health disabled him from the exercise of his profession for some time, several of his English Homœopathic colleagues, sympathizing with him in the difficulties he had to encounter, very kindly came forward to assist him to go to a warmer climate for the restoration of his health. After a time, he returned to England to resume his practice, but his health soon broke down again, and Phthisis Pulmonalis terminated his career, at Kensington, in the month of May last. Dr. Calmann was the author of a small polemical pamphlet, entitled *Homœopathy no Humbug, or A Refutation of Dr. James Johnson*, and of several articles in Homœopathic journals, besides having translated, into German, several of our most esteemed English Allopathic authors; amongst others, *Dr. Mason Good's Study of Medicine. Dr. Bateman's Cutaneous Diseases, Dr. Johnson's Economy of Health*, and *Dr. Blundell's Principles and Practice of Obstetricy*

The latter,—formerly a member of this society, learned the practical part of his profession at Salisbury, under an Allopathic practitioner there. After undergoing his examination before the Apothecaries' Company and the College of Surgeons of London, and receiving diplomas from both, he went abroad, on account of the illness of a relative. Whilst in Switzerland, he took out his degree of M D. at Freiburg. A physician of Vevey put into his hands a small work, *Sur le Traitement Homœopathique du Cholera Asiatique*, published by me in 1832. This first opened his eyes, as he stated in one of the debates of this society, to the doctrines of Hahnemann. His relative, at times, suffered from acute attacks of European cholera, which usually baffled all attempts at relief by Allopathic remedies. He was induced to administer some of the remedies in Homœopathic doses, as recommended in the above work, and the result was so satisfactory and so prompt, that it induced him to go to Geneva, and put his relative under the care of Dr. Peschier, a Homœopathic practitioner of

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great skill, and the eminent editor of the *Bibliotheque Homœopathique*, who, on our colleague's return to England, gave him a letter of introduction to me. His quiet, unobtrusive manners, and his earnestness in the cause of Homœopathy, interested me in his favour, and I gave him a letter of introduction to our venerable master, Hahnemann; and when, on the resignation of my friend, Sir James Murray, the Marquis of Anglesey applied to me for a physician to succeed him, I recommended Dr. Dunsford, who immediately obtained the appointment, and resided for nearly two years in his Lordship's household, where he had leisure to perfect his studies, and gain experience, in Homœopathy; and where, from the numerous and advantageous acquaintances which he made, he laid the foundation of his future extensive practice; and which led to his having the honour, upon one occasion, of being consulted by her Majesty Queen Adelaide, after Dr. Stapf had returned to Germany, and during my absence from town. Our lamented colleague was possessed of many good qualities, and was much beloved by his patients. He was very charitable and kind-hearted, and was ever ready to aid those of his colleagues who were less fortunate in their career than himself, sometimes, I fear, to his own detriment. He published two books, "*The Pathogenetic Effects of some of the Principal Homœopathic Remedies*," and "*The Practical Advantages of Homœopathy*;" the latter dedicated to her Majesty the Queen Dowager. In the commencement of 1846, his colleagues began to perceive, with pain, that his health was giving way, and that a change was gradually stealing over his faculties, which was accompanied by an irresolution of manner, and strange self-contradiction, which was particularly observable to us in the debates and discussions of the latter meetings of the society which he attended. The great mutability of purpose, and inconsistency which he displayed, his unqualified and loudly expressed condemnation one night of conduct which he at another endeavoured to palliate and defend, thus stultifying his own acts; his consulting, for himself and his family, Homœopathic practitioners one day, and Allopathic physicians another; this mixture and alternation of the two systems in the treatment of himself and his family; his resignation as member of our society and subsequent desire to re enter it—acts so unlike his previous consistent conduct and strong convictions, excited the grief and painful surprise of his former colleagues. Alas, all this time he was the victim of an insidious disease, which was gradually and stealthily making inroads into the structure of the organ the seat of thought. The sad havoc, and the morbid organic changes which were discovered in the brain and its teguments, by the *post mortem* examination, more than accounted for the sad and painful inconsistencies inexplicable before his death. These organic appearances teach a lesson of charity and indulgence in favour of those whom God has stricken with disease.

I am sure, Gentlemen, you will approve of the step the office bearers and metropolitan members took in proposing to show a last token of respect to the memory of our departed and lamented colleague, by following his remains to the place of burial. It was intimated to us that accommodation could only be given to four, and your President and Treasurer, and two of your colleagues, Dr. Partridge and Mr. Engall, were deputed, on the part of the society, to attend the funeral.

Although the first practitioner, to whose melancholy end I have alluded, was not a member of this society, and although Dr. Dunsford had ceased, for some months before his demise, to belong to our body, I have thought that you would not consider as uninteresting, or as matters to be passed over in silence, the untimely deaths of two practitioners who had laboured with ourselves for the advancement of Homœopathy.

I regret, Gentlemen, to have again to communicate that only one essay has been sent in for the prize of a gold medal which I had proposed to give, so that it cannot be awarded this year. I trust that, ere our next annual assembly, a more active state of emulation will spring up, and that we shall have several essays competing for the prize now that our members

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have so considerably increased. The subject I had better now recall to your memories:—"*On any class of diseases dependent on or modified by sympathy, their causes and Homœopathic treatment.*" At our next monthly meeting it is my intention to propose that a committee be formed to take into consideration whether it be expedient to retain this subject, or to determine upon another. The result of the deliberation of the committee will be communicated to you by our Honorary Secretary. There is one very important matter which I am desirous of impressing upon the elder and more experienced members of the society; that is, the propriety of introducing subjects before us of practical importance in preference to those of a speculative theoretical character. The latter may be advantageously left to the junior members, whose leisure hours might be profitably employed, both to themselves and to the society, in a cautious and candid examination of some of the points of our doctrines—in a careful and conscientious investigation of the grounds upon which the pathogenetic effects of many of our remedies are based—or in a laudable endeavour to arrive at a satisfactory settlement of some of the questions which divide Homœopathists. I do not desire to be understood as wishing to debar the senior members from treating of these interesting matters, but I think that, in general, their labours will be more acceptable and more useful to the society, in proportion as they choose practical subjects for their essays, in which the knowledge and experience gained by them, in the investigation and treatment of important maladies, will be communicated to their fellow-members, for, believe me, Gentlemen, far more instruction is often to be gained by listening to the details of the treatment of unsuccessful cases of diseases of importance, than by hearing the history of maladies of frequent occurrence which have terminated favourably under the exhibition of Homœopathic remedies. It is, you are probably aware, a reproach not unfrequently made against us by our Allopathic brethren, that, if they take up any work on Homœopathy, wherein are narrated the history and treatment of diseases even of the most virulent and complicated nature, they are certain to find it stated that the treatment has been followed by the most happy results, and that almost all the cases are brought to a most successful termination, often in a marvellously short space of time—that there are few, if any, failures, and when, by a rare and extraordinary occurrence, a case of failure is admitted, the admission is almost always accompanied by an ingenious endeavour to attribute the absence of success, not to the deficiency of skill or experience of the Homœopathic practitioner, nor to the inefficacy of the Homœopathic remedies administered, but to some fault in diet on the part of the patient—to some fortuitous circumstance occurring which interfered with the course of the treatment, or to an Allopathic practitioner being called in, and the case taken out of the Homœopathist's hands, before the remedies had had time to produce a beneficial effect, or, finally, just as he was about to close his treatment by the cure of his patient. Now, although it is frequently very true that one or other, or sometimes all, of these untoward circumstances do happen to interfere with a successful issue to our treatment, it grieves me to be obliged to acknowledge that this reproach is not altogether an unjust one. Homœopathic practitioners, both at home and on the continent, are too apt to blazon forth their successful cases, thereby laying themselves open to the accusation of holding back their unsuccessful ones. There can be no doubt that much mischief is done to our cause by such proceedings. The public are thus taught to believe that we have the pretension never to fail, undue hopes are conceived by those who apply to us for aid, and consequent disappointment too frequently follows; whilst the Allopathic physician turns with distaste from the history of diseases—considered by the most experienced and skilful of their own school to be the opprobrium of medicine—cured, as it were, in an instant, as if by magic. Consequent distrust of the means employed, and contempt for the Homœopathic practitioner often prevent his prosecuting his inquiries further. I am aware that it is argued by some Homœopathists, that both the public and the medical

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profession are already too prone to disbelieve in the powers of remedies when administered in infinitesimal quantities, and that the narrative of unsuccessful cases will only increase that disbelief. They assert that we are called upon to give evidence of the efficacy of our peculiar mode of treatment,— to show that Homœopathy can be of most essential service in combating disease,—and that it is not our province to bring forward instances of its failure, the more so, as our opponents are always ready enough to do this without our help. But Homœopathists who reason thus are very shortsighted, and are little aware of the injury they do to our therapeutic doctrines by such a line of conduct. They forget that we appear before the public as witnesses in our own cause, and that the instances we adduce, in proof of our success, will be believed only in proportion as we evince candour and truthfulness in avowing those where we have met with disappointment and discomfiture. To act otherwise, is to weaken greatly the force of our evidence,—to cause ourselves to be suspected of ignorance, or of blind enthusiasm, or, what is worse, to lay ourselves open to the accusation of wilful perversion of facts to serve our own interests and ends. That junior practitioners and recent converts to our new system of medicine should fall into these errors, is very intelligible, and, perhaps, natural, because the success which not unfrequently attends the early efforts of beginners, and the rapidity and facility with which they are enabled, by Homœopathy, to relieve their patients from many painfully acute diseases of daily occurrence, naturally leads them to hope—nay, believe—that similar success will attend their endeavours as soon as increased experience will warrant their undertaking the treatment of other maladies of a more serious and complicated character; they are, besides, so elated by their first successes, that they become eager to show what they have been able to accomplish by means which they had previously considered inefficient and useless. It is, however, more among the elder practitioners that this reprehensible habit of boasting and of proclaiming only their successful cases has prevailed. It is a poor system which cannot afford to admit any failures. There is an old French proverb, which I have recently had occasion to quote in the course of our debates, which ought ever to be present on our memory, and serve as a caution on this point:—"*Qui veut trop prouver, ne prouve rien.*" It has been a matter of great satisfaction to me to perceive that a far better spirit animates the members of this society, and that a more patient inquiry, a deeper research, and a more cautious investigation of disease, and of the virtues of our therapeutic agents, characterize their labours, than are generally to be found in the writings of those who, were they actuated by a true love of Homœopathy, and were they less anxious about their own personal emoluments, would take a more honest and truthful course. A continuance, on the part of the members of this society, in this frank and straightforward line of proceeding cannot fail, ere long, to bear its fruits, and to effect a salutary reaction in the minds of the more honourable and liberal members of the old school, who will perceive, by the publication of our unsuccessful cases, that true Homœopathists are actuated by the same strict regard for truth, however much it may appear to militate against their own views and interests, and by the same love of science which characterize themselves, and that Homœopathic practioners are neither so simple as to believe, nor so disingenuous as to endeavour to inculcate that they are in possession of sovereign remedies, applicable to all cases of disease. It is the anxious wish which I feel, to promote and encourage a fair and exact statement of the general result of our endeavours to cure the sufferings of the sick, that has induced me to dwell somewhat longer than I intended upon the harm certain to accrue to Homœopathy by the opposite line of conduct. We have had too much written in a spirit of jactancy, and it is to be regretted that so much time has been devoted to the description of diseases of an ordinary nature, or to the history of the successful results obtained by Homœopathy in curing maladies known to be fatal, from the organic changes which must have taken place, if the description given of these maladies be exact and

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faithful. I am certain that a better means of instruction may be found in the narration of unsuccessful cases, and of the means employed to combat them. I cannot better conclude the observations I have had the honour of making to you than by quoting the words of a great practical authority, Professor Hufeland:—"Interrogate," says the Nestor of Allopathic medicine, "the best physicians, and they will tell you that they, in cases which terminated fatally, have often used more pains and skill redounding in intrinsic merit, than in some most successful cures." A pleasing duty still remains for me to perform,—that of making my warm acknowledgments for the manner in which you have supported me in the chair during nearly four years that I have presided over your meetings. I have also to express my grateful thanks for the great indulgence you have always shown to me in the frequently defective manner in which I have performed the important duties of your President. At the close of this meeting I shall have to resign into your hands the trust you confided to me, and I shall do so with a proud consciousness that, (however inadequate my abilities are to entitle me to the prominent position in which you placed me.) the honour of the society has not been tarnished, nor its utility diminished, during my tenure of office.

Dr. MADDEN proposed a vote of thanks to Dr. Quin for his address, and moved for its insertion in the *British Journal of Homœopathy* along with the proceedings of the Society. Dr. BLACK seconded this motion, which was passed unanimously.

Dr. GILIOLI read an essay on Pharmacology, and then moved for a committee to take into consideration his scheme of Pharmacological criticism. This motion was seconded by Dr. DUDGEON, and passed unanimously. The committeemen appointed were Drs. Russell, Black, Madden, Dudgeon, and Gilioli.

Dr. MADDEN moved, "That a committee be formed to consider the propriety of adopting certain pharmaceutical hints thrown out in a paper on Homœopathic Pharmacy in the last number of the *Homœopathic Journal.*" It was resolved that this should be included in the work of Dr. Gilioli's committee.

Dr. RUSSELL then moved, "That a committee be appointed to report on the best method for the publication of various provings." He thought it highly desirable that the society should undertake the publication of new and valuable provings which might appear abroad or be carried on in England. Part of the funds of the society might not improperly be devoted to this purpose.

This motion was seconded by Dr. MADDEN, and carried unanimously. Committeemen—Drs. Drysdale, Black, and Dudgeon.

The society then proceeded to elect office-bearers for the ensuing year; Dr. Partridge in the chair. The scrutiny of the votes (tellers, Drs. Norton and Black) showed the election to have fallen unanimously on—Dr. Quin as *President*, Dr. Gilioli as *Treasurer*, and Dr. Dudgeon as *Honorary Secretary.*

The metropolitan and provincial members of the society being desirous of testifying their sense of the manner in which Dr. Quin had fulfilled the duties of President during his three years' term of office, and their personal respect for him, had deputed their Honorary Secretary to invite him, in the name of the society, to a public dinner. Consequently, at the close of the meeting of the 27th, all the members assembled in London proceeded to the Thatched-house, St. James's-street, where they entertained Dr. Quin at dinner. Dr. Russell, of Edinburgh, in the chair; Dr. Dudgeon, croupier.

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On the cloth being removed, the CHAIRMAN proposed the health of the Queen. He afterwards rose and said, the next toast he had to propose, he was sure, would be received with grateful and respectful attention, it was the memory of the illustrious Hahnemann. The time had not yet come for justly estimating that great man. (Hear.) As, at Chamouni, Mont Blanc appeared insignificant beside the nearer surrounding mountains, but at Geneva stood in proud pre-eminence, with its snowy diadem, far above all its fellows; so it was with great men. It was not till time had interposed the requisite distance, that so great a man as Hahnemann could be duly estimated. (Hear.) Though unwilling to introduce any controversial topic into so sacred a toast, he could not forbear making an indignant protest against those disciples of their great master, who took a perverted delight in exposing, with microscopic exaggeration, the flaws incident to all great characters, and which Hahnemann was not without, but which the waves of time would soon entirely obliterate. (The memory of Hahnemann was drunk by all standing in silence.)

The CHAIRMAN again rose and said, the embarrassment he felt was not only because his position was new, and he had no claim to the honourable position he occupied, but because, if he expressed the sentiments of respect in terms adequate to the feelings of himself and those about him, their guest, who had never condescended to flatter others, might think they flattered him. (Cheers.) But at times of crisis and catastrophe, which proved men, it was right to express feelings which otherwise should be concealed; and when they were shocked by the exposure of hollowness in one, it was then they felt their duty of acknowledging their confidence in the trustworthy integrity, honesty, and high principle of Dr. Quin. (Cheers.) It was the perfect honesty of his character that had enabled him to bear himself for so long as the unblemished representative of Homœopathy in this country; it was his honesty that made him a centre of union, that enabled him to confide in others as they in him. Combined with thorough integrity, he had also intellectual enlargement and penetration, so that he discriminated between the real and the adventitious. These were the qualities that had enabled him to form that society; and these were the qualities which it became them to acknowledge, to honour, and to imitate. (Cheers.) They could not be blind to his other rare and admirable qualifications for the post he so well filled: his urbanity, hospitality, kindness, and unwearied attention. But he could not dwell on the details of these without trespassing on the social domain, where delicacy forbade him to enter. (Hear, hear.) In conclusion, he hoped their esteemed guest would live to the age of their venerable master, and that, in his declining days, he might possess the respect that had attended those of Hahnemann. (Dr. Quin's health was drunk with the liveliest expressions of enthusiasm.)

Dr. QUIN said, if their worthy and learned Chairman had found it necessary to allude to the embarrassment under which he laboured in presiding at that table, they might easily conceive the embarrassment he himself felt in rising to tender his warmest acknowledgments to him for the signal honour he had done him in proposing his health in such flattering terms, and his unfeigned thanks to them for the most kind and enthusiastic manner in which they had received his (the Chairman's) proposal—embarrassment the more felt, from the consciousness that he must, on such an occasion, necessarily enter into circumstances of an egotistical character, and occupy time about his own personal feelings and acts that he would willingly have devoted to matters more agreeable to himself and more profitable to them. (Hear, hear.) He would not

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attempt to follow their Chairman through his eloquent description of the good and great qualities with which his kind partiality had been pleased to invest him (Dr. Quin.) The cheers which his description had elicited from them were so many gratifying proofs to him that they were kind enough to share in that generous partiality. (Cheers.) Although he could not but feel that the eulogistic strain in which their learned Chairman had indulged went far beyond his humble merits, he did feel that he could, in the present assembly of his fellow members, lay claim, without being accused of presumption, to honesty of intention and purity of motives, in preparing the code of laws by which they were bound together. He had ever endeavoured to uphold the honour and integrity of their society since its first formation. (Cheers.) He might safely appeal to its oldest members, who would, he felt assured, bear testimony that no personal consideration had ever weighed with him when the interests or honour of the society had been at stake. (Cheers.) He might most truthfully assert, that he had felt more solicitous for, and more jealous of, its fair name than of his own, and had not hesitated to risk the latter when the former could be saved from obloquy. Circumstances had unhappily occurred, during his tenure of the presidency, which could leave no doubt, he believed, upon that point. (Hear, hear.) That the original founders of this society should, at the commencement of its formation, have selected him as their president, was, perhaps, not to be wondered at, considering the circumstances under which the idea of forming a society first started,—considering that he was the oldest and favourite disciple, in this country, of their great master, the illustrious founder of Homœopathy, and that he had the honour of first introducing into Great Britain the new therapeutic doctrines taught by Hahnemann—(cheers)—but he had always felt that an election made under the circumstances he had just alluded to, ought to place him, in the eminent position he held, merely as the *locum tenens* of the person on whom the future choice of the society would fall, when the votes of its increased numbers could alone give real value to the appointment. Entertaining these sentiments, they would readily understand that he considered it his bounden duty to strenuously endeavour to maintain, and transmit to his successor in their entire integrity, the original fundamental laws of the society, to which they had all respectively and collectively given in their adherence on being admitted into its body. It was for these reasons that he was opposed, in the origin of the society, to the appointment of a perpetual president when this question was mooted, being of opinion that it was unjust for a few to exclude future members from a voice in the election of their chief officer, when the society (having increased in magnitude) made the selection of that officer a matter of greater importance to the interests and welfare of the society. (Hear.) By their act of that morning, they had given the most flattering testimony in favour of the wisdom of the course pursued by the first members. That they should, at the most numerous meeting of the society which had ever yet been held since its formation, unanimously—without one single dissentient whisper—re-elect him as their president for the ensuing year, was an honour which he could not find adequate terms to express his grateful sense of. As the nobler metals, although esteemed for their intrinsic worth, had not their current value determined until they had passed through the Mint and received the die of the Sovereign,—so, although the original founders had considered their choice to ring true and have its intrinsic value, yet, until they (the actual members) had, by their unanimous and unsolicited re-election, placed their die upon it, and given it the stamp of their unqualified ap-

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proval, they (the original founders) could not feel certain that their choice was considered by them (the actual members) sufficiently free from baser alloy to pass into currency among all their fellow-members. (Cheers.) Their having again associated with him those office-bearers with whom he had hitherto acted with so much harmony, and from whom he had ever received such efficient assistance, rendered his election doubly gratifying to him. (Hear.) Their continuance in office, by the unanimous choice of the society, gave the most complete contradiction to certain rumours, (spread about by individuals envious of the growing reputation and prosperity of the society,) which only reached his ears yesterday, viz., that the members of this society were in such a state of disunion, that the society was like a rope of sand, and could not hold together,—and that an influential provincial member was coming up, with a strong muster of fellow-provincial members, to ensure the fall of the president,—change the laws,—and secure the admission of several metropolitan Homœopathic practitioners who had been most unjustly excluded from the society. (Laughter.) Now there could not be a more triumphant answer to these calumnies on their provincial members, and upon the society itself, than his presence at that table as their much-honoured guest—(cheers)—presided over, as it was, by one of their most distinguished provincial members, and graced by the presence of those of them whom they saw mingled among them. (Cheers.) Could the inventors of these reports have witnessed the cordial and friendly intercourse which had existed at all their meetings, and the liberal and respectful attention which the London section of the society had given to the different proposals brought forward by their provincial brethren, they would have shrunk back abashed at their false appreciation of the motives by which the members of that society were actuated. (Hear, hear.) The unanimous resolution of that morning was, these persons must admit, a strange manner of ensuring the downfal of the president! (Laughter.) With respect to the pretended unjust exclusion of Homœopathic practitioners, it was well known to all of them, that, since the first day of the existence of the society, there was not one single instance of a professional colleague having been blackballed who had come before them properly qualified. (Hear, hear.) This was too notorious to require further comment from him. (Hear.) It was a curious fact, that, of the ten practitioners who originally met at his table on the 10th of April, 1844, and who, before parting on that occasion, took the initiatory steps for the formation of that society, there were only four now belonging to it; round those four had rallied the numerous members of whom it was now composed, who, too honest themselves to think of acting unprofessionally, did not find the laws too stringent or too inconvenient for observance. (Hear.) He had never, for one moment, had the least shadow of a doubt of the ultimate success of the society—(hear)—and when regrets had been expressed that their numbers were dwindling down, he had ever answered,—"Let us be consistent, true, and open in all our dealings; let us keep strictly to our laws, and make them be respected by others, by the respect we show for them ourselves, and, in proportion as our conduct becomes known to our medical brethren, so will all the true and honest Homœopathic practitioners gradually flock to us. Those of a different character we do not want, and would not admit into our body." (Cheers.) That he was no false prophet, their actual numbers and the present assembly sufficiently proved. Since the last annual assembly, as he had already stated that morning, eleven new members had joined them—(cheers)—and there were several other Homœopathic practitioners who had expressed their desire of becoming

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candidates for admission. He feared he had enlarged somewhat too much upon these topics. (No, no.) He had been tempted to do so, by the wish that the real state of the society should be communicated to their distant members by those there assembled; and, above all, that they should have the means of conveying to them the pleasing intelligence, that, notwithstanding reports to the contrary, there never was a body more united in the bonds of warm esteem and cordial friendship than the British Homœopathic Society—(cheers)—that the most perfect kind feeling and good understanding reigned among all its members—(cheers)—and that they were animated by one spirit, that of advancing their common cause. (Cheers.) He could safely say for himself, that his connexion with the society, and his intimacy with its members, had been a source of constant and unalloyed gratification. (Cheers.) He had to apologize for having trespassed so long upon their time, and to thank them for the indulgent and patient hearing they had lent to his somewhat lengthy observations. Before sitting down, they would permit him again to express his high sense of the honour conferred upon him by their kind reception and hospitable entertainment. He could not conclude without assuring them that, conscious as he felt that any merits of his must fall far short of deserving the high encomiums their worthy and learned Chairman had so lavishly showered upon him, they would ever live in his memory as proofs of his and their feelings of affection, friendship, and regard for him, and long, long would the kind and enthusiastic cheers, with which they had greeted their Chairman's proposal, ring in his ears. (Dr. Quin resumed his seat amidst great and prolonged cheering.)

Dr. MADDEN next rose and said,—Change was stamped on all things, but in few did they see it so well exemplified as in the ever-moving, ever-restless ocean. If they walked along its shores, it was not the first glance which told them of the ebb or flow of the tide, for, while the latter seemed abundantly evidenced by the rolling upward of the approaching wave, the former condition appeared equally corroborated by the backward rush of the waters when the wave had passed. So it was with the advance of all new truths, and so it had pre-eminently been with the progress of Homœopathy. A new convert entered their ranks, or a colleague took up his abode in a place hitherto unblessed with one of Hahnemann's disciples, and anon a "hue and cry" was raised, "How rapidly Homœopathy is advancing!" The nine-days wonder past, things settled down in their usual courses, their friend was still working steadily, and increasing his sphere of usefulness,—but his advent was no longer a novelty, his presence no longer gave rise to a town's talk, and all, beyond the circle of his immediate adherents, consoled themselves with the thought,—"Well, Homœopathy has had its day; it is now numbered with the things that have passed by; we never hear any thing of it now!" No casual glance could tell them truly of their position; but, if they compared what that was now with what it had been some five years back, its steady progress was far too apparent to be overlooked. (Hear.) Great as their advance had been, however, they could not deny their wish that it were still greater. They believed that they had found the truth, and they longed that the world should learn its value. (Cheers.) In proposing the toast which had been allotted to him, he wished to mention a few circumstances which appeared to him to have checked the rapidity of the progress of Homœopathy; and, First, there were three circumstances among themselves, and these were,—First, The impurity of their ranks.—It was very sad, but too true, that the greatest obstacle in the way of the advancement of their system, was the character of some of its adherents. (Hear, hear.) They were a band of reformers,

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differing, however, in one point from the generality of such heroes; for, although persecuted in many things, they were not so in purse; and it was a well-known fact that numbers of men would always be found who would allow sad havoc to be made with their characters, provided they found their purses well lined. Second, The bigotry evidenced by many of their colleagues against the results of all other kinds of medical treatment.—Such men viewed with suspicion every case of cure which was not performed by their brethren,—forgetting, in the meantime, that a jewel-case might be opened by a crow-bar without its following as a consequence that a key could not do it better. Third, The morbid dread of some of them lest Homœopathy should be considered imperfect and undeveloped.—Much harm was done in that way, since experience soon proved the fact, and they knew that the only way to get over difficulties was to face them fearlessly; but was it not rather a cause for rejoicing that, good as Homœopathy now was, it was an inexhausted mine which might for years be laboured in, and still yield up new treasures? (Cheers.) There were, Secondly, two tendencies among their friends, and these were,—First, Their credulity.—Oh! the wonders which they heard of daily as effected by amateur practitioners, and what were these in the vast majority of cases?—simply natural recoveries, in which the all-potent globules took no share. Such boasting did infinite injury; it might, for a time, convince the public; but the profession saw through the flimsy triumphs, and at once concluded that all their cures belonged to the same class. (Hear.) Second, The too great frequency with which Homœopathy was made the subject of conversation.—Harm was especially done when (as was often the case) two professional advocates of the opposing systems were pitted against each other in a general company; such conduct could only create hostility, and not seldom an obstinate determination to remain unconvinced. Deeds, and not words, were the true weapons with which they should approach and strive to appease their Allopathic neighbours' opposition. (Hear.) Lastly, there were two tendencies among their enemies, and these were,—First, The frequency with which physicians argued down Homœopathy from false premises.—These men built up a false stucco image of the Homœopathic system, and then pelted it with arguments, and, in its fall, imagined that they had sapped the foundations of Homœopathy; and, Second, their adroitly turning the errors of individuals against the system, and not simply against the men. All these seven points had undoubtedly stayed their progress, but still they had advanced, they were advancing, and he now called upon them to drink to the hope that they would advance still more rapidly; with this hope he would join, the prosperity of the British Homœopathic Society, and might its members ever be signalized by generosity of feeling, liberality of sentiment, and persevering, painstaking, never-wavering honesty of purpose. (Cheers.)

Dr. CHEPMELL, as junior member, rose to acknowledge the toast that had just been proposed. He would take that opportunity of expressing the satisfaction he felt on joining the society, more especially as he had always entertained a high opinion of the principles upon which it was based;—(hear)—principles which would always cause it to be revered by its friends and respected by its enemies; and of adverting to the fact that circumstances, over which he had no control, and which would necessarily have rendered him a very unprofitable member, had alone prevented him from joining it years before. He concluded by expressing the hope that, now Homœopathy was purged of its chaff, the numerous upright

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and intelligent Homœopathic practitioners of Great Britain would all, without exception, seek that unity within the bosom of the society, of which the happy faces of all its members present on that festive occasion afforded so significant an emblem. (Cheers.)

Mr. NEWMAN said the toast he had to propose was the health of the two other officers of the society, namely, the Treasurer, Dr. Gilioli, and the Honorary Secretary, Dr. Dudgeon. They were all well aware of the importance of the duties of these two officers, and the efficient manner in which they had performed them. (Cheers.)

Drs. GILIOLI and DUDGEON returned thanks.

Dr. QUIN said he must again crave their indulgence. He had to propose a toast to which circumstances connected with the advancement of Homœopathy lent peculiar interest at the present moment. He felt certain, therefore, that they would not think their time unprofitably taken up whilst he entered into a brief detail of these circumstances, particularly as some of the gentlemen then present had not arrived in London in time to attend the meeting of the 25th instant, at which a statement was read which excited the strongest sympathy and indignation of all who heard it. They were aware that a lay society had existed for about two years, called the English Homœopathic Association. They were also aware that they had thought it incumbent upon them to carefully keep aloof from that body. He would not, for obvious reasons, enter here into all the grounds of their determination upon this point. Suffice it to state, that they did not approve of some of the component parts of that body, nor of the manner in which the Dispensary or Hospital connected with it was conducted; and as little did they approve of the way in which the association, necessarily ignorant, from its lay character, of true medical ethics, was persuaded to act. The originator and Honorary Secretary of that body, both men of strict honour and undoubted probity, and, from their talents, zeal, and indefatigable industry, the mainstays of the association, had been induced, from misrepresentation and from misconception of their (the members of the British Homœopathic Society) characters and motives, most erroneously to consider them to be actuated by an illiberal and unjust personal hostility towards some of the members composing the association. This misconception, kept up by misrepresentation, pervaded the greater part, if not the whole, of the association. The result was, that in speeches made at the meetings of their committees, and at their dinners, as well as in the writings emanating from that body, he and other members of this society had been occasionally assailed with no sparing hand; nay, such had been the animus which prevailed against them, that it had even prompted a direct vote of exclusion in their committee. To these hostile speeches, writings, and acts, they had opposed the calm dignity of silence: to not one of them would they condescend to give an answer, confident that the day would come when the eyes of the more honourable and more enlightened members of the association would be opened to the gross error they had committed in misplacing their confidence, and to the deep injury they had thereby done to the cause they were so anxious to support—(hear)—confident, moreover, that the day would soon follow when justice would be done to them, and a truer appreciation of their motives and conduct arrived at. That day, so long but so confidently predicted by him, had come. (Cheers.) Without one single word from them,—without the smallest approach to an overture,—without a single effort or act on their part, the illusion under which the majority of the committee were held, had been dispelled; the veil which blinded the originator and Honorary Secretary of the association had been removed—nay, torn from their eyes, in the most painful and heartless manner. (Hear.) Their error was acknowledged, and it was to them—to the British Homœopathic Society that they turned for co-operation to uphold that cause, which no cruel treachery, no personal wrong to themselves, could make them abandon.

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(Cheers.) Mr. Sampson and Mr. Heurtley, although writhing under the blows of the basest ingratitude, were not men to be daunted or turned from what they conscientiously thought to be right. (Hear.) Their love for the sacred cause of Homœopathy burned as fervently as ever, but they found it impossible for them, as men of character and of honour, to continue to associate and act with the individual whom they had hitherto been induced to look upon as the main prop of Homœopathy. They, therefore, had considered it necessary to take immediate steps to separate themselves from all connexion with that individual; consequently, a meeting of the committee had been called for the 12th August, but all transaction of business had been rendered impracticable (Mr. Heurtley informed him) by the intrusion of a member of the association who had ceased by ballot, (according to the rules of the association,) to be a member of the committee, and who would not quit the room, although repeatedly told of the informality of his presence there. This obstruction, and other irregularities, prevented the discussion of any matter, and the committee finally separated, without any communication having been made to them. Under these circumstances, the Honorary Secretary, Mr. Heurtley, had made application to the President of the association to call a general meeting of the members. With this, however, the President, owing to the necessity for his shortly leaving London, had stated himself unable to comply. The Honorary Secretary about this time had received a requisition from six members of the committee, requesting him to call a meeting of the committee, and to include in his summons all those who were out by ballot,—a proceeding so completely apart from his authorized functions, as to render it necessary for him to take the opinions of the various members as to the course which it would be proper for him to pursue. To this appeal, he (Dr. Quin) was informed an answer had already been received from a majority of the committee, to the effect that compliance with the step demanded of him would be wholly unwarranted and improper, and he intended, therefore, to communicate to the requisitionists his inability to accede to their request. He might add that, when this duty should have been discharged, it was the intention of Mr. Heurtley to take a step which he had resolved upon ever since he had received the answer of the President, that it would be impracticable for him to appoint a general meeting. This step would be the sending in of his resignation, which would also be accompanied by that of a large majority of his colleagues. He would also, at the same time, request the President to cause the accounts of the association to be audited, in order that he might, with the least delay, deliver the books and papers connected with it into his Lordship's hands. (Hear.) He now came to more important proceedings. It was the intention of Mr. Sampson and Mr. Heurtley, the moment they should have sent in their resignations, and thus have disconnected themselves entirely from the existing association, to send round a circular to all the members of that body, not only acquainting them, as they considered themselves bound to do, with the step they and the majority of the committee had taken, but inviting them to follow their example. It was, moreover, their intention to devote their energies to create another organization for the advancement of Homœopathy, for which alone they had toiled, and which it had been their object always to keep in view,—(cheers,)—and as they were very desirous of having the sanction and co-operation of the British Homœopathic Society, they had applied to him (Dr. Quin) for advice and assistance in the formation of their new project. (Cheers.) Mr. Sampson, like his namesake of whom we read in Holy Writ, had burst the cords with which he had been bound. (Laughter.) The delusions were dissipated by which he had been held enthralled by the modern Delilah, who, (although different in sex from his prototype,) had equally succeeded in blinding him. The house of those who had proved to be his worst enemies was fast tottering to its fall, but happily for society and for Homœopathy, the modern Sampson, unlike him of old would not be buried in the ruins; although blinded, his eyes were fortunately not put out, and his eyesight had been restored by the removal of the film which

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dimmed his vision and obstructed his otherwise clear perceptions, (albeit effected by the cruel and heartless operation of which they had heard an account read on the evening of the 25th instant,) and if he could effect so much for Homœopathy when bound and in a state of cecity, what might not be expected from him when his energies and talents would be unshackled, and his perceptions cleared from the mists by which they had been surrounded ;—(hea)—when he had the internal consciousness that his powers would be wielded solely for the advancement of a good and brilliant cause, and not made subservient to the grovelling interests of an individual. (Hear, hear.) They were aware that, at the head of the existing association, was a Noble Lord whose name was ever in the foremost rank where charity and benefit to his fellow creatures could be forwarded. There was hardly a project brought forward for the improvement or welfare of others in which his talents were not enlisted, and to which his time and purse were not devoted. (Hear, hear.) So notorious, indeed, was this, that no humane nor benevolent measure was ever introduced into the Legislature without the promoters of it striving to gain his approval and aid. He had had the honour of knowing the Noble Lord for the last twenty-five years, they had been abroad together early in life before either of them knew or had heard any thing of Homœopathy, and, he was happy to reflect that, it was his (Dr. Quin's) conversion to the new therapeutic doctrines which had originally induced the Noble Lord to inquire into and ultimately to adopt them in the treatment of himself and family. They might easily imagine, therefore, the interest with which he had watched—the pride with which he had seen the highly useful and benevolent career of Lord Robert Grosvenor; and they could also conceive how readily he had joined with Mr Sampson and Mr. Heurtley in desiring that the President of the English Association might be prevailed upon to preside over the new body as soon as it was organized, but the pressure of the increasing avocations of Lord Robert Grosvenor was such, he understood, as to preclude him, for some time at least, from continuing those active services to Homœopathy which he had so long rendered, and for which its advocates must ever feel lasting gratitude and respect. Under these circumstances, application had been made to him (Dr. Quin) to use such influence as he possessed to gain the consent of some distinguished persons to act as President and Vice-President of the new association about to be formed, and he rejoiced to say that he had already succeeded, having gained the consent of his Grace the Duke of Beaufort, and of Field Marshal the Marquis of Anglesey, to act in those capacities —(cheers) —besides having obtained the consent of several noblemen and gentlemen to act upon the committee in conjunction with the friends of Mr. Sampson and Mr. Heurtley, who had, with these gentlemen, dissevered themselves from the existing association, and were anxious for the formation of the new one. His applications had met with the more attention from his being able to announce that he had succeeded in prevailing upon Mr. Sampson and Mr. Heurtley to accede to the unanimously expressed wish of the promoters of the new association, that they should undertake the active and onerous duties of Chairman and Honorary Secretary, circumstances which in themselves held out the brightest prospects of the future success of the contemplated association, and were sure guarantees of its stability and usefulness. (Cheers) In the additions to the committee he was happy to say was the name of his friend Mr. Uwins, the earliest and most faithful non-professional adherent and advocate of Homœopathy in England, and brother to the first English physician of eminence—the late Dr. Uwins, who had had the courage boldly to stand forth in a London Medical Society, and avow his conviction of the honesty of the course he (Dr. Quin) was pursuing in practising Homœopathy, and shortly afterwards publicly to announce his conversion, through his (Dr. Quin's) means, to the doctrines of Hahnemann, and that, at a time, when he stood alone, and when it required no little moral courage on the part of a physician of his practical eminence and literary position to make such an avowal. (Cheers) The other gentlemen composing the

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committtee were all men of influence and consideration in their different spheres of life, so that he felt certain that the society would be satisfied that every thing had been done to ensure the success of the pr ject. He ought, perhaps, to have stated, at an earlier period, that, on Mr. Sampson and Mr. Heurtley first applying to him for advice and co-operation in the formation of the new association, he had thought it his duty, candidly and succinctly to state the only conditions on which the British Homœopathic Society could consent to act with them. Before stating these conditions, however, he had consulted with his fellow office bearers of the society, who had given their unqualified approval to them, and it afforded him much gratification in being able to add that the stipulations, made by him as the *sine qua non* of their co-operation, had not only been accepted unhesitatingly and cheerfully by Mr. Sampson, Mr. Heurtley, and their friends, but had been declared by them to be exactly such as they, from their experience of the past, would have proposed for their acceptance. (Hear.) It would be for the society now to ratify or disapprove of them. They were as follows:—First. That no consideration could induce them to have their names connected in any way with the Homœopathic Institution in Hanover square, which, by the manner in which the professional department had been directed, had done so much to compromise Homœopathy, and to reflect discredit, in the estimation of the profession and the public, upon the Homœopathic practitioners in England. (Hear, hear.)—Second. That they could never, under any circumstances, consent to act in any public capacity with Dr. Curie. (Hear, hear.)—Third. That as harmony and a good understanding among the various members of the association were most essential to its future success, no Homœopathic practitioner should be admitted as a member of the association who was not a member of the British Homœopathic society, and recommended by its President. (Hear, hear.)—Fourth. That the President and office-bearers of the British Homœopathic Society should be ex-officio honorary members of the committee of the association in conjunction with such other members as should be chosen to act on the committee. (Hear, hear) Fifth,—That on all matters purely professional or medical, the voice of the British Homœopathic Society should be paramount, and not subject to any interference from the lay members of the association. (Hear, hear.) Sixth,—That, in the event of a Dispensary or Hospital being established, the election of the medical officers of that institution must, in the first instance, be left entirely in the hands of the Homœopathic professional members; but, in the event of a vacancy or vacancies occurring, the lay members of the committee should also be invested with elective powers to fill up those vacancies from among the members of the British Homœopathic Society, according to certain regulations hereafter to be determined upon. (Hear, hear.) As he had already stated, those conditions had met with the most decided and unanimous concurrence of the lay promoters of the association. (Cheers.) Nay, further, these gentlemen had proposed that all the members of the British Homœopathic Society should, *de jure*, be honorary members of the committee of the association. (Cheers.) In accordance with the various circumstances which he had just brought under their notice, Mr. Sampson and Mr. Heurtley had drawn up a sketch of a brief circular, which they intend to have printed and issued as soon as they send in their resignations, provided it met with the approval of the British Homœopathic Society. He should, with their permission, read it to them; (hear, hear;) it was as follows:—

"As the originator and Honorary Secretary of the English Homœopathic Association, we beg to acquaint you that it is deemed desirable, by a majority of the members of that committee of that body, to recommend, with a view to the advancement of Homœopathy, that a new Association should be formed, upon a wider basis than that which now exists, to be called the 'BRITISH HOMŒOPATHIC ASSOCIATION.'

"Desiring the continuance of your aid to the cause, we inclose a printed form intimating your concurrence in the proposed plan. Should this meet your approval, we shall be obliged by your signing it, and transmitting it to us at your earliest convenience.

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"It is necessary to mention, that the cause of this application consists in the circumstance, that the majority of the members of the committee of the existing association have found it impossible to continue their connexion with that body, in the form in which it is at present constituted. Not merely has the progress of business been for a long time thrown into difficulty by some of the parties connected with the committee, but other circumstances have arisen to render a new organization of the friends of the system indispensable. At the same time we would add, that in forbearing to enter upon details, we rely that your knowledge of our sincere devotion to the cause of Homœopathy will beget a certainty in your mind, that had we not been actuated by the most ample reasons, the step we are now taking would not have been adopted.

"We would further state, that this measure will lead to the gratifying result, so long desired, of a consolidation of the friends of Homœopathy, both medical and non-medical; the most esteemed practitioner of the system in England, together with the general body of medical disciples, both in this country and in Scotland, having already expressed their concurrence in the plan, and their desire to co-operate in carrying it out. In consequence of the union thus effected, the title of 'BRITISH HOMŒOPATHIC ASSOCIATION' is rendered necessary.

"Requesting, particularly, the favour of an early reply,

"We remain, very faithfully,

"Your obedient servants,

"M. B. SAMPSON.

"R. W. HEURTLEY.

"P.S.—The Subscription to the British Homœopathic Association will be precisely the same as that hitherto required by the English Association. The amount can be forwarded in postage stamps, to the Hon. Secretary, (Mr. HEURTLEY), Ellingham-house, Kingston-upon-Thames.

"Subscribers are especially desired to take notice that the British Homœopathic Association will not be connected in any way whatever with the Homœopathic Hospital in Hanover-square."

BRITISH HOMŒOPATHIC ASSOCIATION.

President,—HIS GRACE THE DUKE OF BEAUFORT, K.G.

Vice-President,—FIELD-MARSHAL THE MARQUIS OF ANGLESEY, K.G., G.C.B.

Chairman,—MARMADUKE B. SAMPSON, Esq.

Treasurer,—MATTHEW MARSHALL, Esq., Bank of England.

Honorary Secretary,—R. W. HEURTLEY, Esq.

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THE RIGHT HON. LORD GRAY.
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Honorary Members.

FREDERIC FOSTER QUIN, Esq., M.D., President of the British Homœopathic Society.

JOSEPH GILIOLI, Esq., M.D., Treasurer to the British Homœopathic Society.

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JOHN OZANNE, Esq., M.D.

The First General Meeting of the association will be held as early as possible.

Various works are in preparation, one of which it is hoped will be ready for gratuitous distribution to the members in the course of the ensuing Autumn.

The reading of this document elicited loud and protracted cheers.

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The cheers with which they had received the reading of the proposed circular, sufficiently denoted that it had their full approbation. (Cheers.) He felt himself authorized, therefore, to communicate to Mr. Sampson and Mr. Heurtley, that the society unanimously agreed that it should be printed and circulated. (Hear, hear.) He was certain that they felt with him that, with such materials and with such an honourable and efficient staff, the contemplated association had within itself all the elements of success. (Prolonged cheering.) To the members of the society would still remain the honour of endeavouring, as heretofore, to promulgate, by their writings and their works, sound ideas and correct notions among their Allopathic brethren and professional readers respecting the system of medicine bequeathed to them by their great Master. (Hear.) In his (Dr. Quin's) communications with Mr. Sampson and Mr. Heurtley, he had not concealed from them that no cases, nor histories of diseases, with their treatment, could be furnished by any of the members of the British Homœopathic Society to be inserted in any of the popular publications issuing from the association for distribution, such practices tending to lower the profession, degrade the physician who makes use of them, and to reduce him to the level of the advertising quacks, with which this metropolis abounds. Such a course, on the part of a Homœopathic practitioner, was nothing better than an ingenious imitation of the device of the blacking vendors, who chalk the walls with the significant words—"*Use Warren's Blacking.*" (Laughter.) The admission of this reprehensible practice into the pages of the publications of the English Association, had, perhaps, as much as any other cause, prevented the members of this society from joining it. (Hear.) This prohibition, of course, did not extend to broad medical questions of general or national interest, such as contagion, a system of prophylactics, &c., &c. By continuing to eschew that most reprehensible practice, too common among some Homœopathic practitioners, of writing books *ad captandum vulgus*, that system of book-making which was resorted to, not to give instruction and the results of experience to the profession, but to gain notoriety and obtain practice;—by continuing to teach their medical brethren what they themselves knew;—and, by allowing their deeds to make their own way, without unprofessional adventitious aids, they should not trespass beyond those honourable limits within which they were sure to gain credit to themselves and honour to their cause. (Hear, hear.) Whilst to their lay associates would fall the task of disseminating, by conversation and by writings among the public, the benefits they or their friends had derived from Homœopathy, and the increased hopes it held out of relief to the sick and the suffering; and of combating, by popular works, the deeply-rooted prejudices and ignorance which ever prevented the progress of science and truth. Into no abler hands could such a duty be entrusted than those of Mr. Sampson; his unshaken probity—his deep conviction of the truth of, and honest earnestness in, the cause—his great literary powers—and his untiring industry, peculiarly fit him for the task. When they came to reflect that the services of these two gentlemen, to whom he had, so often, had occasion, so honourably, to allude that evening, were perfectly disinterested;—that, by no possible contingency, could any profit or advantage fall to them from their great toils, and devotion of time and talent, beyond the satisfaction of seeing the cause of truth and benefit to their fellow-creatures arise out of their labours;—when his fellow-members came to reflect upon all the foregoing circumstances, he was sure the toast he was about to propose would find a loud echo in their breasts. He begged leave to drink, "Success to the proposed British Homœopathic Association, and honour and prosperity to its disinterested champions, Mr. Sampson and Mr. Heurtley, whose absence that evening they all so keenly deplored."

This toast was received with prolonged cheering.

Dr. DUDGEON said that the office he held in the society necessarily brought him more into contact with the provincial members than any other member. In the course of his correspondence with them, he had

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learned to esteem them. The personal acquaintance which he had since formed with most of them had greatly increased his esteem and regard. Some among them were his dearest friends, and with some he was engaged in literary labours independent of the society, but having, like it, the advancement and scientific development of Homœopathy for their object. In all communications with members in the provinces, he had invariably found them actuated by singleness of purpose, and zeal for the advancement of Homœopathy and the interests of the society. The advantages of their society were not so apparent to medical men in the provinces as to those in town; the circumstance of their joining the society was, therefore, a proof of their sincere desire for the advancement of the system. (Hear, hear.) Metropolitan members were not exposed to those trials to which those in the provinces were subjected. Each provincial member was tossed and agitated in a sea of troubles, and obliged to buffet, single-handed, against the billows of calumny and detraction which threatened every moment to overwhelm him, and bravely had many of them outlived the storm; whereas these in town were like men securely floating on a raft, who hardly felt the storm that raged around. Their provincial members were the real apostles of Homœopathy; each was a focus whence the good cause was propagated and extended. The labours of many of them were well known to all, and he would not hesitate to say that some of their most active, energetic, and talented members were to be found in the provinces. He had great pleasure in proposing the Provincial Members. (Great cheering.)

Dr. BLACK returned thanks.

Dr. QUIN rose and said, the toast which had been allotted to him he had much pleasure in proposing, as he was certain that it was one which every member present would heartily welcome. They were all aware of the merits of the periodical which had so long advocated and so effectively advanced their cause. The admirable manner in which that publication was conducted—its high professional tone—its medical and scientific character—and the absence of all personality from its pages, had gained for the editors of the British Homœopathic Journal, both in Great Britain and America, the esteem and respect of its numerous readers. The correct and early intelligence of what was passing of interest in the Homœopathic world, both at home and on the continents of Europe and America—the careful and judicious selection, for translation, of articles of importance to the cause from foreign works and periodicals—the spirit of strict impartiality which distinguished its reviews—the numerous original articles, by the editors themselves, with which its pages abounded, all entitled them to their especial respect, admiration, and gratitude. Of the four gentlemen who had been connected with this journal since its commencement, he was happy to see three present; the fourth, Dr. Drysdale, to their great sorrow, had been unavoidably prevented from attending their meetings that year. He begged leave to propose the prosperity of the *British Homœopathic Journal*, and honour and success in all their undertakings to its editors, past and present, Drs. Drysdale, Russell, Dudgeon, and Black. (Cheers.)

Dr. DUDGEON returned thanks for himself and co-editors. It was a matter of great gratification to them to know that their labours in the cause had given such satisfaction, and it would be their constant endeavour to merit the approbation of their brethren, by a steady advocacy of what they believed to be the real and essential in Homœopathy, to the exclusion of the false and the useless. (Hear, hear.)

Dr. GILIOLI rose and said, he had but little doubt that they would join

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him in the toast he was going to propose to them, with the same alacrity with which he had accepted it himself when it was kindly entrusted to him. This toast was to the great reform-working principle of Freedom of Opinion (Cheers.) Freedom of opinion had had hard work in this world to pierce the thick clouds of ignorance and error, and come to light. Indeed, in several quarters, it had still a good deal to struggle against. Ignorance, error, monopoly, and moral corruptions of all kinds invented all manners of locks, chains, barriers, gates, and enclosures, in order to keep back this light and catching thing—freedom of opinion, and preventing its going abroad in the world. But more than this; it was depicted as a plague, requiring quarantine laws and *lazaretti*, and designated as the destroyer of the most sacred truths. In religious quarters indexes, inquisitions, *autos-da-fé*, and wholesale massacres were arrayed and perpetrated against freedom of opinion. In political quarters, prisons, the gallows, the guillotine, and fusillades. Thousands and thousands of followers of the sacred principle had been slaughtered; but the principle remained, grew brighter, larger, and more and more expansive, and, like a luminous ether, began to penetrate and fill up all quarters. It was, indeed, very sad to have it said that the regions of science were ever left in darkness from the forced exclusion of the light which freedom of opinion alone could engender. Nor were tyrants against freedom of opinion to be found only among such ignorant bigots before whom the finger of Galileo was stretched to point out the earth's movement. But cultivators of science, brothers in science, often rose to stifle liberal calls for freedom of opinion. Nor were persecutions, large and petty calumnies, threats, taunts, satires, ridiculing omitted, to keep back and deter from progress the great principle of freedom of opinion. (Hear.) Fortunately, it was on the wings of Providence that the sacred principle effected, continued, and hastened its progress. Once seen by men, it was in vain to represent it as the destroyer of truth. Men soon saw that freedom of opinion was the best, indeed, the only leader to truth. And if this were true with regard to all human concerns, with regard to all sciences and arts, it must be still more so with regard to medical science and art,—the *Ars longa* of Hippocrates, the *Ars conjecturalis* of Celsus. But what should he say of the new therapeutics which all of them there assembled had warmly adopted and earnestly followed? Did they not all start from the same point,—the great principle, *Similia similibus curantur*,—and yet when some of them had proceeded in their course, and then happened to turn round, did they not perceive how many of their brethren greatly diverged from each other? (Hear.) Was that an evil? It was not an evil, but rather a necessity, in the nature of things; and their Society, taking its inspirations from the liberal mind of their worthy President, most wisely accepted the fact, and opposed no hindrance to it. (Hear.) Should one party force them to rise up to the ethereal region of the highest potencies or dilutions, or should another party confine them among tangible crystals, mineral strata, or odoriferous, coloured, and tasteful substances? No! a thousand times no! Let freedom of opinion stand; guide them wherever they listed. Wide were the fields of experimental science and conjectural art. They should freely look for truth, and whatever thing they found there, and discerned it to be of the truth, they should gather, keep, and show it to each other without reserve, without respect of persons; for truth, as from God, was above any person, however great and influential. No matter how far and wide might be their wanderings from each other, there was nothing to fear. They should never lose sight of, they should ever recognise, and always meet in a mansion which was common to all true Homœopathists,—a mansion which was a

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lighthouse from whatever distance they might travel in search of truth, where the common light of their New Therapeutics shone forth in the great principle, *Similia similibus curantur.* A hearty toast then to freedom of opinion. (Cheers.)

Dr. QUIN again rose and said, he believed it was generally acknowledged that there was no class of men that paid so much attention and devoted so much time to the sick poor, as the members of the medical profession, whatever might be their denomination or whatever the system of treatment they pursued. It was but justice to state, that their Allopathic brethren were pre-eminent in the charitable services which they rendered to the suffering poor—(hear, hear)—but he was proud to add, that the members of the new school of therapeutics had cheerfully contributed, as far as their opportunities and the means at their disposal permitted, to the alleviation and removal of much suffering among their poorer fellow-citizens. Many Homœopathic dispensaries had sprung up, both in the metropolis and in the provinces, in which much good had been effected, most satisfactory and irrefragable proof of which was afforded by the increasing numbers of sick poor who flocked to the dispensaries, wherever opened. (Hear.) To the poor man, sound health, and the vigour attendant upon it, were his only wealth—the only means of subsistence to himself and his family. The rich man might apply for relief to his sufferings where his fancy or his caprice lead him; but the poor man would only go where he had the most chance of being speedily, safely, and with least suffering restored to health. To none is the cure, *Cito, tute et jucunde,* of more importance than to the poor man. (Hear.) It was impossible to refer to the suffering poor, and not associate with them one who had suffered, both in their cause and in the cause of truth. It was unnecessary for him to recall to their memory the circumstances which took place some few years ago in the Union of Glastonbury, so creditable to Mr. George Newman, who preferred to be dismissed from his appointment, rather than abandon his convictions and falsify his principles. (Cheers.) A man of ordinary stamp, on being deprived of his office, and the emoluments and consideration attached to it, would have contented himself with following out his practice in the houses of the more opulent of his patients; but not so had acted their humane and zealous colleague, who, at his own expense, and assisted by a few friends, had opened a dispensary for the treatment of his poorer neighbours, large numbers of whom, grateful for past relief, and confident of receiving future benefit from his skill, continued to flock to him, notwithstanding their right to apply to the medical officers of the poor union. Much complimentary language had been applied to him (Dr. Quin) that night, and he had had to record the high estimation in which different individuals, both present and absent were held by them; but he knew of no compliment more pleasing, no praise more ennobling, to a medical practitioner, than that of having his name associated with good to the sick poor. He begged leave to propose the health of Mr. George Newman, of Glastonbury, and long might he continue to increase in utility to his poor neighbours afflicted with disease.

This toast was drunk with great applause.

Mr. NEWMAN returned thanks, and said that though by the influence of parties actuated by interest or malevolence, Homœopathy had, in his person, undergone a temporary defeat in Glastonbury, the large number of poor patients who had followed him from the Union Dispensary to his Homœopathic Dispensary was a signal triumph for the cause that more than compensated for the defeat it had sustained. (Hear, hear.)

Dr. MASSOL then rose and proposed for a toast—"The Homœopathic Practitioners of the Continent." He was sure they would receive this toast

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well, as they were well aware of the services which some of those disciples of Hahnemann had rendered to the cause. He could not conclude without testifying to the kindness and friendship he, as a foreign physician, had met with from the Homœopathic medical men of England, with whom he now desired to be identified. (Cheers.)

Dr. QUIN again rose and said the lateness of the hour warned them that it would soon be time to separate, and a pleasing duty yet remained to be done—a duty which, if neglected, would throw a deep shadow over their happy meeting, and leave a damp upon all their spirits. He wished it had been entrusted to one more able to do justice to the subject, but it had been thought, and perhaps justly so, that, upon such an occasion as that, from no one could a proposal of grateful thanks, to the distinguished member of their society, who had so ably and so successfully fulfilled the duties of chairman that evening, more appropriately come, than from him in whose honour the banquet over which he presided had been given. (Hear.) While still young in years, their Chairman had gained for himself well-earned fame from their Allopathic brethren, by the able manner which he, in conjunction with their learned colleague, Dr. Drysdale, had edited a work of great interest and importance to the profession; he alluded to Fletcher's Pathology. (Cheers.) The leading truths inculcated by Hahnemann could not escape the quick perception of a mind so philosophically constituted as Dr. Fletcher's, who was among the first to render a just homage to the genius of the discoverer of Homœopathy. It was from the intellectual and gifted author of that work he believed that their Chairman imbibed his first notions of the doctrines of Hahnemann; and if they followed him through his career, they found that the seed then sown had continued to grow and fructify up to the present day. (Hear.) His zeal and exertions in advancing and promulgating Homœopathy had been unremitting. (Cheers.) He (Dr. Quin) had had occasion to allude, in an earlier part of the evening, to Dr. Russell's connexion with the British Homœopathic Journal. Many of the pages of that periodical bore the most satisfactory testimony to the capacity, learning, and talents of their Chairman. The interest he had ever taken in the success and progress of their society, to which he had contributed in no small degree, especially merited their thanks. (Hear.) But at that late hour of the evening he would not longer dilate on the merits of their Chairman; to those to whom Dr. Russell was well known, it would be a work of supererogation in him to enlarge further on the many excellent qualities, both of head and heart, which had gained for him the esteem and friendship of all who had the advantage of knowing him. (Hear.) He was sure they would cheerfully join with him, in drinking the health of their worthy Chairman, Dr. Russell, with all the honours which he so richly deserved at their hands, and in wishing him long life and happiness to enjoy his increasing reputation, and the esteem and respect of his friends. (Cheers.)

Dr. RUSSELL thanked them for the kind manner in which they had drunk his health, and their esteemed guest for the flattering terms in which he had spoken of his humble services in the cause. In his capacity as editor of the Homœopathic Journal, he and his fellow editors had endeavoured to steer clear of every thing like partiality or favouritism. As reviewers, they had sometimes found it necessary to speak unfavourably of the writings of some of their friends, and he assured them there was no more painful task in the whole course of their duties than that, but they would be wanting in proper attention to the interests of the cause, did they for one moment allow their judgment of a work to be swayed by their personal esteem for its author. (Hear, hear.)

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LETTER FROM DR. HERING, UPON "THE HIGH DILUTIONS."

Philadelphia, June 1st, 1847.

DEAR COLLEAGUES,

The essay on the High Dilutions, in No. XX of your journal, which has just reached me, I should have no hesitation in pronouncing the best that has yet appeared on that subject, were it not that there are a few (unintentional, as I believe) misrepresentations in it. On my pointing them out to you, I hope you will communicate to your readers these corrections. At the risk of these remarks being considered as an anti-critique, or defence of myself, which I would scarcely consider it worth while doing, I write them partly because your journal occupies a most influential and estimable position, and partly because what I have to say is, at the same time, a contribution to the better understanding of the matter, concerning which there still prevails many erroneous opinions.

Whether I should defend Hahnemann, Stapf, Gross, and Jenichen, (to all of whom, more or less, injustice has been done,) against the observations in your essay, which may have arisen from the desire to be impartial, but which either contain or lead to perfectly unfounded reflections on them, will depend on whether you desire me to do so or no. But you cite me as an unconditional partisan of the High Dilutions, which I certainly was not, which I could not be, and which I expressly denied being in the plainest possible words. Moreover, you make mention of the so-called quarrel with Rummel, which is, however, completely misrepresented, something in the style of Schrœn, in the *Hygea*. But I am as morally convinced that your object is to spread "the truth, the whole truth, and nothing but the truth," as I am that the object of some others is to do exactly the reverse.

When the question was first asked me in Liverpool, what I thought of the High Potencies? I could only answer that I had found them efficacious, and that in cases where the ordinary preparations from 1. to 30. had been administered in vain. I only received the High Potencies in January, 1845. In consequence of the journey I was about to make, and which I intended should occupy several years, I began about that time to transfer my practice gradually to my friend, Dr. Fr. Husmann. He had more frequent opportunities than I to observe an evidently greater efficacy of those dilutions, and I myself was witness of several extraordinary cures. Now, a single case may engage our attention and determine the direction of our future researches; but not even a hundred or two of more or less successful cases can furnish us with a fixed rule of practice! The frequent production of the characteristic symptoms of the medicine administered was very remarkable, and to me highly important. All my labours, all my meditations, and researches, for more than twenty years past, have been expressly directed to obtain and to arrange with scientific precision those peculiar characteristic symptoms—I mean those which will determine us in our choice. But the large practice which is necessary for me, in order to authenticate my conclusions, suggests almost daily new questions, and prevents me arranging and laying before my medical brethren the materials I have in my head or noted down in a desultory manner. Should it be proved that the High Potencies only effect a cure when the most characteristic symp-

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toms of the medicine correspond exactly to those of the disease; should it be proved that in many cases they develop symptoms which are most characteristic of the medicines, then we have in them a most important means of ascertaining those symptoms. This explains why I, so soon, took a prominent part in the High Dilution controversy.

From Liverpool to Brunswick I had to make a long and circuitous route, as I wished first to see my father, so that I only joined the assembly on Sunday evening. Being an American, I took it for granted that the chief assembly would not take place on a Sunday, and not having seen any newspaper, I came *post festum*. I met, however, many colleagues, estimable by their works. To the same question, about the High Potencies, I gave the same answer. I now first learned the existence of Petters' High Potencies, and I was informed that they had been investigated with the microscope, and that the solar microscope! and that most important results had been obtained. You may imagine that I, since my youth engaged in microscopical experiments, did not first inquire, "Who made these investigations?" but exclaimed, "Whoever made them, understands nothing about the matter; for any sake, don't let us publish them!" There was, on this, a pause, and something else was spoken of. I did not know that Rummel, who sat close by, was the solar-microscopist, and that his observations had been already published, but I took it for granted that they had been brought before the assembly that had just been held. All that I subsequently heard about Petters' High Dilutions, I naturally referred to these microscopic experiments. I now wrote the essay which was published in the twenty-fourth volume of the *Allg. Hom. Ztg.*, No. 13, with the good intention of preventing a splitting up of the experiments with the High Dilutions which, considering the small number of those who could or would undertake them, would inevitably have rendered impossible any conclusion being arrived at respecting them. In this, I distinctly acknowledged my ignorance of what had been already done in this way; and, in order to prevent misunderstanding, I used my best endeavours to hold fast by the only way which could lead to certainty. I expressed my wish that "the trials which had been made by all parties should be published, so that we might, as soon as possible, be able to determine the cases in which we might say, *a priori*, the High Dilutions would be useful." I warned against that "confused way of going to work, that keeps us all at a stand still, and prevents all progress." All this, however, was too late!

Among other things, in my travels, I saw a letter from a celebrated Homœopathist, who had employed for several years the High Dilutions of Jenichen with much success, in which he said,—"I have tried Petters' High Dilutions on patients, but they *do NOT act*." The last words I had underlined, the *not* three times. I believed these to be the only trials that had been made on patients, and, accordingly, stated this as an argument against them in my essay. If Rummel, who, as editor of the journal, received this essay, had questioned me, concerning this obnoxious "*not*," before it was printed, I should have altered it. But he had not got over his vexation about his solar-microscope ignorance, and deemed it better to assume the pitiable part of an injured person, and thus to increase the scandal. I was, consequently, compelled once more to enter the lists, not for my own sake, but for that of my readers. Subsequently, I made mention of the High Dilutions in the "*Heuhecheln*," and in the preface to the "*Hausarzt*." From all this, it is perfectly evident that I was certainly no unconditional defender of the High Dilutions, but rather, that I perfectly agreed

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in 1845 with what you say in 1847, that there are "some very striking and successful cases treated by them, sufficiently notable to command our attention." I have expressed the same opinion in the before-mentioned paper, in the *Allg. Hom. Ztg.* 29, 13, p. 201, and again in No. 23, p. 357, where I wish that, "if possible, we might have the experience of all those who have any on the subject," where I say, "we shall see if it is possible to answer this question: 'What and when is the action of the High Dilutions?'" I took part with those who witnessed in favour of Jenichen's High Dilutions, that these cured when the ordinary preparations did no good; and I gave it as my earnest opinion, that, while they deserved the most careful investigation, those who undertook this should use the same preparations. This was the sole cause of my observations not because I was "persuaded by Jenichen to swear by his preparations alone." My object was to obtain a uniformity in the investigations. If any one wishes to know how Jenichen's preparations are made, let him apply to Jenichen; I know it, and that is sufficient for my purpose.

When you say (p. 156,) "Rummel waxes wroth," you are quite right, but what subsequently happened is erroneously stated. After Rummel's "wroth waxing," all I did was to put the *not* in the right light, and to retract the offensive expression. I never asserted that I had tried the Pettersian preparations; I could not then have done it, nor wished to do it, and never shall do it, as I never relinquish a certainty for an uncertainty. In my first essay, I quoted "one familiar with the High Potencies," but it would have been highly absurd had I thereby implied myself, seeing that I had known them so short a time, and could, therefore, have had no opportunity for judging of their value. Should you ever read my essay, you will not only find the above; but, as Englishmen, you will have no difficulty in perceiving that the three last sentences are merely meant for a humorous conclusion to the article. I do not relish poking up vicious mastiffs, as the boys do; why do I do so to my critics? I shan't give up that habit, however. I would give you my present views on High Potencies, after having employed them during a year, in more than a thousand cases; but I dare say neither will you expect anything definite, nor can I give it. Would you like cases? and how many? I can give you some where the Low Dilutions did no good, and the High Dilutions of the same remedies cured; but I can also give you cases where the Highs did nothing, but the Lows of the same medicines every thing. Will you have chronic or acute cases? I have, among others, striking cases where only the third, second, or first dilutions were given; nay, where the extraordinary bold dose of a whole grain did good. But yesterday, I prescribed a remedy by ounces, and it did good! What would those *flats*, my critics, say, on reading that! To prevent misunderstanding, I may state that the prescription was a few glasses of lemonade, nothing more. But what is the difference between doing as I did, and prescribing *Acid. Citric. unciam semiss., c. Gummi Arab?* And if one acid, why not another? and, if acids, why not alkalies? and, if acids and alkalies, why not salts? and, if salts, why not any thing else? And this is what I do, have always done, and shall always do, namely, when I am justified in so doing by the similarity of symptoms,—that is by their identity and opposites.

On this subject, I have rules and many years' experience, but with the High Potencies I have neither the one nor the other; and, in less than five years, I have never attempted to deduce rules, and after a longer time they have sometimes been untenable. Cures with High Potencies—I mean Jenichen's—where they are possible, when they succeed, are something extraordinary in acute and

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in chronic diseases. But if we must learn to wait for our patients, in order that they may get well, why should we not patiently wait till the maladies of our times get better? The bold and domineering assertions of mouthy ignorance, the contemptible trash which occupies the attention of the Germans, and in the midst of all their divisions, their nonsensical squabbles—have often torn from me the soft sheep's-leather gloves of patience. But what avails it to act as children, and stamp one's feet and cry:—"I will not have patience."

* * * * * *

I remain, with esteem and affection, yours,

C. HERING.

To the Editors of the British Journal of Homœopathy.

MISCELLANEOUS.

EXPERIMENTS WITH DIAPHORETICS.

In a recent number of the *Giornale di Medicina Omoiopatica*, edited by Dr. Joseph Placci, and published at Bologna, is an analysis of a memoir on diaphoretics, read before the Neapolitan Academy of Sciences by Professor Semmola, of the University of Naples. In order to ascertain whether those medicines usually denominated diaphoretic, had really the power of exciting perspiration, the Professor submitted to the test of experiment the most celebrated sudorifics, (so-called.) The following are the results of his observations:—

1. *Cream of Tartar.*—This was given to various individuals, in doses of from five to twenty grains a day. Out of ten individuals who took the medicine for ten successive days, only one was affected with perspiration. In the others there was not the slightest increase of transpiration.

2. *James's Powder.*—Given to twenty persons, in doses of from five to twenty grains, it did not excite perspiration. Given by accident to the extent of five drachms, instead of Epsom salts, it occasioned no other inconvenience except the ordinary effect of purgatives.

3. *Kermes Mineral.*—In twelve cases in which it was given not the slightest increase of the transpiration was observed. It was frequently given to the extent of from one to four grains *per diem*, and this continued for a fortnight. The same happened with the hydrosulphuret of antimony.

4. *Tartar Emetic.*—This was given in a great many cases in which perspiration did not spontaneously ensue; but in none was diaphoresis induced except in those cases in which vomiting occurred, and in them the perspiration could not be ascribed to the immediate effect of the medicine.

5. *Nitre.*—Large doses of nitre were given in a considerable quantity of water, but out of twenty cases scarcely one had a little perspiration during the night; the urine, on the contrary, was much increased.

6. *Acetate of Ammonia.*—The Professor thinks that no proofs can be adduced of the diaphoretic qualities of this substance; he could never observe perspiration, although he gave it every day in doses of four or five drachms.

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7. *Sarsaparilla.*—Experiments were made with this substance on twenty healthy persons, and the results of these, together with his and his colleagues' daily experience, satisfied Professor Semmola that the cases are extremely rare in which sarsaparilla causes sensible perspiration even when taken in doses of an ounce daily.

8. *Guaiac.*—This was never found to excite perspiration except when the patient was subjected to influences sufficient of themselves to produce it.

9. The decoctions of *Canna* and of *Arctium*, though diuretic, proved not diaphoretic. Infusion of *Sambucus* flowers proved diaphoretic in two cases out of ten.

10. The only mercurial preparation which was found to be occasionally diaphoretic was mercurial ointment; but out of twenty cases scarcely three were observed to give evidence of this action.

The Professor thinks that diaphoresis is in most cases not the result of the so called diaphoretic medicines administered, but of the drinks, additional bed-clothing, and rest which are imposed on the patients, or of natural crises in the disease, or it is an essential feature in the progress of the disease.

The author shows that each diaphoretic substance has a mode of action peculiar to itself, and considers it a great error to talk of the action of remedies being identical, whereas each acts very differently, and to prescribe indifferently one medicine in place of another without paying attention to the speciality of their actions. He thinks that the sudorific property, when it exists, is but a small part of the medicinal virtues which the so called diaphoretic medicine possesses. The mere knowledge that a medicine possesses a diaphoretic power, he says, can be of no use in medicine. He further adds, that the error he has pointed out with respect to sudorific medicines prevails with regard to all other orders of medicinal substances.

BOOKS RECEIVED.

Jahr's New Manual. Translated by Dr. Hempel, with assistance and Notes, by Drs Gray, Hull, Cook, Neidhard, Hering, Jeanes, Williamson, and Kitchen. Radde, New York, 1847; and Turner, 26, Piccadilly, Manchester. Nos. 1 to 10 received.

Homœopathic Examiner, Vol. IV, Nos. 10 to 12; Vol. V, Nos. 1 to 10. We find, in No. 10 of Vol. IV, a translation of the paper on Croup, which we gave also in our last number. We were not aware that it had been already given to Homœopathic readers in the English language.

Hartmann's Theory of Acute Diseases and their Homœopathic Treatment. Translated from the third German edition, by Dr. Hempel. Vol. I. New York: Radde, 1847.

Journal de la Medicine Homœopathique, Tome II, Nos. 7, 8, 9, and 10.

Hygea, Bd. XXII, Nos. 3 and 4.

Kinésithérapie, on Traitement des Maladies par le Mouvement, par A. Georgii. Paris: Germer Bailliére. 1847.

Elements of Homœopathic Practice of Physic, by J. Laurie, M.D., London. J. Leath, 1847.

Dublin Medical Journal, for August, 1847. (In exchange.)

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