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A MANUAL

OF

THERAPEUTICS:

ACCORDING TO THE METHOD OF HAHNEMANN.

BY

RICHARD HUGHES,

L.R.C.P., EDIN.,

LECTURER ON MATERIA MEDICA AND THERAPEUTICS IN THE LONDON SCHOOL OF HOMŒOPATHY.

SECOND EDITION.—MAINLY RE-WRITTEN.

PART I.—GENERAL DISEASES—DISEASES OF THE NERVOUS SYSTEM.

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TO MY

AMERICAN COLLEAGUES,

NOW DOUBLY ENDEARED BY THE MEMORIES

OF 1876,

THIS WORK IS DEDICATED.

PREFACE.

THIS work was originally published in 1869, as the second part of a "Manual of Homœopathic Practice for Students and Beginners,"—the first part treating of Pharmacodynamics. It reappears now as the companion volume to the third edition of its predecessor.* The reasons which led to the re-writing of the latter were present in hardly less force to necessitate a similar proceeding with respect to the present work. I have been compelled, accordingly, to allow it to remain out of print for some time, until I could prepare it in its new shape. I can only hope that the result will be felt so far satisfactory as to atone for the delay.

While the substance of this Manual is considerably increased in the present edition, its scope and form remain unchanged. As regards the former, I have explained in my introductory letter why I have

* *A Manual of Pharmacodymamics.* Third edition, mainly re-written. 1876.

limited myself to the therapeutics of disease, omitting all discussion of clinical history, pathology, and diagnosis. It will be clear that I have done so, not as ignoring the necessity of knowledge on these points, but as assuming its existence. I have, moreover, continued to write "for students and beginners," and not for men of standing and experience. I have attempted to put in a compact and accessible form those applications of remedies to disease to which general consent or weighty testimony has given a *standard* place. These are the alphabet and grammar of homœopathic practice. The student must learn them, and cannot acquire the knowledge of them by chance or instinct; neither should he be left to the wasted labour of discovering them *de novo* for himself by applying the Materia Medica to the treatment of disease. The practitioner of standing, on the other hand, is ever endeavouring to overflow and pass over these well-beaten boundaries. He is seeking for remedies for maladies hitherto neglected, for more accurate adaptations of the medicines he has already learnt to use, for new weapons from the great armoury of nature wherewith to make his strokes more effectual. For him I have indeed a suggestion here and there, but I have not his wants primarily in view. The development of the Materia Medica on the one side, the increased knowledge of disease on the other, are what he needs ; and these things are beyond my present scope. To make the study of

homœopathy less thick-set with difficulties, and the early attempts at its practice less tentative and haphazard, is the service I have sought to render by these manuals of mine. I believe that we should have been a larger band than we are, were it not for the many would-be students who have been repelled, and the many beginners who have fainted and turned back for lack of a guide.

As to the form of the present volume—that of letters—I must repeat what I originally said when publishing my Pharmacodynamics in that shape. I was led to adopt it by the object I had in view. I wrote it for men educated—or being educated—in the old school, who desired to acquaint themselves with and furnish themselves for our practice. I felt accordingly the need of some mode of communication which should be more colloquial than didactic. I wanted, moreover, to have always before me the mind of our *confrères*, wedded to old notions, bristling with objections to anything new, and requiring explanations to the fullest degree. By erecting the friend whose wants evoked my book into an imaginary correspondent, and writing what I had to say in the shape of letters to him, I found the form of composition I required.

In the case of that work the necessity for the epistolary form no longer existed at its last issue. I had been called upon to deliver a course of lectures upon its subject-matter, and the attitude and manner

of address thereby required answered well the purpose of the Manual, which accordingly appears in lecture shape. The present volume has had no such antecedents ; and I find no mode of presentation secure such elasticity of putting and directness of aim as that of the letters in which it at first appeared. I hope, therefore, that my friends who have thought the epistolary manner wanting in dignity will pardon my adherence to it.

9 Victoria Chambers,
Westminster,
London, S.W.

CONTENTS.

PAGE

LETTER I.—INTRODUCTORY 1

LETTER II.—"SIMILIA SIMILIBUS" 15

LETTER III.—THE DOSE AND ITS REPETITION—CHANGE AND ALTERNATION OF MEDICINES—AUXILIARIES—THE DUTIES OF THE HOMŒOPATHIC PHYSICIAN 29

LETTER IV.—GENERAL DISEASES.—*The Exanthemata.*

Variola—Varicella—Morbilli 46

LETTER V.—GENERAL DISEASES.—*The Exanthemata* (continued).

Scarlatina—Rötheln—Dengue—Miliaria 58

LETTER VI.—GENERAL DISEASES—*The Continued Fevers.*

Typhus—Enteric Fever 69

LETTER VII.—GENERAL DISEASES.—*The Continued Fevers* (continued).

Febricula—Simple Continued Fever—Relapsing Fever—Yellow Fever—Cerebro-spinal Fever—Plague . . 83

LETTER VIII.—GENERAL DISEASES.—*The Malarious Fevers.*

Ague—Remittent Fever—Bilious Remittent . . 93

PAGE

LETTER IX.—GENERAL DISEASES (*continued*).

Cholera—Diphtheria 107

LETTER X.—GENERAL DISEASES (*continued*).

Erysipelas—Malignant Pustule—Glanders—Pyæmia . 126

LETTER XI.—GENERAL DISEASES.—*The Arthritic Affections.*

Gout — Rheumatism — Rheumatic Gout — Gonorrhœal Rheumatism 137

LETTER XII.—GENERAL DISEASES (*continued*).

Cancer — Scrofula — Plethora — Anæmia — Scurvy — Purpura 151

LETTER XIII.—GENERAL DISEASES.—*The Venereal Maladies.*

Syphilis—Sycosis 168

LETTER XIV.—DISEASES OF THE NERVOUS SYSTEM.—*Maladies affecting the Brain.*

Cerebral Congestion — Meningitis — Cerebritis — Softening of the Brain—Cerebral Tumours—Apoplexy 187

LETTER XV.—DISEASES OF THE NERVOUS SYSTEM.—*Maladies affecting the Brain* (continued).

Mania—Melancholia—Dementia—General Paralysis of the Insane—Hypochondriasis—Delirium Tremens . 201

LETTER XVI.—DISEASES OF THE NERVOUS SYSTEM.—*Maladies affecting the Brain* (continued).

Headache—Vertigo—Derangements of Sleep—Concussion of the Brain 212

PAGE

LETTER XVII.—DISEASES OF THE NERVOUS SYSTEM.—*Maladies affecting the Spinal Cord.*

Spinal Congestion—Spinal Irritation—Spinal Meningitis — Myelitis — Spinal Paralysis — Labio-glosso-laryngeal Paralysis—Multiple Spinal Sclerosis—Lateral Sclerosis—Locomotor Ataxy—Progressive Muscular Atrophy—Softening—Injuries of the Cord—Tetanus—Hydrophobia 228

LETTER XVIII.—DISEASES OF THE NERVOUS SYSTEM.—*The Neuroses.*

Epilepsy—Chorea—Tremor—Hysteria—Catalepsy . 246

LETTER XIX.—DISEASES OF THE NERVOUS SYSTEM.—*Local Nervous Affections.*

Neuralgia—Local Spasms—Facial Palsy . . 261

LETTER I.

INTRODUCTORY.

My dear ——

You tell me that you have become a convert to Homœopathy. I need hardly say how gladdened I am by the intelligence. It is always a satisfaction to hear that any of the priests are obedient to the faith. And one's gratification is great indeed, when it is an old friend and fellow-student who comes forward to give in his adhesion to a truth, which it is the object of one's own life to maintain and put in practice.

You now write to me for advice. You have read, you say, the lectures on Materia Medica delivered by myself at the London Homœopathic Hospital, and published as the third edition of my *Manual of Pharmacodynamics*. From these, and from the fuller sources of information to which they have directed you, you have acquired (you think) a fair knowledge of drug action as homœopathy knows it. But you do not yet feel equipped for actual practice, save as regards the commoner maladies. You want instruction upon Therapeutics also from the new point of view; you want to take up the subject from the side of disease, to learn what homœopathy can do for its various forms, and how it does it. You ask me to tell you how you can best acquire such instruction.

Now I would fain refer you for the purpose to the treatises on the Practice of Medicine which already exist in the school of Hahnemann, and which aim at

superseding, for homœopathic students and practitioners, the ordinary text-books. I do not mean indeed those of the last generation, as Hartmann's,* Laurie's,† or Marcy and Hunt's.‡ Whatever their measure of usefulness in their time, they are to us alike imperfect and obsolete. But in the works of Bähr§ and of Jousset‖ (and, but that I believe you do not read German, I would add that of Kafka¶) you will find nothing to repel you, and much, very much, that will interest and instruct. I should content myself with referring you to these excellent treatises, but for one defect they both possess. Each author is limited in his therapeutics by the experience of himself and his compatriots. Bähr knows nothing of French homœopathic literature, and Jousset as little of German; while (with rare exceptions) both display entire unacquaintance with the writings in the English tongue which have come from this country and from America. The result is that in neither are the means and the possibilities of homœopathy in the treatment of disease fully set forth. I strongly recommend you to procure and study both these books; but I cannot feel that by such advice I am meeting your whole need.

* *Acute and Chronic Diseases and their Homœopathic Treatment.* By F. Hartmann. Tr. by Dr. Hempel.

† *Elements of the Homœopathic Practice of Physic.* 1850. (See *Brit. Journ. of Hom.*, vi., 227.)

‡ *Homœopathic Theory and Practice of Medicine.* 1865. (See *ibid.*, xxiii., 475.)

§ *Science of Therapeutics according to the Principles of Homœopathy.* Tr. by Dr. Hempel. 1869. (See *ibid.*, xxviii., 607.)

‖ *Eléments de Médecine pratique.* 1868. (See *ibid.*, xxvii., 123.)

¶ *Die Homöopathische Therapie auf Grundlage der Physiologischen Schule.* 1865-9. (See *ibid.*, xxvii., 333.)

In the lack, accordingly, of other work fitted for the object, I propose myself to write you a series of letters on homœopathic therapeutics. In so doing, I shall make no attempt to follow the authors I have mentioned in constructing a complete Practice of Physic. It is quite unnecessary for your purpose. You know disease as well as I do. I can tell you nothing about the history, the diagnosis, or the pathology of its various forms but what you know already, or at any rate may acquaint yourself with by consulting the authorities on your bookshelves. You will meet me halfway here; and I may spare myself the travel over the familiar road. What you want to know is this. Here is a recognised malady. You have been accustomed to treat it in such and such a way, and with such and such success. Has homœopathy discovered how to treat it better? How far shall you be justified in any given case in dispensing with measures which, however rude, are *tried*, and trusting unreservedly to the action of specific medicines? The question is a fair, and indeed an imperative one for you to put. The law of similars, relating as it does solely to the dynamic action of medicines, has obviously limitations inherent in its own nature. It is further only capable of application to practice when similarly acting medicines have been discovered. There may be diseases therefore which lie beyond its possible range; and still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to inquire what homœopathy can do—as compared with the capabilities of Old Physic—in each malady that comes before us. And next you

will require to know what are the specific remedies with which success has hitherto been obtained, and how far they need supplementing by auxiliary means.

To answer these questions, from a survey of homœopathic literature, and from my own experience, will be my only and sufficient task. I shall say no more upon the nature of the various diseases than is necessary for their identification, that we may know we are thinking of the same thing. Confining ourselves thus to their prognosis and treatment, we shall save an infinity of time and space, and shall be devoting our energies to what are really the only points on which your adoption of homœopathy requires you to have fresh knowledge and modified views.

The literature on which I shall draw consists of the clinical records scattered throughout homœopathic periodicals, or brought together in the collections of Rückert* and Beauvais ;† and of the monographs we have on special forms of disease. To these I shall make copious reference as I go on. I shall also glean all I can from the text-books, and refer you to them when their treatment of any subject is especially instructive. My letters will thus serve as an index to our therapeutic literature at large; so that under their guidance you will be able to read up most of what has been written on any malady which is demanding your special attention.

In choosing a classification of diseases for my purpose, I shall adopt, as in duty bound, the Nomen-

* *Klinische Erfahrungen in der Homöopathie.* 1852, &c. (See also *British Journ. of Hom.*, xx., 491.)

† *Clinique homœopathique.* 1850.

clature drawn up by the Royal College of Physicians, and furnished to us officially by our government. I shall not, however, deny myself the liberty of making occasional transferences of order and shiftings of place—still less of supplying omissions—when such alterations seem to subserve the practical ends I have in view.

Concerning all these forms of disease I shall have to tell you, as I have said, what homœopathy can do in their treatment, and how it does it. But ever and anon I shall come upon a malady which has never fallen under my own notice, and regarding whose specific therapeutics we have no recorded experience. What am I to do then? Well, I shall consider the features of the disorder as described by those who have seen it; and shall specify what medicines seem to be homœopathically indicated for it in its several varieties and stages. But, besides this, you yourself will continually be meeting in practice with cases which do not readily fall into the categories of the best classification, to which indeed you can hardly give a name, but which are not less true cases of disease. What are *you* to do? for my letters will hardly help you here. The answer is obvious: you in your turn must draw upon your knowledge of pharmacodynamics, and select the medicine most appropriate to the phenomena before you.

But here another consideration comes in. The appropriateness of a remedy in homœopathic practice depends upon the similarity of its pathogenetic effects to the symptoms of the disease; and the closer the similarity the more perfect the appropriateness. Now these cases of which I speak con-

sist ordinarily of a good many symptoms. Your aim must be to "cover" all or as many as possible of these with the corresponding medicine, that so you may get no rough *simile* merely, but a *simillimum*, to the morbid state before you. Can any manual of pharmacodynamics picture all the pathogenetic effects of all drugs, or can any study of the Materia Medica itself enable you to retain them all in your mind? It is evidently impossible. You must, under these circumstances, adopt unreservedly Hahnemann's original mode of homœopathising, as he has described and illustrated it in the preface to the second volume of the later editions of his *Reine Arzneimittellehre*. You must note the symptoms of the case before you; and then turn to the Materia Medica itself, and not your mere recollection of it, to find the medicine which most closely corresponds,

But the Materia Medica of Homœopathy is at the present day a most voluminous collection. Are you to wade through it every time you prescribe for such cases in search of your *simillimum?* Nay, you must have an index; and such indices exist in no small number in homœopathic literature, under the title of Repertories. A repertory, as its name implies, is a means of *finding* that to which it belongs. The subject-matter of a homœopathic repertory is the Symptomen-Codex, and its object is to save us the turning over every page of that collection in search of what we want. But an index may be a good or a bad one. It is good in proportion as it is copious—as by repeating each topic in every element of which it consists it ensures immediate success in consulting it. From this point of view Dr. Herbert Nankivell

has, in the twenty-fourth volume of the *British Journal of Homœopathy*, examined the four repertories which are available for English-reading homœopathists, viz., those of Jahr (in Hull's or Curie's version), of Buck *, of Hempel †, and of the Hahnemann Society ‡. If you will follow him, I think you cannot fail to come to his conclusion that the last-named is by far the best, and to become a member of the Society that you may obtain it. You may read an account of its history and nature from my own pen in the thirty-second volume of the same journal, and there (among other things) you will learn that it has only yet reached as far as the symptoms of the stools and rectum. You must accordingly supplement it with another, and for this place I again agree with Dr. Nankivell in preferring Hempel to either Buck or Jahr.

Nor is it in these anomalous cases only that you should, with the aid of your repertory, consult the Materia Medica. You will ever and anon have to do so in the treatment even of the ordinary forms of disease. A treatise on Therapeutics can only deal with species and their recognised varieties; but the practitioner has to care for individuals. Such individuals *may* be undistinguished members of the species, or variety of the species, to which they belong; and then you have nothing but the disease to consider, and its standard remedies to apply. But sometimes, especially in lingering or chronic maladies, the peculiar tendencies of the patient will

* *Regional Symptomatology and Clinical Dictionary.* 1865.

† *Complete Repertory of the Homœopathic Materia Medica.* 1853.

‡ *A Repertory; or, Systematic Arrangement and Analysis of the Homœopathic Materia Medica.* 1850—1876.

imprint a character of their own on the morbid process, and will make him, in fact, a "variety" by himself.* Now here you must know how to make the right choice among the several medicines which correspond to the disease present; and you can only do this by comparing the patient's special symptoms with theirs, as they are recorded in the Materia Medica. Nay, more, you may have to go beyond their range. If there is anything very distinctive about the case before you, and you find similar peculiarities to have been produced by a drug, you will do well (especially if the ordinary remedies are not telling) to try that drug, even though it has not produced the lesion present in the patient. Sometimes, indeed, it will fail to do more than extinguish the symptom which has indicated it: it has cut (as Dr. Madden expresses it) at a branch, and not the root.† But sometimes, on the other hand, the dis-

* "Chronic diseases, forming themselves slowly in us, and arising most frequently from original or acquired vitiations of our constitution, are, if we may so speak, much more personal, much more idiosyncratic, than acute diseases. In acute diseases the physician should consider the malady much more than the sick person, while it is generally the other way in chronic diseases. But if, in virtue of internal conditions little known, an acute disease—a typhoid fever, for example—is imperfectly developed, evolves itself badly, or is prolonged in any one beyond the usual period of the malady, the general principles of the treatment give place to those which we have established for chronic diseases" (Trousseau and Pidoux, Introduction to *Traité de Thérapeutique*).

† I am referring to his valuable essay "On the true place of Repertories in Homœopathic Practice," in vol. xxviii of the *British Journal of Homœopathy*. His conclusion, that we should use them when the symptoms of a case are characteristic of the patient rather than of the disease, is identical with the advice I have given above.

appearance of the disease does prove the proximate cause of the symptom which you remove to be the root of the whole malady; or, as is more probable, it establishes the true homœopathicity of the medicine to it, although its proving has not been carried sufficiently far or wide to effect the change in question. It is an encouragement so to act when we learn that it was in this way that Hahnemann discovered the virtues of Aconite in inflammatory fever.*

There are some of our American brethren, indeed, who would make such practice the rule instead of the exception; who would bid us banish nosology and pathology altogether from our minds when the question of medicinal treatment comes up, using our knowledge about them solely for purposes of prognosis and of general management. They would have us regard each patient, for therapeutic purposes, as a new bundle of symptoms, the like of which we never saw before, and for whose case we must find *ab initio* a similar picture in the Materia Medica. They consistently wish to keep the Materia Medica in the same state of a mere symptom list, that the one set of phenomena may correspond with the other.

I cannot agree with this doctrine. The progress of pathology has established the existence of a number of morbid species which are as truly entitled to the name as those which natural history identifies in the animal and vegetable kingdoms. When capable of reproduction (as in the case of the infectious fevers), they invariably reproduce their kind; and, when sterile, they prove their individual

* See *British Journal of Homœopathy*, v., 387.

unity by springing from a common cause (as do the malarious fevers), or consisting in a certain process taking place in a certain organ (as does pneumonia). Now these specific forms of disease are acknowledged as realities, for, when diagnosis perceives their presence, prognosis speaks accordingly. I maintain that our knowledge of morbid species should be used for therapeutic purposes also, and to this end would strive to raise pharmacodynamics to the level of pathology. While the latter was in its merely phenomenal stage; while jaundice and dropsy were regarded as morbid entities, and "gastric," "bilious," "mucous," and "nervous" fevers as separate forms of disease, the pathogenesy of drugs could only be a like series of appearances. Hahnemann, seeing the baseless character of most of the pathology of his day, wisely rejected it for the symptomatic observation of disease, and conformed his registration of drug effects thereto. But the advance of physiology, the cultivation of morbid anatomy, and the refinement of our means of diagnosing internal changes during life have raised pathology to a much higher level, and built it on a sure foundation. The interpretation of the observed facts of disease has now become to a large extent possible. Those whom I am controverting admit the validity of such interpretations by using them for prognosis; so that they cannot take up Hahnemann's position as against the pathology of to-day. Why, then, should we not carry the same well-substantiated principles of interpretation into the phenomena of drug action? If fever, pain in the side, hurried respiration, and cough with rusty sputa mean pneumonia in a

patient, do they not mean the same thing in the subject of a proving or a poisoning? and am I forbidden to hŏmœopathize by means of the interpretation, while I may do so freely with the phenomena? Are we not, indeed, treading on surer ground when we oppose to a pneumonia a drug capable of causing pneumonia than when we choose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present? The latter comparison may err; the former cannot. Of course, to make our *simile a simillimum* we should endeavour, if possible, to cover these outward symptoms also,—from the remedies which correspond to the morbid species choosing those which suit the variety present, and from these the one which meets the individual case before us. For such selection we must use all the materials which pure symptomatology supplies; all conditions and concomitants; all circumstances of amelioration and aggravation; all mental states and subjective sensations. But it is quite another thing to say that these and the external symptoms of the case are to be our only consideration in the choice of a medicine. Such a doctrine seems to me mistaking the means for the end. Our object in seeking symptomatic resemblance is that we may secure pathological resemblance; for it is the disease itself, and not its outward manifestation, which we have to cure.

I quite admit that there is many a *terra incognita* as yet in disease, and many a case which as yet we can only treat symptomatically. I am most thankful that the law of similars enables us to fit drug to disease, even when we are unable to say what the

phenomena of either mean. But when we are able, I hold it a sin to neglect to use our knowledge for therapeutic as well as for prognostic purposes. In my lectures on Pharmacodynamics I have endeavoured, wherever possible, to study what may be called the physiological as distinct from the merely semeiogenetic action of drugs. In my present letters on Therapeutics I shall make the same attempt in the field of disease, dealing with its recognised species as realities and not mere names, and endeavouring to fit to them medicines having true specific relationship with them. I believe that a scientific pharmacology, linked to a scientific pathology by the band of the homœopathic method, will constitute the therapeutics of the future; and I design my work as an humble contribution thereto.

There is only one class of diseases which, although pathologically recognised and defined, we must for some time to come (if not always) be content to treat symptomatically. These are such as involve grave organic change—cancer, mollities ossium, degenerations of the nerve-centres, and such like. We have not yet pushed, and we shall not readily push our drug-provings to the extent of producing these changes; and hence direct pathological resemblance is hardly to be expected. But it nearly always happens that, ere they are actually set up, the organism gives out signs of the imminence of the morbid process. These signs are of the nature of objective phenomena or of subjective sensations, and in either case are of such kind that similarly-acting remedies can be adapted to them. Thus, Sir W. Jenner has shown that the clinical history of rickets

reveals an unhealthy state of the system preceding for several weeks or months the lesion of the bones. Some of the symptoms of this state are common to other disorders of early life, as feverishness with thirst, altered intestinal secretions, and the like; but some of them, which are usually later in occurrence, are pathognomonic of the disease, viz.: profuse perspiration of the head and neck, desire for coolness of the surface, and general tenderness of the body. Our best chance of curing rickets must be by taking it in this early stage, ere yet its organic changes are developed; and we know that we have in such medicines as Calcarea, Silica, and Phosphoric acid remedies truly similar to the special phenomena before us. The same thing has been shown by Sander, of Berlin, and others with reference to progressive paralysis of the insane. For years, they say, before the disease becomes developed, the patient suffers from peculiar rheumatoid pains and headaches, sometimes from colour-blindness, oftener from sleeplessness, vertigo, irritability, loss of memory, &c. Dr. Lilienthal has done well in bringing these observations before us,* that (as he says) we may "see whether we cannot by our rich armamentarium prevent what we cannot cure when at last it is fully developed."

There is only one caution to be given in selecting our remedies upon these principles. We should choose such as, from our knowledge of their sphere and kind of action, might conceivably cause these morbid changes if pushed far enough, rather than others to which no such likelihood belongs. The

* See *Hahnemannian Monthly*, xii., 161.

rheumatoid pains described by Sander as premonitory of dementia paralytica are not unlike those which Chamomilla causes and cures; and it is not impossible that even here it might remove them for a time. But it would not check the impending mischief of which they were a sign, having no specific relationship thereto. Whereas a medicine might do this whose similarity to the phenomena present was not so manifest, but which we know to have capacities in it which might establish its homœopathicity to the entire disease. The "totality of symptoms" which we seek must embrace the future, when this can be foreseen, as well as the present and the past.

But I am already encroaching upon the subject of my next letter; and for this reason, and because I have already occupied you long enough, must leave off for to-day.

LETTER II.

"SIMILIA SIMILIBUS."

BEFORE entering upon the main subject of our present inquiry, viz., the homœopathic treatment of the various forms of disease, there are several preliminary questions on which we must come to an understanding. The chief of these is, What is homœopathy? wherein does it essentially consist? what does it include and what exclude? and what are your duties and limitations now that you are avowedly practising under its banner? To the consideration of this group of questions I shall devote the present letter.

Homœopathy is, *primâ facie*, the treatment of disease by medicines selected according to the rule "similia similibus curentur," "let likes be treated by likes."* The "like" (ὅμοιον) here spoken of is explained by Hahnemann as opposed both to the "different" (ἀλλοῖον) and to the "contrary" (ἐναντίον). Thus:—a case of disease is before us. We are not to consider what processes of evacuation, revulsion, and such like will benefit, and prescribe our remedies accordingly. Nor are we to think what drug will act in an opposite direction to the symp-

* I prefer this putting of the motto—which is indeed Hahnemann's original formula—to the affirmation "similia similibus curantur" usually adopted at the present time. I have no desire to quarrel with the Latinity of the latter; though the use of "curo" in the sense of "cure" is at least unfamiliar. But in the present state of our knowledge I think it wise to state our principle as a rule of Art rather than as a law of Science.

toms present, and accordingly give Strychnia for paralysis, and Opium for sleeplessness. Our inquiry should rather be—what drug is capable of producing upon the healthy body a morbid condition similar to the one before us? The presence of sleeplessness will suggest a medicine capable of banishing natural sleep, as Coffee; while Opium will be indicated rather in conditions of sopor—such as occur in fevers similar to—that which it commonly induces.

But now of this "similarity" itself the question arises, wherein does it consist? This is a point which has exercised the minds of our best men from Hahnemann downwards. For the opinions of the master and his early disciples I refer you to Dr. Dudgeon's *Lectures on Homœopathy.* Later deliverances on the subject are the essays on "Contraria Contrariis" by Dr. Madden in the twenty-fifth volume of the *British Journal of Homœopathy,* on "The Homœopathic and Allopathic Use of Specifics," by Dr. Drysdale in vols. xxv.—xxvii., and on "Similia Similibus Curantur," by Dr. Elb, in vol. xxvi. of the same journal; and those on "Organopathy" and "The Anatomical Basis of Therapeutics" by Dr. Sharp in his *Essays on Medicine.* To these I must add Dr. Carroll Dunham's treatise, *Homœopathy the Science of Therapeutics.* You will do well at your leisure to read what these able thinkers have taken the pains to set down upon the point before us. For the present I shall endeavour to express what I myself understand by our therapeutic rule, and by the "similarity" of which it speaks.

For this "similarity," then, I take the first requisite to be that it be real, and not merely

apparent. It will not do, because a medicine has caused a sense of weakness and weariness in the lower extremities, to set it down as homœopathic to paraplegia. When the prover of a drug has experienced from its action a cough with stitchings in the side, he must not infer that he has found the simile of pleurisy or pneumonia. However numerous the varieties of the diseases thus named, however unique in some respects each individual instance of their occurrence, there are in all certain essential elements, certain peculiar pathological changes. That (with the reservations made in my first letter) a medicine shall be capable of causing these changes in the healthy body is the primary requisite to its homœopathic relationship.

Now how is it to be ascertained that this essential similarity between disease and drug exists? Hahnemann answers, by finding that the "totality of symptoms" in each coincide. Exception has been taken to his statement; but I imagine that it is based on some misconception of what he means by "symptoms." He could not wish to limit the term to those phenomena which appear on the surface, and strike the uneducated eye. At any rate, that is not what we mean by symptoms now. We know that very often the same surface symptom belongs to two or more utterly distinct conditions of the body, while the symptoms which distinguish these conditions do not lie on the surface, and can only be ascertained by more profound research. They are still symptoms; for every disease is only a group of symptoms or appearances. But they need the pathologist to discover them; bringing as he does to

his aid all the resources of science (the stethoscope, the microscope, the speculum, the test-tube), and thus seeing not only all that the others see on the surface, but all that lies beneath the surface as well; so that he can distinguish where they could not, and the ὅμοιον to them would be the ἀλλοῖον to him. In Hahnemann's day, indeed, pathology could hardly be said to exist as a science. But his doctrine is the same. Obtain all the symptoms you possibly can, both in proving your medicines and in examining your patients; then, in prescribing for an individual case, select that remedy which corresponds most nearly to the totality of the symptoms present.

The symptoms, then, by whose means the comparison of disease and drug is to be effected, are all that can be ascertained, both subjective and objective, both surface and deep. If all which constitute the disease are to be found in their due proportion and sequence in the pathogenesis of the drug, the similarity we desiderate must be considered to be established. Such a simile is Strychnia to tetanus, Cannabis Indica to catalepsy, and Hydrocyanic Acid to the epileptic paroxysm. It cannot be objected with justice that from such a comparison diagnosis is excluded. If diagnosis means the *perception* of the precise seat of the malady, and of the exact morbid alteration which is going on therein, then it is indeed often excluded, whether as regards disease or as regards drug-action. Who will tell us what catalepsy is? Yet it is a definite condition, and the Indian hemp has been observed to produce it. But diagnosis more properly means the *distinguishment* of one form of disease from all others which re-

semble it; and the very means of effecting such distinguishment is a consideration of what symptoms are present and what absent.

Nor should it be affirmed that such a method of finding the simile makes the prescriber "liable to overlook the distinction between idiopathic and sympathetic affections; between symptoms which arise from diseases of the organs they are connected with, and those which are the effect of sympathy with some other diseased organ." * Such a mistake would be due to his own ignorance or carelessness,—not to any fault in his method. How do we diagnose between vomiting of cerebral and of gastric origin except by considering all the symptoms present, and observing their proportion and sequence? If we have done the same with our drug-symptoms, we are not likely to select inappropriate remedies in any given case.

A signal merit in this method of arriving at the true simile is that it ensures that the likeness shall be specific, and not merely generic. All things are like each other in some points, but differ in others. All diseases are departures from health; but some are miasmatic, some diathetic, some "dietic." All the miasmatic diseases are febrile; but some of the fevers are intermittent, some continued, some eruptive. Again, the eruptive fevers resemble each other in possessing an exanthem, but differ according as this is of the character of measles, scarlatina, or small-pox. Then there are certain well-recognised varieties of each of these diseases, in which the characters essential to each exist with certain differing modifications or concomitants. Lastly, each

* Dr. Sharp on 'Organopathy.'

individual case of either small-pox, measles, scarlatina, or any other disease, has its own peculiarities which distinguish it from every other case. Now the method by totality of symptoms provides for this individualization, alike of disease and remedy. If fully followed out, the medicine will correspond with the malady, not only in the generic lesion we call pneumonia, phthisis, dysentery, and so on, but in the specific characters assumed by it in the variety we are observing, or in the individual patient before us. These specific differences cannot be accidental: they are parts of an organic whole. If they are not found in the medicine as well as in the disease, the former so far falls short of that perfect similarity which is required to ensure perfect success.

The method by totality of symptoms, moreover, has the advantage of meeting every conceivable case. It is only a portion of the great world of disease that has yet been so accurately surveyed that it can be mapped, and planned, and fitted with names. For such concrete maladies only can specifics be allotted beforehand. Beyond their range lies a *terra incognita* of derangements the most diverse, complex, and varying, which as yet defy classification and nomenclature. To cases of this kind the symptomatic method is the only one applicable. I knew not the significance of the occurrence, in a patient convalescing from parturition, of urine loaded with lithates, debility, low spirits, anorexia, copious sour perspirations, and persistent aching of the mammæ. But I found all these symptoms (save the last) in the pathogenesis of Causticum; and selected that remedy accordingly, with amply satisfactory results.

Hitherto I have been vindicating the scientific accuracy and practical adaptability of the Hahnemannian method. Such vindication is necessary, if we would not disown those early successes which made the fortune of Homœopathy so rapidly. But as you read what I shall hereafter write to you, you will see that it is rare indeed that a complete parallelism of symptoms exists between diseases and their remedies. But few medicines have been exhaustively proved; and the form in which the early provings have been handed down to us renders any rational comparison of their symptoms with those of disease out of the question. You will find us led to the simile, — sometimes by a mere hint in the pathogenesis, sometimes by the evidence of a post-mortem examination, sometimes by the *usus in morbis* reflecting light upon a group of symptoms otherwise meaningless, sometimes by that *usus in morbis* alone. But I would have you observe that, by whatever pathway reached, it is the true simile which is obtained. That is, we have found the medicine which is in *specific relationship* with the disease,— with the part affected, and with the manner of its affection. Baptisia effects as definite an extinguishment of gastric as does Aconite of simple fever; but the application of the former was obtained from merely empirical sources, while that of the other was a pure induction of Hahnemann's from the symptoms of his proving.

Let me enlarge a little further on this head. I have spoken of the necessity of considering the sequence of symptoms. This applies especially to those symptoms called "primary and secondary."

Thus, the initial chill and the subsequent burning heat of fever are apparently opposites; and it would seem that a medicine which would be homœopathic to the rigor would be antipathic to the calor. But observation teaches us that the chill and the heat are but successive expressions of the same morbid condition: experiment even proves that the temperature is rising while the patient is still shivering. So far, then, from a different medicine being required for the two stages, it is essential that the one medicine which shall control both shall be capable of causing both, as indeed Aconite does. It is the simile of the two series of phenomena because it is in specific relationship with that disorder of the calorifacient processes in which simple fever consists. The same thing is true of what are known as "alternating symptoms." We know Nux vomica as one of the remedies for constipation, and Mercurius for diarrhœa. But we find looseness of the bowels no rare symptom in the pathogenesis of the former, and constipation in that of the latter. If we are puzzled, observation of disease soon explains the difficulty. That same irritable state of the intestinal fibre which in the adult induces constrictions which impede free evacuation, in infants leads to impatience and frequent emptying of the canal. While in chronic hepatic disorder it is no uncommon thing for the patient to complain that his bowels are sometimes unduly confined, and sometimes quite as deranged the other way. In alternating symptoms, then, as in those called primary and secondary, the relationship of similarity on the part of the medicine is with the

underlying condition capable of producing either or both.

Hence "contraria contrariis" is often as true phenomenally as "similia similibus," and a no less certain guide to the right medicine. I do not mean to imply by this that mere antipathic power on the part of a drug qualifies it for a place among our remedies. Such means will sometimes meet temporary emergencies; but they have ever been found wanting in the treatment of prolonged and recurring disorders. Dr. Madden's bromide of potassium may have (as he records in his essay, "Contraria Contrariis,") so quenched the acute erotic irritation of his patient that the sympathizing brain had time to recover from its mania. But the use of this drug in epilepsy, so much belauded at present, is to my mind a most unsatisfactory practice. By its deadening influence on the nervous centres it suspends the paroxysms for a while. But with its discontinuance they nearly always return; and the patient must either live upon the drug all his lifetime, with evils yet untold developing under its use, or must take off the repressing influence only to see the fits returning, perhaps with renewed vigour after their temporary suspension. The adoption of the antipathic method, as such, is moreover rarely practicable. Very few morbid states have any contraries. Can you tell me the opposite of gout or of scrofula, of typhus or of erysipelas? But the great bulk of the opposites are really not contrary but complementary one to another. Spasm and paralysis, hyperæsthesia and anæsthesia, contraction and dilatation of bloodvessels, sopor and insomnia, constipation

and diarrhœa may succeed one another, or replace one another, or even co-exist in the same patient. They are but varying expressions of a sub-vital condition of an organ or of the general system,—the variation in the expression being governed by laws as yet little known to us.

And so we arrive at the conclusion that the true contrary of ὅμοιος is not ἐναντιος but ἀλλοῖος, not opposite but foreign.* If a medicine have no specific relationship to the part affected, homœopathic therapeutics have nothing to do with it. If it have such relationship, we shall not be deterred from giving it by an apparent contrariety between the symptoms induced by the drug and those present in our patient to-day. The opposite and complementary symptoms may appear to-morrow. Whenever, indeed, as in tetanus or post-diphtheritic paralysis, in lead-colic or cholera, experience tells us that the symptoms set uniformly in one direction, it is necessary for the simile that the effects of the medicine should point the same way. That is, the kind of affection, as well as the part affected, must coincide in the disease and the drug respectively. This is still more important when we come to discriminate between the specifically different derangements which may affect the same organ. That a medicine acts on the liver, and sets up simple inflammation therein, does not prove it homœopathic to acute yellow atrophy. The tormina, tenesmus, muco-sanguineous stools, and post-mortem ulcer-

* Just as the true contrary of love is not hate, but indifference. Love and hate both imply an interest in their object, and are often (in the lower grades of the former) interchangeable.

ations of dysentery must be reproduced in the pathogenesis, if a power of inflaming the mucous membrane of the large intestine is to constitute any drug a remedy for this disease. You will see, therefore, that I cannot coincide with any mere "organopathy," or adopt an exclusively "anatomical basis of therapeutics." Specific relationship between drug and disease must include character as well as locality. But what I aim at showing is that specific relationship, thus understood, is the fundamental fact on which homœopathic therapeutics are based. I believe, indeed, that in the divine order of nature there is a pre-established harmony between disease and drug-action—between the idiopathic derangements of the organism and the action of poisons upon it: that there is no pathological condition, however peculiar or complex, which is not producible also by some drug, known or unknown. When every substance in the mineral, vegetable, and animal kingdoms capable of affecting the body shall have been proved upon it, and its full effects ascertained, then the healing art will not be far from perfection. In the mean time, *magis venenum magis remedium*. The polychrests will be those which correspond to the greatest number and variety of morbid states, or to those of most frequent occurrence. The minor medicines will fill up gaps in those of wider range, or will occupy niches which, if left without special tenants, would be weak points in the therapeutic edifice.

We return to our rule "similia similibus curentur." It appears now in the light of a guide-post towards the true object of our search, *specific re-*

lationship. We may use it either *à priori*, as when we study the pathogenesis of a medicine to ascertain to what idiopathic diseases it is likely to correspond; or *à posteriori*, when in viewing a case we consider what medicine causes the group of symptoms we have before us. In either case the rule is our guide to the discovery of *specifics*. That they may be discovered in other ways is obvious. Sometimes, as I have mentioned, by the rule "contraria contrariis curentur," as when Hyoscyamus was given for cerebral excitement because it sometimes causes sopor. Sometimes purely empirically, "by the merest chance," as we say, of which Cinchona bark in ague is a notable instance. I only claim for the rule "similia similibus" the first place as an instrument for this discovery:—its title thereto being that more specifics have been found by its means in the last fifty years than have rewarded other modes of research for the preceding five thousand. Aconite in simple fevers, Arsenic in those of a typhoid type, Belladonna in inflamed throat and erysipelas, Bryonia and Rhus in rheumatism, Calcarea in the mal-assimilative derangements of childhood, Camphor and Veratrum in cholera, Chamomilla in nervous erethism, Coffea in sleeplessness, Colocynth in colic,—I could go on for a page enumerating the specifics already discovered by this potent instrument. That more and more will come to light as its materials increase, and its application becomes more sound and thorough, I firmly believe; until at last every possible variety of disease shall have found its suitable remedy. Then, and not till then, will Hahnemann's "Novum Organon" cease to be

necessary, for its work will have been accomplished.

This is the future of medicine to which I look. The "perfecting of the Materia Medica" of which we so often hear I regard as only a means to an end; and in proportion as that end is attained the need of any Materia Medica whatever becomes less and less. Few of us now ever consult the pathogeneses of Aconite or Belladonna, of Arsenic or Camphor. We know all their specific relationships: any fresh applications they may yet receive will be only extensions of those already established. Pathology is every year pushing her outworks farther and farther on. The chaos of disease is steadily being brought into order, and its almost infinite varieties are being distinguished and ticketed and classified. As each new species comes into light it will be our task to assign to it its specific remedy; and if more than one medicine corresponds to its symptoms, we must consider what are the varieties of the disease to which each belongs. We shall thus be building up the great edifice of specific therapeutics of which I take the law of similars to be only the scaffolding.

To note, from time to time, the progress of this building, and to make suggestions for its best possible extension; to set down such specific treatment as has become accepted, and to indicate the directions in which to look for more,—this is a work which needs to be done. The following pages, however feebly and imperfectly executed, will at least be wrought in this spirit and with this aim. If, besides helping yourself and others who may see them, they contribute anything, however humble,

to our knowledge of true specific relationships, I shall not have toiled at them in vain.

I have devoted so much space to the consideration of the meaning of our fundamental law, that I must defer to another letter the various questions which arise as to its due application.

LETTER III.

THE DOSE AND ITS REPETITION—CHANGE AND ALTERNATION OF MEDICINES — AUXILIARIES — THE DUTIES OF THE HOMŒOPATHIC PHYSICIAN.

You are now in the presence of a case of disease. You are possessed, either through some previous adaptation of remedy to malady, or from a comparison of your patient's symptoms with the Materia Medica, of the similar medicine you require. But several questions have yet to be settled before you use it; and one of the first which will arise is that of the *dose* in which it is to be administered.

You have probably already learnt that, while all practitioners of our school are agreed upon the principle on which the remedy should be chosen, they are widely divided as to the quantity in which it should be given. It would be of little use for me to add my individual opinion to the multitude already existing. But you will have to make up your own mind upon the subject; and I can at least supply you with some of the data on which your judgment must be formed.

The history of the "homœopathic dose" is as follows. When Hahnemann first began to prescribe medicines according to the rule "similia similibus," he gave them in the usual quantities. It is not surprising that his patients' symptoms, even though ultimately removed, were often in the

first instance severely aggravated. It needs no argument to show that the ordinary doses of Arsenic, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed. So Hahnemann found, and he reduced his doses accordingly. At what stage of this reduction he found that fractional quantities of a smallness hitherto undreamt of exercised a potent influence, I cannot say. But, once satisfied of the power of infinitesimals, he adopted them with enthusiasm as a part of the new system of medicine he was inaugurating. He regulated their preparation by a fixed scale of dilution,—the centesimal. With this he boldly pushed on till at the 30th dilution he had reached decillionths. Here he paused, and appears to have wished to draw at this point a "hard and fast line." In his *Chronic Diseases* he recommends all medicines to be given in the 30th dilution, thus advancing to that point the many constituents of his *Materia Medica Pura* to which he had there assigned the 12th, 9th, or 3rd potency, or even the mother-tincture, as most suitable. With the exception of a suggestion in the preface to the proving of Thuja that such a drug might with advantage be raised even to the 60th, he seems himself to have kept to the 30th as an ultimatum.

But his disciples were more Wilkesite than Wilkes himself. A few, indeed, amongst whom Trinks is eminent, declined even to follow the master, and used only the first two or three of the dilutions of his scale. But the more enthusiastic pushed on until the 200th had been reached, nor indeed paused there. You will find an account of the doings of

these "high-potency men" in Dr. Dudgeon's *Lectures*. They have nearly died out in Germany, and have found very few representatives in France or England. But in America the school has taken a fresh start. With a number of practitioners there the 200th is considered a low potency, suited for common use; while the 1000th forms a new unit from which to start, and we hear of cures being wrought by the 71 m dilution, which means the 71,000th. Still more recently, a "potentizing machine" has been invented to enable attenuation to be carried farther still, and the ten-millionth has already been reached!

I must leave you to satisfy yourself, if you care to do so, as to the claims made on behalf of these "high potencies." They are altogether outside the range of the homœopathy into which I am endeavouring to help your induction. I shall do more for you if I tell you how the dose question stands and has stood in this country, which is (with the exception above named) a fair representative of all others in the matter.

The converts made to homœopathy in Great Britain seems to have started from about the level of the second edition of the *Materia Medica Pura*. The earliest practice on record in English literature exhibits the medium dilutions—the 12th to the 3rd—chiefly in use, the 30th also being pretty frequently administered. But a tendency soon displayed itself to descend rather than ascend the scale. The writings of Dr. Drysdale * and Dr. Madden †, and the cases recorded by Dr. Henderson,‡ exhibit the march of

* *Brit. Journ. of Hom.*, vi., 1. † *Ibid.*, xi., 1.
‡ *Ibid.*, viii., ix., &c.

this progress. The statistics collected by Dr. Bayes* show how many British practitioners have joined it. But they also reveal the fact that the great majority of us continue to use, in conjunction with the lower dilutions (as from 3 downwards), the higher ones of the scale (from 6 upwards). A few employ these latter exclusively; and some, not of least eminence among us, advocate the mother-tincture as the normal form of the medicine.† But the bulk of experience seems to be in favour of an extended range of dose; and there is a very general concurrence in the view that the lower potencies act best in acute, the higher in chronic disease.

Dr. Black has now given a practical impulse to this question, which, if followed up, ought to lead to very important results. In three recent papers ‡ he has argued that, without questioning the action of the higher attenuations, there is no proof of their

* *Brit. Journ. of Hom.*, xxx. 1.

† Among these is Dr. Yeldham (see *Monthly Hom. Review*, xv., 742), who has recently, in a paper read before the British Homœopathic Society, attempted to formulize the rule of dose as follows:—"Give enough of the crude drug to excite physiological action, and no more: give little enough to avoid medicinal aggravation, and no less." Putting the two requirements together (of which the first is for pathogenetic purposes, the second for therapeutic), the result is that the curative dose is quite near the limit of the physiological. But, as Dr. Drysdale pointed out in the discussion, this would only apply to the "absolute" pathogenetic effects of drugs, *i. e.*, those which can be produced at will, and not to those "contingent" ones which arise from individual susceptibility, and are to a great extent independent of quantity. Still the rule, so far as it goes, is a good one; and is perhaps best worked out by increasing your dose *guttatim* every two or three days in chronic cases, till physiological or therapeutic effects are obtained.

‡ *Brit. Journ. of Hom.*, xxix.; *Monthly Hom. Review*, xv.

superior efficacy over the lower; that, supposing the latter to be as useful, there is every reason for preferring them in practice; and that accordingly it would be desirable that all should try the experiment whether the potencies below the 3rd centesimal do not suffice for whatever success we can expect. You will weigh his arguments, and the discussions which followed the reading of his papers; and I think they will induce you to adopt this range of dose as the norm of your practice. But now and then, in cases which are not doing well, or with medicines whose reputation has been gained in the higher potencies, try the latter, and follow your experience. If it coincides with my own, it will lead you in time to give them a definite and no insignificant place among the weapons of your warfare.

I have carefully refrained from prejudicing you, either in these letters or in my lectures, on the question of dose. When speaking upon our medicines, I have mentioned whether the higher or lower potencies have been most in favour, or whether success has been claimed from different sides for both. In now discussing the treatment of diseases I shall only name the potency of the medicines I recommend when it is with the dose, as well as with the remedy, that experience has been gained. You will thus be put in a position to try, as all of us have had to try, the question for yourself; and the result at which you arrive will at least be your own, and not borrowed at second-hand from another.

For the bibliography of the dose question I refer you to Dr. Dudgeon's *Lectures* (xiv, xv), to the papers already cited, and to the following of Dr. Madden's:—

"A few more words about the dose" (*Brit. Journ. of Hom.*, xix., 293), and "Thoughts on Dynamization" (*Ibid.*, xxiii., 529). Also to papers by Drs. Cockburn and E. T. Blake, with the discussions following, read before the British Homœopathic Society, and reported in their *Annals*, vols. iii. and v.; and Dr. Carroll Dunham's "Use of High Potencies in the treatment of the sick," in the fourth volume of the *American Homœopathic Review*.

You will observe that with us the question of dose is that of the "potency," not of the number of drops or grains. The latter is of little consequence, so far as quantity is concerned. But if there be anything in the principle of minute subdivision as extending a given quantity over a wider area,* and if it be so that a number of spermatozoa are requisite for the impregnating impulse, it would seem probable that several drops of the higher dilutions at least would make more impression than one. I generally act upon this theory; but I have nothing positive to bring forward in the way of results.

2. You have now selected your medicine and determined upon its potency. The drops of tincture you prescribe will of course be mixed with water, and the grains of trituration suspended in the same vehicle or put dry upon the tongue. The next question which will arise will be as to the frequency of the repetition of the dose. It is strange that there should be any difference of opinion on this subject. You will almost instinctively do as

* See Doppler's observations in the Essay of Dr Samuel Brown in the *Introduction to the Study of Homœopathy* by Drs. Drysdale and Russell.

the great mass of our practitioners do; *i. e.* give the medicine once or twice a day in chronic diseases, and in acute diseases from every four hours to every fifteen minutes according to the rapidity of the morbid process you are combating. But you will find that, while the latter practice is almost universal, and in cholera at any rate received the sanction of Hahnemann himself, it is otherwise with chronic diseases. The master* and his immediate disciples, and in the present day those among us who call themselves specially by his name, advocate in such cases the plan of giving one dose, and "allowing it to act" for a length of time. A certain "duration of action" is assigned in the *Materia Medica Pura* and the *Chronic Diseases* (on what grounds I know not) to each medicine; and the practitioner is considered impatient if within this period he repeats his dose. Twenty-four hours is the shortest of these durations; and a week, thirty, forty, fifty days are not uncommon.

Now I am not going to condemn such a mode of practice out of hand. On the contrary, I think it worthy of investigation. But I must assert that it has yet to be established upon experimental grounds. There is no evidence for the long duration ascribed to the action of certain medicines. There is a difference among the Hahnemannians themselves as to whether the high or the low dilutions act the longest. Prof. Hoppe has argued the subject very ably from their point of view in the twentieth volume of the

* In his latest years Hahnemann seems to have abandoned this practice in favour of giving repeated daily doses in chronic affections, increasing the quantity at each administration.

British Journal of Homœopathy. But while we may grant him that in recent disturbance of the organism a single medicinal impression may rectify the disordered balance, and set going the processes which lead back to health, it seems more likely that in disease of some standing, especially if involving organic change, a steady and regular repetition of such impressions at not too long intervals would effect much good. At any rate cures are frequently wrought in this way; so that if the repetitions are needless, they are harmless.

I recommend you, therefore, for your own part to follow the ordinary mode of proceeding. But it is right that you should be aware of the existence of this doctrine and practice; and I see no reason why you should not test it in cases where you really know something of the length of action of the medicine, and can watch closely the patient's symptoms. Especially I would advise you, when once a decided improvement has shown itself, to suspend the medicine, and let the *vis medicatrix naturæ* work alone for a time, repeating the remedy should the progress flag.

3. And now as to continuing your medicine. Are you to expect, when you have once chosen the *simillimum* of your patient's condition, that he will be cured by that one remedy alone? That he should be so cured is perhaps the ideal and the ultimate goal of the homœopathic method. But it is certainly not practicable at present. In chronic disease, even though the starting-point should have been in one organ, by degrees other organs have become involved, and probably the blood and nervous system have deviated from the healthy standard. A number of

elementary morbid states are concurring to make up the concrete disease before us; and it is by no means certain that, even if you can discover the primary lesion, you can destroy the branches by cutting at their root. Very often, too (the tendency of modern pathology is to say nearly always*), the disorder has begun in the system at large before it has localized itself in any particular organ. Hence your treatment of chronic disease must generally be the unravelling of the coils of a complicated knot, and you will require more than one medicine in its course. Carefully review your patient's symptoms from time to time; and if any improvement which has resulted from his present medicine has come to a pause, consider whether any other seems more suitable. Only do not be too ready to make a change. Keep the ideal before you, even though at present it be unattainable. You may sometimes, if the symptoms still point to the original remedy, change its potency only, ascending from low to high, or descending from high to low. The medicines to which your first study of the case, if a thorough one, conducted you should be adhered to as firmly as possible throughout its treatment.

In acute disease we may approach more nearly to the standard. In many cases we are able to oppose the whole group of symptoms with one medicine, and see them melt away under its sole influence. The number of diseases which admit of being thus dealt with is continually increasing; and they form some of the most satisfactory parts of our practice.

* See Sir William Gull's Address on Medicine before the British Medical Association, 1868.

Nor are all the exceptions truly such. For instance, when diseases have well-marked stages—as meningitis, typhoid fever, hooping-cough—it is no departure from the specific ideal to have a different medicine allotted to each stage. And the conformity is complete when the medicines for the different stages show a power of curing the disease then and there before it goes any farther. So, for instance,—while pertussis is a catarrh with a cough violent out of proportion to the inflammatory irritation, Aconite and Ipecacuanha precisely cover it, and will every now and then extinguish it. But when it becomes a pure spasm, it has passed the reach of these remedies, and Drosera, Belladonna, Corallia and such like take their place. The same holds good of Baptisia and Arsenicum in the first and second stages of gastric fever, and is familiar to you in the relation of Mercury and Iodide of Potassium to secondary and tertiary syphilis. Recognising this principle of stages, and carefully allotting our remedies to varieties, I think we may in acute disease make the single medicine the rule rather than the exception.*

4. The above question borders closely upon that of *alternation*, on which I now desire to say a few words.

What are you to do when no one medicine covers all your patient's symptoms? In chronic disease I think there can be no hesitation about the answer to the question. You should give the medicine which

* Upon this subject you should read a paper by Dr. Neville Wood (*Annals*, I., 416), with the discussion at the British Homœopathic Society which followed its reading.

corresponds to the symptoms of greatest weight, and let it play its part before you bring any other to bear. The adoption of a different course would lead to confusion, certainly in the results of your practice, and probably in the organism of your patient. Save in a few instances where the exception is warranted alike by reason and experience, the rule is never to give more than one medicine at a time in chronic disease.

But again acute disease gives a different aspect to the question. There is often no time to wait till the effect of one medicine is exhausted before you give the other; nor can you stay with your patient to watch the fitting hour for the change. So that upon the ground of practical expediency only we are sometimes driven to alternate, since we are unwilling to mix. Then again there are the cases brought forward by Dr. Russell, in which two morbid processes, as variola and typhus, run their course in the system at the same time. This, which in Hahnemann's day was thought impossible, necessitates a modification of the rigidity of his rule to give only one medicine at a time; and encourages us further to believe that two medicinal actions, as well as two diseases, can work side by side without interference. Nor are there wanting other instances in which the use of more than one medicine at a time seems justifiable. The pathological process we call dysentery finds its precise analogue in Mercurius corrosivus; and very often this medicine alone is all that we require. But sometimes the fever, sometimes the tormina, sometimes the hæmorrhage, sometimes the tenesmus—are so severe, that an alternating remedy suited to the pre-

dominant trouble seems to have a *raison d'être*, and is certainly useful. So when hooping-cough becomes complicated with bronchitis,—it would hardly be wise to omit your remedy for the neurosis because you have to give one for the phlogosis ; and so you must alternate.

All these cases are very different from the slipshod practice of alternating two medicines as a matter of course ; or because you think them equally well indicated, and cannot choose between them. This has but to be mentioned to be condemned. Alternation should always be practised—not "under protest," but—as an exceptional proceeding. The exception is in part practical only, and may disappear with advancing knowledge. As we often supersede two opposite half-truths by some deeper whole truth which embraces them both, so in many instances in which we now alternate two medicines one may be discovered which shall cover all the symptoms. I think, indeed, that we often alternate unnecessarily as it is. But I am disposed to believe that to some extent alternation is founded on principle ;—that there are (the illustrations are Dr. Madden's) double stars in the firmament of medicine, compounds which are themselves radicles in therapeutic chemistry. I do not refer to such medicines as Hepar sulphuris, which is a compound of Sulphur and Calcarea. The combination here is chemical, and it has been proved as a simple drug. The "binary homœopathy" of which I speak is vital and not chemical ; the reactions of the medicines are not one with another, but with the organs whose different tissues they influence. I will only hint at this now : it is an

inquiry which needs working out. But just to indicate what I mean:—I can hardly conceive a medicine more homœopathic to the fever of measles than Aconite, and evil always results from its suspension; and yet you must alternate other medicines with it if you want to relieve the coryza, the bronchitis, or the diarrhœa from which your patient may be suffering.

For further suggestions towards the basing of occasional alternation on fixed principles, I refer you to the paper of Dr. Drysdale on the subject, in the third volume of the *Annals*. I would especially call your attention to his remarks on the exaltation of specific susceptibility induced occasionally by alternation. I have not unfrequently met with such results as this:—medicine A has improved the case up to a certain point; then medicine B has had to take its place; when its action has been exhausted, no better *simile* appears than medicine A, which at once starts the case afresh for a time; and then medicine B comes in again, till at length a cure is effected.

5. Next to the dose and alternation, the most moot question in our ranks concerns the employment of (so-called) *auxiliaries*. Now I cannot help thinking that much of the feeling which leads to the use of this term is unhealthy, and needs correction. But there is a right use of it, and a right thought about it, which may be stated as follows.

Let us suppose a practitioner of traditional medicine first embracing the homœopathic doctrine. He feels, as Dr. Russell expresses it, "that a sudden sunshine has been spread over his practice"; he is

conscious of the possession of many new therapeutic agents, and of a key to the discovery of many more. But does he therefore abandon all the means he has hitherto learnt to use? He would be very foolish were he to do so. On the contrary, he erects his new building within the walls and under the cover of the old. He begins by treating selected cases with his novel remedies, leaving unchanged the great bulk of his practice. As he learns confidence and experience he pushes his homœopathy farther on, and lets his former expedients drop more and more into the background. At last the latter have become the exception and the former the rule of his practice, and the term "homœopathic" becomes justly applicable to his position and mode of treatment.

Now as with the individual practitioner, so with the whole school which follows the teaching of Hahnemann. We have no doubt in our minds that likes are cured by likes. But this is quite a different thing from affirming that likes cure all diseases without the aid of other means. How far this latter is true can only be decided by trial; and homœopathic practice, regarded scientifically, is a vast experiment towards the decision of the question. In the case of many—I may say most—diseases it has already answered it in the affirmative. In some few the reply is already negative. But in the remainder the experiment is still proceeding, the question still being asked; and when here we use, as we must use, some of the resources of the old school, we should acknowledge to ourselves and at large that they are extraneous auxiliaries. You will find in-

stances of what I mean in several of the letters I shall write to you.

But this is quite a different thing from styling everything beyond the specific medicine we administer an auxiliary, and using such "under protest," and with a sense of imperfection and need of apology. It seems to me that such a state of feeling is unhealthy and even demoralizing. Drug-giving, however important, is surely not the beginning and the end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control,—heat and cold, light and air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralize chemical infections. To call the measures—surgical, hygienic, hydropathic, as the case may be—by which he effects these ends "auxiliaries," and to imply that they lie outside the ordinary path of medicine, is, I conceive, an error of the most pernicious kind. I should be very sorry for you to enter upon homœopathic practice with the thought that all your knowledge and command of natural influences were henceforth to be laid aside. How far you can do without bleeding and blistering may be a question easily settled; but that you can regard these others as needless is an unwarrantable expectation.

6. In what I have just been saying about auxiliaries I have touched upon the subject of the position and duties of the homœopathic practitioner. You will see that the common assumption as to the limitations to which he has bound himself has no foundation in fact. In becoming a homœopathist he has not ceased to be a physician. "Christianus

nomen, Catholicus cognomen," said S. Augustine; and so with us. Our name is physician; homœopathic is but an *addendum*. We are priests of the one Catholic Church of Medicine, though the prevailing majority would fain deny our orders and invalidate our sacraments. They force us into a sectarian position;* but they shall not inspire us with a sectarian spirit. We claim our inheritance in all the Past of Medicine, and our share in all its Present. We assert and use our liberty to avail ourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. We know of no obligation superior to the paramount one of doing our best for our patients.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "homœopathicus" and not only as "physicianus." Duties to your patients, for they seek your aid as such; duties to the method itself, whose name you adopt, and whose advantages you enjoy. These duties belong to your share in carrying out the great experiment of which I have spoken. Except in instances where large experience has pronounced it insufficient, give homœopathy pure and simple a fair trial. Do not aim at a premature and presumptuous eclecticism. It is much to have cured the case in hand. But it is much more to have cured it upon a simple method which, satisfactory in itself, admits of application to other cases and by other hands.

* See the papers on "Science and Sectarianism" and on "The Opposition to Homœopathy," in the *British Journal of Homœopathy*, vols. xxvi and xxx.

Do not be content with saying, "I don't know whether it is scientific practice or not; all I know is that my patients get well under it." If your treatment be not scientific—that is, methodized—it perishes with yourself, and benefits only the few individuals who come under your care. But every cure wrought upon principle is an accession to the Healing Art, and leads to consequences immeasurable. We want diligent workers at our method, at its theory and its practice;—men who love it for its own sake as truth and knowledge, apart even from its usefulness to mankind, still more from its value in putting fees into their own pockets. Among such workers—and these letters teem with names of them—I hope that you will take your place. Unless I shall have helped you, not merely to practise homœopathy, but to practise it in this spirit, I shall have written for you in vain.

LETTER IV.

GENERAL DISEASES.

The Exanthemata.

OUR national nomenclature begins with General Diseases—"morbi corporis universi," and of these it takes first in order the acute exanthemata. With it, therefore, we will commence our studies in homœopathic therapeutics with small-pox—

Variola.—Let me begin by saying that as regards vaccination we are, as a body, entirely at one with our brethren of the old school, though we have individual dissidents in our ranks as they have in theirs. Statistics at large demonstrate the extensive immunity from the disease secured by this invaluable prophylactic; and no one who has had the opportunity of comparing the unmodified small-pox with that form of it which ordinarily appears in vaccinated subjects can do otherwise than bless the name of Jenner. It may, moreover, be fairly argued that the efficacy of vaccination is an illustration of the law of similars. It is said, I know, that the relation of the cow-pox and small-pox poisons is rather one of identity; and that the immunity of the vaccinated results from their having really had a mild but effectual attack of variola itself. But what of the effect of vaccinating one who has caught small-pox before the eruption appears, or of introducing vaccine and variolous matter at the same time into the same individual? The same modifying influence is observed; the patient has varioloid instead of variola. This could hardly be were the two poisons

identical, differing only in energy. In the face of these facts, and of certain others which I have adduced in a paper on "The Present Doctrine of Vaccination," which you will find in the twenty-sixth volume of the *British Journal of Homœopathy*, I submit that the ordinary theory needs reconsidering, and that a change in our direction seems likely to be required.

I must first speak of the treatment of varioloid—that is, of small-pox as modified by vaccination or by a previous attack. The distinctive feature of this form of the disease is that the pustules do not mature, so that the suppurative stage and its accompanying fever are abolished, and the duration of the illness proportionately shortened. Almost the only thing you will have to do here is to mitigate the severity of the initial fever and its concomitant symptoms, which is often considerable. I must agree with Bähr that *Belladonna* is more appropriate, homœopathically, than Aconite to this fever, and I have seen better results from it. Occasionally, however, the condition of the patient may indicate other antipyretics, as Gelseminum, Baptisia, or Veratrum viride, according to the characteristics of each as pointed out in my *Pharmacodynamics*. The last named would be specially called for, if other symptoms concurred, when the pain in the back was severe. If the vomiting is troublesome, Tartar emetic (of whose relation to variola I shall have more to say subsequently) will prove your best aid; and you can hardly do better than continue the administration of this medicine when the eruption has appeared and the temperature fallen. It will carry your patient on to a satisfactory convalescence.

It is altogether different when the subject of small-pox is unprotected, and you have to deal with variola vera. If you see the case early enough, an attempt should be made even yet to convert the disease into varioloid. This can hardly indeed be done by vaccination; for Mr. Marson has shown* that this operation, to be effective, must be performed not later than the third day after the patient has been exposed to contagion, which is eight or nine days before he begins to be ill. But you may get a much more rapid effect by giving your cow-pox lymph internally as a medicine. You may smile at this idea. But let me ask you to read the experiments of Severin, Schneider, Norman Johnson, Kaczkowski, Landell and Collet regarding this matter, references to which I have given in a note.† You will there see that vaccine lymph, even in infinitesimal doses, will when taken into the stomach develope the cow-pox vesicles with their concomitant fever, and vesicles so true that vaccination from them has succeeded perfectly. You will also note that the effect is often much more rapid than when the lymph is introduced into the arm, the fever and rash sometimes appearing as early as the third day. When given to persons actually suffering from small-pox, the action of the lymph is still more rapid. Within twenty-four hours the pocks begin to feel its influence, and shrink, shrivel, and dry up. This is the experience alike of Dr. Landell, who gave about a third of a drop of the pure lymph, and of Dr. Kaczkowski, who administered it in the third homœopathic attenua-

* See *Brit. Journ. of Hom.*, xxvi. 228.

† *Ibid*, xxiv., 171; xxv., 340; xxxi., 605; xxxii., 720.

tion; only the latter seemed to act with greater rapidity. Thus *Vaccininum* has become an accredited medicine among us in the treatment of small-pox. Drs. Rummel, Pulte, and Bayes concur in testifying to its great value.

I have no personal experience of this medication; and have always, in the treatment of variola, relied upon *Tartar emetic.* I have, when writing upon this medicine, shown its close homœopathicity to our present disease; and I can quite go with Dr. Liedbeck, of Stockholm,* and Dr. Ludlam, of Chicago,† when they claim for it a real abortive control over the variolous process, analogous to that exercised by prior vaccination. I cannot better illustrate this than by citing a case of the disease treated by the latter physician.

"Frank ——, aged six years, a fine healthy boy, the child of German parents, had never been vaccinated. I had promised to vaccinate him as soon as it was possible to procure a little good virus. Meanwhile he contracted the small-pox. The papular stage was well defined. One could not mistake the shot-like pimples beneath the skin. The vesicles were formed, and in due time most of them became umbilicated. The eruption was thick, but yet distinct in its location, suggesting to an experienced eye that, when the pustular stage should set in, the case would assume the confluent form. All the attendant symptoms, the odour of the breath and the exhalations, the swollen eyelids and features, the sore throat and salivary symptoms were equally pronounced. The little fellow was really ill with genuine small-pox. We prescribed Tartar emetic, 3rd dec. trituration, of which he was to have a dose every three hours.

"When the period arrived at which the serous fluid contained in the vesicles should have become turbid and purulent, it was remarked that no such change took place. Some of the vesicles burst, but the majority of them disappeared by desiccation and

* *Brit. Journ. of Hom.*, vii., 475.

† *North Amer. Journ. of Hom.*, xii., 567.

desquamation. Pus was not formed, and the third stage was not developed. The *cutis vera* was not seriously implicated, and did not slough away; consequently even upon the most exposed portions of the face and extremities there was no 'pitting' at all. The child recovered without any of the ordinary sequelæ of severe small-pox, as ophthalmia, chronic diarrhœa, &c. During the whole course of the disease he took no other medicine than Tartar emetic."

If you have not had the opportunity, or have failed, to modify the disease in these earlier stages by Vaccinine or Tartar emetic, you must treat the fully developed pock according to the symptoms. When maturation is impending, and the suppurative fever rising, general consent points to *Mercurius* as the most effective—as I have already shown it to be the most homœopathic—remedy. Hartmann, Rapou, and Bähr are its especial panegyrists. Where the swelling is great, or when itching is troublesome, *Apis* is a useful adjunct.

All the complications and *sequelæ* of variola vera (except the early bronchitis, which is controlled by the Tartar emetic) are results of the suppurative condition of the system induced during the maturation of the pustules, and are best averted or moderated by the Mercurius you are giving in this stage. But there is a frightful modification of the disease which may manifest itself from the first, or may be induced at any point of its progress. In the former case we call the whole malady purpura variolosa: in the latter we say that the small-pox has become hæmorrhagic. Some serious change has taken place in the blood, or its vessels, or both, which leads to its extravasation throughout the body; and the result is almost inevitably fatal. Can

we do anything for this casualty? Dr. Hale records a case in which purpuric symptoms supervened during varioloid, and yielded pretty speedily to Hamamelis. Teste writes:—"When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent, or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, and threatens the approach of putrid symptoms, it is not to Arsenicum that we should have recourse, but to Sulphur." These are the only practical hints I can find on the subject in homœopathic writings. I have myself suggested the snake-poisons as the most homœopathic remedies for this condition; and though Dr. Galley Blackley says that in three cases of the kind occurring in an epidemic in Liverpool he found Crotalus useless, I must still entertain a hope that with it or Lachesis we shall learn to control them in the future.

I have now sketched for you the ordinary homœopathic treatment of small-pox, and with it you may expect to gain, as others have gained before you, a very fair measure of success. But I must mention briefly certain other remedial means which have been used by individual homœopathists, and from which they claim more than ordinarily good results.

1. Dr. Wilkinson* thinks *Hydrastis* a specific antidote to small-pox, capable of arresting the disease at its outset, of extinguishing the infection by its local application, and of securing immunity to the

* *On the Cure, Arrest, and Isolation of Small-pox by a New Method, &c.* 1864.

healthy by its prophylactic use. Dr. Wilkinson must adduce much more evidence than he has yet brought forward ere he can establish these positions. But those who have, at his recommendation, dabbed the swollen faces of their variolous patients with an infusion of the plant, have testified to much relief of itching and reduction of œdema having been thereby obtained.

2. Dr. von Bœnninghausen was led to use *Thuja* in small-pox on the strength of some variola-like pustules having appeared on the knee in one of Hahnemann's provers, and (a better reason) because it had proved the specific remedy for the "grease" of horses, which seems to be the same thing in them as vaccinia in the cow. He states that it causes the early drying up of the pocks without pitting, and also acts as a temporary prophylactic, like Belladonna in scarlatina. Here again corroboration is required.

3. I need not reproduce here what I have written about the history of *Sarracenia purpurea* as an anti-variolous remedy. That it has claims upon our notice is undoubted; but it has hardly yet established a superior efficacy on its part over the ordinary treatment.

4. Much more satisfactory evidence exists as to the virtue of the last remedy I have to mention to you,—the *Baptisia tinctoria*. Dr. Eubulus Williams is physician to a large children's home at Bristol. An epidemic of small-pox occurred there in 1872, nearly 300 children being attacked. All had been vaccinated in infancy, but none re-vaccinated. The result was that no child under three took the disease; that between the ages of three and eleven forty-three

only were affected, and none died; while those from eleven to eighteen (the extreme limit of age in the home) furnished all the remaining cases out of the 300. Now of 185 of these treated with ordinary remedies (Tartar emetic, Vaccinine, Thuja) nineteen died; of seventy-two treated with Baptisia alone, none. Yet these (Dr. Williams says) were as severe in their character at the outset as the others; some more so. Three of them had hæmorrhages, two from the vagina and one from the nose, but they recovered without an untoward symptom; whereas under the other treatment such losses of blood had always been followed by death. Dr. Williams is satisfied that the Baptisia often aborted the disease; and it always averted prostration, improved appetite, obviated decomposition (as shown by the absence of the usual offensive effluvia), and prevented pitting. "In two cases only of those treated by Baptisia were there any evident scars two months after recovery." You may read Dr. Williams' valuable communication in the thirty-first volume of the *British Journal of Homœopathy*.

I have already mentioned Baptisia as one of the possible remedies for the initial fever of variola. The results now related would point to a still more intimate connexion between the drug and the disease, and would encourage us, when we find the medicine indicated at the outset, to persevere with it throughout the malady.

Dr. Williams' statistics are the only ones we have on a large scale for testing the comparative success of homœopathic treatment in small-pox. Under ordinary treatment the mortality among the vaccinated

ranges from ½ to 8 per cent., among the unvaccinated it averages 37 per cent. These are the results obtained at the London Small-pox Hospital. Dr. Williams lost no cases at all during the time when primary vaccination continues effective—*i.e.* from the age of three to that of eleven. After that period, when the course of the disease showed that the subjects of it were no longer protected, his mortality was 19 out of 257—about 7½ per cent. I think you will agree with me that it is high time that a ward of the above-named hospital was handed over to homœopathic treatment.

The next disease in our list is Vaccinia, cow-pox itself, whose interest as regards the human subject is purely pathological. Nor does the following malady,

Varicella, the chicken-pox of common parlance, deserve any but the smallest place in a manual of therapeutics. You will naturally give mild doses of *Aconite* while the temperature is elevated; and I think you will find *Apis* useful if, as often happens, there is much itching with the eruption.

Of much greater importance is the succeeding exanthem, measles—

Morbilli.—The homœopathic treatment of this disorder is very simple and very successful. "The most important thing in the therapeutics of measles," writes Dr. Thomas in von Ziemssen's *Cyclopædia*, "is the suppression of immoderate fever in the prodromal, and especially in the eruptive stage." For this purpose he advises a complicated and most troublesome course of cold baths, packings, and

compresses. We, without neglecting any comfort and refreshment which can be derived from cold water without or within, rely for anti-pyretic purposes on one medicine, *Aconite*. We give it from the commencement, and we do not suspend its use till complete defervescence has occurred. Dr. Ozanne, who has given in the sixth volume of the *British Journal of Homœopathy* an interesting account of an epidemic of measles observed by him in Guernsey, writes thus on the last-named point:— "I remarked that after giving the Aconitum either for twenty-four or forty-eight hours, and producing a fall of 30 or 40 pulsations per minute, on replacing it with Pulsatilla the pulse frequently rose again from 80 pulsations per minute to 90 or 100, its strength and fulness gaining in proportion, whilst the heat of the skin and the restlessness at night, together with the peculiar harsh and troublesome cough, continued or increased." To this corresponds that which is noted by all writers on the fever of measles, that, unlike that of small-pox, it does not subside on the occurrence of the eruption, but rather increases; and that also which thermometric investigation has since established, that the *maxima* of fever and eruption coincide. He therefore gave Aconite more persistently, and with the happiest results.

Fever being thus a continuous feature in measles, and its type being quite that of Aconite, you will employ this medicine throughout its course; and (if comparative observation on my own children with the 1st decimal and the 12th centesimal may be trusted) preferably in the lowest dilutions. But I am persuaded that much benefit is obtained from

alternating with it medicines suitable to the local catarrhal disorder present. When this is chiefly conjunctival and nasal, *Euphrasia* is invaluable. Dr. Pope, who has communicated to the sixteenth volume of the *Monthly Homœopathic Review* a very practical essay on measles, recommends bathing the eyes, when they are much affected, with an infusion of the plant. The catarrh of the digestive canal, which occurs later, calls for *Pulsatilla*, which is a medicine of high repute in measles, and will generally control the diarrhœa to your satisfaction. If the cough is very troublesome, and the larynx evidently much affected, I must agree with Dr. Lippe in thinking *Kali bichromicum* the most homœopathic as well as the most effective remedy; but Jousset recommends Viola odorata and Coffea. Nor is the first-named of less avail if simple bronchitis should supervene, Aconite being continued or resumed as the case may have happened.

There are other graver complications and *sequelæ* of measles—laryngitis, diphtheria, broncho-pneumonia, ophthalmic and aural troubles, gangrenous processes in mouth or genitals; but these constitute substantive diseases, and will be discussed in their proper places. I will only speak here of the danger into which the patient is occasionally thrown by the imperfect development or retrocession of the eruption. When the effect of this casualty is of a general character—coldness, prostration, and so forth—I have seen the best results from repeated doses of *Camphor*. When the chest is especially affected thereby, *Ammonium carbonicum* (in the first dilution) has served me well; but Hartmann and Teste

concur in commending *Bryonia*. When the brain is oppressed, there is a general agreement—here as in scarlatina—as to the virtues of *Cuprum aceticum*.

When the embers of the morbillous fire seem unwilling to go out, their extinguishment may often be greatly promoted (especially in strumous subjects) by a course of *Sulphur*. If, however, the conjunctiva be the part affected, Bähr supports Dr. Pope in commending *Arsenicum* as the best medicine. I agree with Dr. Jousset in advising reliance on the same remedy if measles ever assume a malignant form.

LETTER V.

GENERAL DISEASES.

The Exanthemata (continued).

Scarlatina is unquestionably one of the most important diseases with which we have to deal. Its great frequency both in town and country, its high mortality, and the variety of its forms, complications, and sequelæ invest it alike with practical and with scientific interest. You will be eager to know what homœopathy can do in its treatment, and how it does it.

In the first place, you will expect me to tell you something about the reputed prophylactic virtues of *Belladonna.* That the probabilities are in its favour must be admitted, I think, when we consider the parallel instance of Quinine in ague. Belladonna covers the whole field of invasion of the scarlatinal poison: preoccupy the ground with its influence, and the enemy finds no point of attack. If now you will read the testimonies collected by Dr. Black in the first volume of the *British Journal of Homœopathy,* and by Dr. Dudgeon in his *Lectures,* you will see that there is an immense body of evidence from all sources in its favour. That results of an opposite kind have been obtained I know well. But two considerations must be borne in mind in estimating their weight in the question. First, what was the dose used? Hahnemann recommended one or two drops of a solution of the extract about equivalent

to the third centesimal dilution every third or fourth day. Those who have confirmed his results have approximated more or less closely to his dose: while the reporters from the opposite side (notably in Mr. Benjamin Bell's experiments in George Watson's Hospital) seem generally to have given the drug in quantities large enough to excite its physiological effects. The second question is still more important —what was the form of the epidemic present? Hahnemann long ago pointed out that there were two distinct forms of scarlatina;—the eruption in the one being smooth, shining, bright, and scarlet, in the other dusky, sometimes purplish, patchy, and rough, in the form of very minute vesicles. The constitutional concomitants and the suitable medicines vary in these two forms of the disease. The distinction thus drawn has lately been verified by Dr. Bayes in an epidemic observed by him at Cambridge, of which he has given an account in the fourth volume of the *Annals*. Now Hahnemann expressly limits the prophylactic virtues of Belladonna to the former of these two varieties. To demonstrate its failure, therefore, it is necessary that the kind of exanthem present in the epidemic in question be distinctly identified; which has not been done. I conclude accordingly (and in this I have the support of Dr. Stillè,* after an exhaustive summing up of both sides of the question), that the weight of evidence is in favour of the power of Belladonna to protect against, or to render milder, a threatened attack of scarlatina; and I recommend you always to give it.

* *Therapeutics* (4th Ed.) sub voce *Belladonna*.

And now as to treatment. We must begin by eliminating the miliary variety, which is rarely met with in the present day. Dr. Bayes confirms Hahnemann's observation that Belladonna is as useless here to modify as it is to prevent; and that the specific remedies are *Aconite* and *Coffea*, in medium dilutions. I have myself seen this form of scarlatina in one family only; and I was led to these medicines by the symptoms before I had clearly identified the disorder before me. The complications and sequelæ of the miliary variety require the same treatment as those of the more ordinary form of the disease.

The true smooth scarlatina of Sydenham is, as you know, styled "simplex," "anginosa," or "maligna," according to its severity. These divisions afford a sound practical basis for my sketch of its treatment.

"Scarlatina simplex," we are told, "proves fatal only through the officiousness of the doctor;" and hence we are advised to leave it to nature and nursing. I think you will find, however, that great relief may be given during its progress by homœopathic medicines,—especially *Aconite* and *Belladonna*. This is one of the few instances in which I find alternation necessary. I have sometimes tried Belladonna alone, but the fever has been far more persistent. In scarlatina, like measles and unlike smallpox, the fever keeps up after the rash has appeared; and hence the necessity of Aconite throughout. This is also the experience of Drs. Ozanne and Pope.

It is right to mention that some physicians prefer *Gelseminum* for the scarlatinal fever, considering it hardly sthenic enough for Aconite.

In the "scarlatina anginosa" you will have begun with Aconite and perhaps Belladonna; but very soon you will find that the state of the throat demands special remedies. You will generally have either swelling or ulceration as the prominent symptom present; and your remedies must be selected accordingly. For the former condition I have been disappointed in Baryta carbonica, which I was led to use from its value in quinsy; but it is now generally agreed that we have a capital medicine for it in *Apis*. For the ulceration, often so destructive, which obtains in scarlatina, we have an excellent and most homœopathic remedy in *Mercurius*. Dr. Pope thinks the biniodide its best form; but I am inclined to prefer, for the reasons given when lecturing upon the drug, a more purely mercurial preparation. The biniodide, on the other hand, has often served me well in the diphtheria which sometimes complicates scarlatina.

Sympathetic affections of the neck accompany all forms of scarlatina anginosa. If they consist of swelling of the glands only, the Mercurius we shall be giving for the internal trouble will be all that is required. But if the areolar tissue become implicated grave trouble is threatened, and we need to direct our main energies on this point. Dr. P. P. Wells, who has lately given us in a completed form some previous valuable commentaries on the therapeutics of scarlatina*, recommends *Rhus* in the incipience of such cases, *Lachesis* when they are more advanced.

* See *Amer. Hom. Review*, vol. iv.; *North Amer. Journ. of Hom.*, vol. xxiv.

And now of that frightful disease which we call "scarlatina maligna." We usually first recognise it in the general nervous toxication which characterizes its primary invasion. The obvious indication here is to get the poison to the skin; for which purpose you may well call in the aid of hydropathy, in the form either of the wet pack, or of the cold affusion with subsequent wrapping in blankets. At the same time you will administer medicines suitable to the condition present. *Camphor*, in repeated doses, is commended by Hartmann, and would be indicated where the symptoms were rather those of general collapse with coldness, the mental functions continuing unimpeded. But when (as often happens) the oppression of the brain is the most prominent symptom, we have two medicines in high repute, *Cuprum aceticum* and *Zincum*. The evidence in favour of the former is adduced by Dr. G. Schmid, in the first volume of the *British Journal of Homœopathy;* the latter is advocated by Dr. Elb in the seventh volume of the same journal. It is not easy to distinguish between the two; but Dr. Pope thinks the Cuprum preferable the more intense the prostration and the more violent the convulsions.

Dr. Wells suggests as additional remedies for consideration in the primary invasion of malignant scarlatina Hydrocyanic acid, Tabacum, Lachesis, and the Ailanthus glandulosa. Striking results have followed his mention of *Ailanthus*. I have told the story in my *Pharmacodynamics*. The facts justify the conclusion that we have in this medicine a most potent antidote to scarlatina maligna. When the disease sets in with angry symptoms, the throat livid

and rapidly swelling, the eruption patchy and dark-coloured, the pulse very quick and feeble, and the brain oppressed, Ailanthus seems to do all that medicine can do. It quite supersedes Arsenicum and Lachesis, and probably renders even Cuprum and Zincum unnecessary here, though they would be the remedies were the cerebral symptoms consequent on the retrocession of an otherwise normal rash. Ailanthus should be given alone, in about the first decimal dilution.

Sometimes, however, when the general condition of the patient has been greatly improved by these means, the throat symptoms continue malignant, and may even set up fresh constitutional disturbance, the system being, as it were, re-inoculated from the ulcerated and gangrenous fauces. I have been accustomed to rely upon *Lachesis* here as truly indicated, and it has not disappointed me. From America, however, the *Arum triphyllum* is highly commended, especially when the nose and mouth are sore and the discharges acrid. With regard to Lachesis, I may mention that Dr. Jousset esteems it the principal remedy in malignant scarlatina; "it has procured us," he says, "unhoped-for successes."

Dr. Wells (as also Dr. Jousset) speaks of "inflammation of the brain and its membranes" as not unfrequently occurring in scarlatina, and describes the characteristics of its remedies, notably Belladonna and Sulphur. I suspect that the complication is a very rare one. Laryngitis, also, is happily unfrequent: Spongia or Bromine might touch it when occurring.

The "post-scarlatinal dropsy" forms a connecting link between the complications and the sequelæ of

scarlatina. I mean that it seems now ascertained that renal implication, as shown by albuminuria, is no accident of this exanthem, but of its essence, and constant. This requires no treatment; but it is otherwise when it results subsequently in acute desquamative nephritis and dropsy. Several medicines are in repute for this malady. I am glad to see that Dr. Yeldham has softened the recommendation of Terebinthina he once made.* I have been woefully disappointed in it. *Arsenicum, Cantharis, Helleborus,* and *Apis* have been most frequently used. The second would seem most truly homœopathic to the lesion present; but I have most reason to be satisfied with Arsenicum. Dr. Ozanne, in an epidemic occurring at Guernsey, relied on Helleborus with the best results; and the same medicine is also praised by an old school physician.† Apis is reported to have acted well in American epidemics: I have myself given it occasionally without manifest effect. Apocynum, Colchicum, and Hepar sulphuris also are medicines that have been suggested, on grounds more or less theoretical. I shall return to this subject when I come to speak of renal disease.

I may dismiss briefly the other sequelæ of scarlatina. The sore and bleeding nose, and the otorrhœa and deafness, which often remain behind, are singularly under the control of *Muriatic acid.* Bähr recommends Aurum muriaticum for the nose, and Pope Silica for the ear. But when these troubles occur as parts of a general bursting forth of the scrofulous diathesis resultant upon the disease, *Sulphur* must be administered.

* See *Annals* i., 390; iv. 71. † See *Brit. Journ. of Hom.* iv., 6.

I think I have now pretty well prepared you for the treatment of scarlet fever; nor do I doubt but that you will be abundantly satisfied with your comparative measure of success. For fuller information I may refer you to our systematic treatises in general; to the accounts of epidemics of the disease by Dr. Ozanne in the third volume of the *British Journal of Homœopathy*, by Dr. Wilde and Dr. Bayes in the fourth volume of the *Annals*, and by Mr. Nankivell in the seventh volume of the *Monthly Homœopathic Review*; and to cases by Dr. Yeldham in his "Homœopathy in Acute Diseases," and by Dr. Laurie in the second volume of the *British Journal*. I must also mention an able series of papers by Dr. Pope (to which I have made frequent reference) in the fourteenth volume of the *Monthly Homœopathic Review*.

Before passing to the next disease on our official list, I must speak of one omitted there, but now recognized by nearly all observers as a distinct entity. It is that apparent hybrid of measles and scarlatina which is best known by its German name of

Rötheln.—Dr. Copeland and Ziemssen's Cyclopædia call it rubeola; but this title is so often given to measles that confusion might arise from its premature adoption. Rötheln seems to combine the morbillous skin and respiratory mucous membrane with the scarlatinal throat and mouth. The writer in Ziemssen's work (Dr. Thomas) makes it a much milder disease than it is described to be by Drs. Copeland and Aitken. According to him it is ordinarily

feverless. An account of an epidemic occurring in a school given by Mr. Harmar Smith in the sixteenth volume of the *Monthly Homœopathic Review* shows that Rötheln may assume divers forms and degrees of severity according to the patient attacked. You must treat these with the medicines mentioned under measles and scarlatina, according to the condition present.

We have now to speak of the malady denominated

Dengue.—The name "scarlatina rheumatica" has sometimes been applied to this disease. You know that it is no uncommon thing to see rheumatoid swelling of the joints, with much pain and tenderness, in ordinary scarlatina. Here I have always found Rhus to act well, the affected joints being wrapped in cotton-wool. But the more detailed observations made of later epidemics of dengue show that the analogy thus suggested hardly holds good. The disorder appears to be a sort of relapsing febricula, made up of two short paroxysms separated by an interval. The first paroxysm consists of high continuous fever, with severe pain in the limbs and joints, and swelling of the latter. The second has a less intense and remitting fever, with an itching exanthem, often implicating the mucous membrane of the nose, mouth, and throat.

Judging from these symptoms, for we have no experience on record, I think there can be no doubt of the suitableness of *Aconite* in the first paroxysm as the fundamental remedy. Remembering, however, that when dengue invaded America in 1827 it was known as the "break-bone fever," and that

the *Eupatorium perfoliatum* was found most beneficial in relieving the pains indicated by this title, we may wisely hold it in readiness as a possible *succedaneum*. In the second paroxysm, *Gelseminum* would take the place of Aconite; and the symptoms of skin and mucous membrane would seem to call for *Rhus*—preferably, I think, in the "venenata" variety.

Once again I must mention an exanthematous affection omitted in the nomenclature of the College of Physicians—

Miliaria.—This seems to be the modern representative of the mediæval "sweating sickness," and, according to Zuelzer (whose article on the disease in Ziemssen's *Cyclopædia* is very full and instructive), has not unfrequently, even in later times, manifested the malignant character of that terrible scourge. Dr. Aitken has described it from his personal observation among the Turks at Scutari during the Crimean war. He characterizes it as "a disease in which there is an eruption of innumerable minute pimples, with white summits, occurring in successive crops upon the skin of the trunk and extremities, preceded and accompanied with fever, anxietas, oppression of respiration, and copious sweats of a rank, sour, fœtid odour peculiar to the disease." Zuelzer lays greater stress upon the anxietas and oppression here noted. "In many cases," he says, "the patients experience, together with a violent and tumultuous palpitation and abdominal pulsation, a feeling of constriction in the chest and epigastrium (*barre epigastrique*), and præcordial pain. The symptoms increase not unfrequently to a frightful degree, although neither in the heart nor in the lungs is any

anatomical lesion to be discovered." They disappear, suddenly or gradually, after the outbreak of the eruption.

There is everything in this picture to encourage us to use *Aconite* as the fundamental remedy for miliaria also, and to expect the best results from its use. But if ever *Cactus* is to replace it when fever is present, it is when the above-mentioned oppression and anxietas, with præcordial pain, are a marked feature of the case. The sense of constriction experienced has lately been put forward as characteristic of this drug.* I think, moreover, that when the sweating is very profuse, we might give the patient the benefit of the exquisitely homœopathic *Jaborandi.*

We come now to the various forms of continued fever. But as these constitute too large a subject to be taken up at the fag-end of a letter, I will defer their consideration till my next writing.

* See *British Journal of Homœopathy*, xxxiv., 690.

LETTER VI.

GENERAL DISEASES.

The Continued Fevers.

I BEGIN (as I promised) to take up in this letter the therapeutics of the Continued Fevers. I will discuss typhus and typhoid on the present occasion, reserving the less important varieties for another letter.

First, then, we will take the jail, hospital, and camp fever of old, the petechial or exanthematous typhus of German nomenclature, which we now in this country call simply—

Typhus.—Of this disease I cannot speak from personal experience. It never appears, I believe, in Brighton. Nor have those of our practitioners who inhabit the great towns which it chiefly visits given us their experience in its treatment. The only exception is Dr. Russell (in this, as in so many ways, much lamented), whose volume of *Clinical Lectures* contains two on "Fever," giving an account of thirty cases treated at the London Homœopathic Hospital in 1864, nearly all of which were true typhus. Bähr, Trinks,* and Wurmb and Caspar † have discussed our typhous medicines with much fulness; but as they unfortunately blend typhus and typhoid together, it is difficult to utilise their recommendations in the fevers of this country. I propose to give here the best account I can of the treatment

* "On Typhus abdominalis," *Brit. Journ. of Hom.*, xxix., 286.
† "Clinical Studies," *ibid.*, xii.

of the two disorders, as we are accustomed to see them; and then to present the indications for other remedies in typhoid conditions as such, according to the views of our therapeutists.

1. If, placed in the midst of an epidemic of typhus, you have an opportunity of seeing a case within the first few days, I would strongly advise you to try what *Baptisia* will do. The statements I shall make relative to its action in common continued fever and in typhoid seem to warrant its more extended application to similar conditions; and the first week of typhus is one of these.

2. Supposing that Baptisia is not telling, or that you begin the treatment at a more advanced stage, what are you to do? You will have one of three conditions present, which will call for suitable treatment accordingly.

(*a*) If the headache is a marked symptom; if it does not subside when (at about the eighth day) delirium supervenes; if signs of cerebral congestion are present—*Belladonna* is a remedy of obvious homœopathicity and tried power. *Hyoscyamus* may occasionally take its place when the cerebral symptoms are more adynamic, as when wine relieves the headache (typhomania), or *Stramonium* when the delirium (d. ferox) is so excessive as to threaten the patient's exhaustion. *Opium* supplements either if torpor has supervened. This is the "cerebral typhus" of the old writers; and the medicines I have named give us great power over it.

Drs. Drysdale and Simmons have recorded some experience leading us to think that *Agaricus* may occasionally play an important part in this form

of typhus. It is when general ataxia is present—as shown by great restlessness, twitching, and tremor—that they find it so beneficial.*

(*b*) In a second class of cases the symptoms are those of great nervous depression, with but slight febrile excitement or signs of blood-poisoning. Here you will give *Phosphoric acid*, which Wurmb, Bähr, Jousset, and Trinks unite with observers of the old school in commending. A lower grade of this nervous prostration calls for the still more potent *Phosphorus*, which may save life at the utmost extremity.

(*c*) Thirdly, the phenomena of febrile toxæmia may predominate from the first. *Muriatic acid*, *Rhus*, and *Arsenicum* correspond to this condition in the direct order of intensity.

I think that these are the leading forms of typhus which you are likely to have to treat. If exceptional varieties occur, look down the list of medicines whose indications I have summarized below. But a word first upon local complications. The pulmonary affections of typhus call for *Phosphorus*, which would also oppose the typhous softening of the heart, this being an acute fatty degeneration. This medicine has the same relation to the other parenchymatous degenerations which occur in both typhus and typhoid, and constitute so much of the danger and destruction they involve.† Convulsions occurring in the course of typhus are, I suppose,

* See also another testimony to the same thing in *Brit. Journal of Hom.*, xxxiii., 569.

† "These changes are not specifically different from the degenerations which occur in consequence of many poisonings, *as with phosphorus*, &c." (Liebermeister, in Ziemssen's *Cyclopædia*.)

invariably uræmic, and require the treatment of that affection. If the blood can be relieved of its "perilous stuff," it will probably be wise to direct your medicinal treatment to the kidneys, after the manner I shall indicate when discussing renal disease. I may just say here that the Arsenic I have already indicated as one of the chief remedies for the typhoid condition will generally be your medicine for the kidney mischief. A no less serious phenomenon is inflammatory swelling of the salivary glands and the areolar tissue about the neck. Dr. Russell had two instances of this in the hospital. One died, Belladonna having been given in vain : in the other, the swelling was immediately checked by the first trituration of the biniodide of Mercury.

Whether we can hasten the defervescence of typhus is a question which further and more precise observation must determine. But we have every reason to believe that, under good general management, our remedies do much to favour the patients' recovery. Of the thirty cases treated in the London Homœopathic Hospital in 1864, two only died, one from the glandular swellings just mentioned, and one from convulsions. No uncomplicated case was lost. As Dr. Murchison, making a very moderate estimate, reckons the average mortality of typhus to be ten per cent., this is a satisfactory result.

I pass now to typhoid, or—as our nomenclature better calls it—

Enteric Fever.—This is the "abdominal typhus" of German writers, the "dothien-entérite" of Bretonneau and Trousseau, the "fièvre typhoide" of

Louis and of our own French writers. It is defined as "a continued fever, characterized by the presence of rose-coloured spots, chiefly on the abdomen, and a tendency to diarrhœa, with specific lesion of the bowels." I wish to limit it by this definition. Of course it will occur with typhoid, as with other specific diseases, that mild or abortive cases are seen which fall short of its distinctive characters. But if these occur in the course of an epidemic of the true disorder, or are in any way traceable to its infection, they are instances of enteric fever, and of nothing else. On the other hand, if we have sporadic cases or even epidemics of a continued fever, which—being neither typhus nor relapsing—does not conform to the enteric type, does not exhibit its well-established features, that fever must not be reckoned as typhoid in our estimate of the efficacy of treatment.

I make these remarks with reference to the value of *Baptisia* in our present disease. My former colleague in practice, Dr. Madden, taught me to rely upon Bryonia, followed, if necessary, by Rhus and Arsenicum, in the continued fever we were in the habit of meeting with in Brighton. In 1862 we were led to test the newly introduced Baptisia tinctoria in this disease; and he the veteran, not less than I the novice, was much impressed with the power it displayed. Unlike the remedies previously named, it seemed not to control or mitigate only, but actually to break up the disease. Since that time I have used the drug as my primary and fundamental remedy for every case of the kind which has come under my care, and have frequently expressed my entire satisfaction with its efficacy: I have lost but

one patient, and advanced age had in that case much to do with the fatal result.

I have always assumed that this continued fever was typhoid. Diarrhœa, abdominal tenderness and distension, and dry brown tongue used often to follow the previous "gastric" stage when we treated it with the ordinary remedies, and to appear in neglected cases. I had not learnt from my teachers to recognise any endemic fever but febricula and typhoid; and as the malady I saw was certainly not the one, I concluded it to be the other. I could not therefore but believe that Baptisia exerted an abortive as well as a controlling power over enteric fever, and I expressed myself accordingly. I was not shaken by the negative results obtained by Dr. Yeldham and Dr. Edward Blake,* or by the occasional occurrence in my own practice of cases which escaped from the influence of the drug, and ran a protracted course. When I read at our York Congress a paper "On the Place and Value of Baptisia in Typhoid Fever," embodying the above views,† my belief was confirmed by the testimony of good men and true from many parts of England, and I was naturally strengthened in it.

Subsequent observation, however, has forced upon me the conviction that there is a common continued fever which does not own the typhoid poison for its cause, and has not the distinctive characters of the fever induced by that miasm. Examining in the light of this thought the evidence in favour of Baptisia adduced and elicited at the Congress, and also my own

* *Brit. Journ. of Hom.*, xxx., 746.

† See *Monthly Hom. Review*, xvi., 658.

experience and that recently recorded by others with the drug, I have been unable to resist the conclusion that the fever which Baptisia aborts is not true typhoid. When the real disease appears, either sporadically or epidemically, it runs its typical course in spite of this or any other medicine. As regards abortive power I must relinquish the claims I have hitherto made for the remedy: I must acknowledge the correctness of Dr. Kidd's and Dr. Jousset's objection, that the fever I had broken up with Baptisia was not typhoid but gastric.

But is Baptisia, therefore, to be abandoned as a remedy for enteric fever? By no means. The facts of its pathogenesis which I have alleged when lecturing on the drug show it to be a true homœopathic remedy for the first stage of typhoid, before the full development of the intestinal mischief; and the favourable testimony of many, who leave no doubt that they are speaking of the genuine disease,* proves that at all stages of its progress the medicine may be useful. It may be still more valuable, perhaps, in cases where special "characteristics" of the drug are present, as that noted by Dr. Bell, of Augusta—"The patient cannot go to sleep, because she cannot get herself together; her head feels as though scattered about, and she tosses about the bed to get the pieces together." The soreness on lying displayed in the pathogenesis of the drug is another of such indications; Dr. Chargé adds softness of the pulse in the first stage, and fœtidity later on; Jahr† gives despair of cure and

* See *Monthly Hom. Review*, xvi., 632—3.

† See *Revue homœopathique Belge*, ii., 8.

certainty of death. Again, Mr. Harmar Smith notes (and my own experience is the same) its tranquillizing effect upon the brain, and Dr. Bayes its detergent power upon the alimentary mucous membrane, enabling the fevered stomach to receive, to retain, and to digest food.

We have thus in Baptisia—in many if not in all circumstances—a most useful medicine in the treatment of typhoid fever. Its administration in the early stage is additionally expedient, in that (unless you are in the midst of an epidemic) you can hardly tell at that time whether it is enteric or common continued fever with which you have to do. But throughout the progress of the malady I advise you to give it as the best means of keeping down the high temperature in which so much of the peril consists, and only to supplement or supplant it when certain special manifestations of typhoid poisoning become prominent. Some of these are common to it with the typhous, as the cerebral and pulmonary symptoms, the nervous prostration, and the toxæmia; and require the same treatment. The special feature of typhoid, however, is the morbid process which goes on in the intestinal glands; and it is to these that our special remedies will most often have to be directed.

Under ordinary circumstances, all that is required to promote the resolution or other termination of the "dothien-entérite" is the moderation of the fever, with *Muriatic acid* or *Arsenicum* to subdue the intestinal hyperæmia and consequent diarrhœa. This they will do, however severe the symptoms may be. But when the typhous deposit in Peyer's patches is giv-

ing trouble in its elimination—when active ulceration is showing itself by re-accession of the febrile phenomena, with abdominal pains and tenderness, and glazed tongue, or when sloughing of the diseased patches is involving hæmorrhage, more direct remedies seem to be required. I cannot think Arsenic perfectly homœopathic to these conditions, though intestinal lesions like those of typhoid have not unfrequently been found after death from arsenical poisoning. But in the idiopathic disease Peyer's patches and the solitary glands are affected in concert with the other parts of the blood-making system —the mesenteric glands and the spleen; and not merely irritated in sympathy with the intestinal surface. The two medicines I think most of here are *Mercurius* and *Iodium*. In favour of the former is its general glandular action and control over ulceration, and the experience of Drs. Petroz and von Tunzelmann with the black sulphide, to which I have referred in my *Pharmacodynamics* (p. 547). Dr. Jousset also places Mercurius among the principal remedies for the second period of typhoid, and says that it is indicated by the predominance of the abdominal affection. Iodine has yet stronger physiological evidence in its favour. In a case of slow poisoning of an animal, conducted by Dr. Cogswell, the following appearances were presented *post mortem*. "The lining membrane of the intestines, for about three feet from their origin, was remarkably vascular; oval spots, about the size of a chestnut, then began to occur at every three inches, *on the side opposite the mesentery;* a similar spot at the junction with the colon was two or three inches in length, and was

expanded at its lower termination over the whole circuit of the gut. These spots were not injected, and were composed of little aggregated eminences with black points in the centre, separated from one another by white cellular bands. *They appeared to consist of the agminated glands enlarged, as sometimes noticed in the early progress of fever.*" To this must be added its undoubted action upon the mesenteric glands. It is remarkable that Liebermeister, in his essay on typhoid fever contributed to Ziemssen's *Cyclopædia*, records experience on a large scale, showing that the administration of iodine or calomel (especially the latter) notably reduces the duration and mortality of the disease.—Should hæmorrhage from the bowels take place, *Terebinthina* has as much repute among us as in the ordinary practice.

If peritonitis should occur *without perforation*, its ordinary remedies—especially Mercurius corrosivus—would probably suffice. But if that serious accident be its cause, it is probable that our patient's only safety lies in paralyzing his intestines with full doses of opium, according to the usual method.

I must now, as I promised, give you the experience of our therapeutists generallyin the treatment of what they call "typhus," which includes both the fever properly so named, and typhoid. In citing Dr. Jousset, however, you must understand that it is the latter fever only which is had in view.

Fleischmann, who was fond of single remedies, treated all his fever cases with Arsenicum alone,*

* See the Reports of his hospital in the *British Journal of Homœopathy*, vols. iii.—v.

and with fair success. Drs. Wurmb and Caspar gave Phosphoric acid or Carbo vegetabilis, according to the intensity of the symptoms, in the torpid form; and Rhus or Arsenicum, correspondingly proportioned, when the condition was more erethistic. Bähr considers that "the real typhus-remedies corresponding with the whole course of the disease are Bryonia, Rhus, Arsenicum, Phosphorus, Acidum phosphoricum and muriaticum." Jahr gives the same list of "essential anti-typhous remedies," omitting Muriatic acid. Trinks has more or less to say in favour of Phosphoric and Muriatic acid, Belladonna, Bryonia, Phosphorus, Stramonium, Rhus, and Arsenicum, with a word for the occasional use of Aconite, Camphor, Hellebore, Kreasote, Laurocerasus, Mercurius, Tartar emetic, and Valerian. Russell places Belladonna, Bryonia, Rhus, and Arsenicum in the forefront of his remedies; and Jousset Muriatic and Phosphoric acids, Arsenicum, and Belladonna.

So general an agreement is visible here, that we cannot but rely with confidence upon the indications given for the several medicines.

Bryonia takes the place I have assigned to Baptisia, even abortive power being claimed for it by Trinks. It is the remedy throughout in ordinary cases of moderately severe character (Bähr), in the erethistic stage, before the vitality is greatly lowered (Trinks and Jahr), and in rheumatic and (mild) bronchitic complications (Trinks).

Rhus is said to be indicated by a more intense character of the disease, "by excessive reactive endeavours with insufficiency of reactive power, and

an excessive irritability of the nervous system" (Bähr). It is the first remedy to be thought of in the intestinal stage of "abdominal typhus" (Jahr, Russell, and Bayes*), and in "cerebral typhus" with stupor and sopor (Trinks). Adynamic erethism, not severe enough for Arsenicum, calls for it (Wurmb and Caspar).

Arsenicum succeeds Rhus if the general symptoms increase. This is the place assigned to it by all observers, and their testimony to its value is warm and unanimous. Trinks also commends it when subcutaneous and intestinal hæmorrhages occur in "typhus putridus."

Belladonna is rather slighted by Bähr, and by Wurmb and Caspar. But Trinks, Jahr, Russell, and Hempel praise it highly in the active stages of "cerebral typhus;" the first-named also commends it in severe *early* bronchitis complicating the fevers, especially in children. This latter use of it Bähr also allows.

Acidum phosphoricum is unanimously allowed to be the main remedy in lentescent forms of typhus (the "mucous" variety of Trousseau). Jousset thinks it an anti-typhoid of great importance.

Acidum muriaticum supersedes it in this form if "putrid" symptoms show themselves (Bähr); the patient "is so weak that he settles down in the bed in one heap" (Jahr). Trinks thinks it rather applicable in erethistic conditions, too severe for Bryonia, too sthenic for Rhus, and not cerebral enough for Belladonna.

Phosphorus is to Phosphoric acid what Arsenicum

* *Monthly Hom. Review*, xvi. 727.

is to Rhus; it supplements it in severer cases or stages (Trinks). Wurmb and Caspar give this place to Carbo vegetabilis. Phosphorus is also the grand remedy in "pneumo-typhus" (Bähr).

The minor remedies must be dismissed more briefly. *Aconite* is not generally allowed a place among typhous medicines; but Trinks, Jousset, and Kafka think it useful in the first three or four days of the fever. *Calcarea* is said by Goullon and Jahr to be intercurrently useful in "exanthematic typhus" when the rash does not come out properly. *Camphor* is said by Trinks to rally the patient from threatened sinking when coldness is present, *Moschus* being preferable if heat predominates. *Hellebore* has proved curative, in the hands of the same physician, in fully developed "typhus nervosus stupidus;" and *Kreasote* for profuse passive hæmorrhages. *Laurocerasus* is commended by him when clonic convulsions of the limbs occur; and *Mercurius* to dissect out a "bilious" condition when present. *Tartar emetic* counteracts its special bronchial disorder in typhus as elsewhere (Trinks and Russell). *Stramonium* is invaluable in the higher degrees of delirium (Trinks and Jahr); and *Valerian* has succeeded where even this has failed.*

As regards the dose of these medicines, the names of the observers will suggest whether the higher or lower dilutions were given. The agreement, however, of practitioners like Jahr (who always gives 30ths) and Wurmb and Caspar (at that time using only the 15th) with the rest as to the value of the

* See also a case in the *Philadelphia Journal of Homœopathy*, ii., 715.

leading remedies indicates that dose is of less consequence here than selection. As to Baptisia, it is given by all its advocates in the mother or the 1st decimal tincture.

The only remaining question is the comparative success of homœopathic treatment in typhoid. Liebermeister states that in the hospital at Basle the mortality under ordinary treatment — indifferent, expectant, or symptomatic—was twenty-seven per cent., but that by systematic antipyretic treatment, principally consisting of cold baths, it has been reduced to eight per cent. Whether we can do better than this remains to be proved; but our statistics are decidedly more favourable than those furnished before cold water was pressed into service.

LETTER VII.

GENERAL DISEASES.

The Continued Fevers (continued).

HAVING now, in typhus and typhoid, discussed the two great types of continued fever, I turn to its lesser varieties. The first of these is—

Febricula.—This, though an essential fever, is "simple" in every sense of the word. There is no morbid poison present as its cause, and no blood-tainting as an effect. I agree with Russell and Jousset that we want one medicine only for this malady, and that is *Aconite*. I believe that it both mitigates the severity and shortens the course of the fever, so as to make it (if taken at once) *ephemeral* in the strictest sense of the word.

This is no trifling advantage, even in febricula as we have it in our temperate regions. But still more important does it become to be able to control the malady when we encounter it as the "ardent continued fever" of India. Here even life is threatened, and the heroic antiphlogistic apparatus of forty years ago is still in vogue. I think that Drs. Sircar and Salzer, and others who have practised homœopathically in our Eastern empire, could tell us that in their hands Aconite supersedes lancet, leeches, *et hoc omne genus*, and ensures a successful and speedy termination to every case.

Besides febricula, the nomenclature we are employing gives another "simple continued fever" (so styling it), which it defines as "continued fever having no specific character"—separating it by this word "continued" from the equally non-specific febricula, which has a duration of only three or four days. Whether such a distinct type of fever exists is still a moot question; and it has considerable importance (as I have said) in its bearing on the claims which I and others have set up for Baptisia, as having an abortive power over true typhoid. If there be another continued fever resembling the enteric, but not originating from its specific cause, having, therefore, no fixed type and definite duration, it may be that it is here that Baptisia has won its laurels, and that the power of remedies to abort real typhoid is still unproved.

Now when at the British Homœopathic Congress of 1872 I read the paper I have mentioned, I was disposed to maintain the negative of this question. I found no evidence on record sufficient to outweigh the opinion of Jenner, of Watson, and of Trousseau, that the "gastric fever" of common parlance was the "typhoid" of modern nosology. But the possibility of the opposite alternative being now vividly present to my mind, I have scrutinized my own experience and that put forward by others during the past few years, with special reference to the question, and find myself being reluctantly driven to the opposite conclusion regarding it. I must, therefore, speak here of

Simple Continued Fever as distinct from typhoid on the one hand, and from febricula on the

other. Bähr also differentiates such a fever as gastric, bilious, or mucous, according to its phenomena; and Jousset does the same, calling it "fièvre synoque.' The former corroborates my own observation in stating that in protracted cases the tongue gets brown and dry, the abdomen swells, and diarrhœa replaces the previous constipation. This is what English writers mean when they speak of "gastric fever running into typhoid."

It is in this fever that (according to my present belief) *Baptisia* has shown itself such a true specific. Defervescence and crisis will follow its use in a very short time, far shorter than that which would obtain in the natural course of the disease: the tongue will rapidly clean, and the capacity for taking and digesting food return. "Gastric fever" will never, I believe, "run into typhoid" when treated early with this medicine. If, however, you first meet with the case when the typhoid symptoms have set in, the suitable remedy will nearly always be *Arsenicum*.

You will find in Bähr and Jousset* indications for several other medicines in this fever. I cannot advise you, however, to substitute them for the two mentioned above. None of them lay hold of the essence of the disease in the way these do. Some of them may occasionally find a place in alternation with Baptisia when the indications for them are very strong; but my own impression is that the latter works just as well without them.

I have next to mention

* Also in some "Observations on the Treatment of Fevers," by Dr. Anderson, in the *Monthly Hom. Review*, viii., 331.

Relapsing Fever, which needs no definition on my part. Of its homœopathic treatment we have three special sources of information. The first is an account given by Hahnemann himself of the fever he treated in Leipsic in 1814, which I must agree with Dr. Russell in considering to be of this variety. His main remedies were Bryonia and Rhus, each in the twelfth dilution; one or other being given according as the pains were relieved by rest or by motion. He treated 183 cases without a single death, while the mortality under the ordinary heroic treatment was considerable.* The second is Dr. Kidd's experience in the fever which desolated Ireland in the year 1847.† He treated at Bantry 111 cases, of which he considers 24 to have been instances of typhus, and 87 of relapsing fever. He lost two cases only, which were presumably among the sufferers from typhus; so that his mortality also was *nil.* His chief remedy was Bryonia; and, taking up the subject again in 1865, he is satisfied that no medicine can be recommended with so much confidence. Our third authority is Dr. Dyce Brown, who treated 50 cases in an epidemic occurring in Aberdeen in 1871.‡ He gave nearly all his patients Baptisia 1; and found it, by comparison with the natural history of the disease, materially to expedite the crisis. He also lost no case.

It appears, therefore, that relapsing fever need never prove fatal under homœopathic treatment; and that *Bryonia, Rhus,* and *Baptisia* (the last being

* See Russell's *Lectures*, p. 369.

† See *Brit. Journ. of Hom.*, vi., 85; and *Annals*, iv., 136.

‡ See *Brit. Journ. of Hom.*, xxxi., 355.

preferred when gastric symptoms predominate) are its chief remedies. I should have thought, from the height and synochal character of the fever, that Aconite would have been serviceable; but Dr. Brown says that it was not of the slightest use. I do not think that we can prevent the relapse by homœopathic remedies;* but we ought to relieve the pains which are such a characteristic feature of this fever. Bryonia or Rhus, given according to Hahnemann's indication, and after his manner—*i.e.*, a single dose of the 12th dilution in the morning, without repetition—may do this; but if not, I should suggest the trial of *Eupatorium perfoliatum*, as in the very similar pains of dengue and (as we shall see) of influenza.

We have now finished the British types of fever; but there are three closely allied, though specifically distinct varieties which are encountered in other countries. These are yellow fever, cerebro-spinal fever, and plague.

Of the first,—

Yellow Fever, we have a good deal of experience on record from those who practise homœopathy in the Southern States of America. In the third volume of the *North American Journal of Homœopathy* Dr. Holcombe gave us an account of an epidemic in which he and an associate treated 1,016 cases The treatment was general and symptomatic. Camphor was given when the primary chill was so severe as to remind the observer of the choleraic collapse (this is the "algid form" of Dr. Lyons). Aconite

* Dr. Brown found the hyposulphite of soda, in five-grain doses effective for this purpose.

and Belladonna were used to control the reaction; after which Ipecacuanha and Bryonia were generally required by the gastric symptoms. If the case ran on into the typhous condition, Arsenicum and Lachesis were given; and if "black vomit" supervened, Argentum nitricum. Sometimes Cantharis was called for by the condition of the urinary organs, which it speedily modified for the better. Under such treatment they lost only 55 patients—the mortality being thus 5·4 per cent., instead of, as usual, from 15 to 75 per cent.

In 1867 Dr. Holcombe had to encounter another epidemic of yellow fever, and reported his results to the American Institute of Homœopathy, in whose Transactions for 1868 you may read his story. He treated 300 cases with only seven deaths; but the general mortality was also less than usual. Dr. Holcombe had by this time come to the conclusion that the serpent poisons were the most truly homœopathic remedies for yellow fever that we possessed; and he gave them accordingly—in the thirtieth attenuation—in every case. He considered "Lachesis especially adapted to the nervous, and Crotalus to the vascular elements of the disease—Lachesis to the nerve poisoning, Crotalus to the blood poisoning;" and accordingly gave Lachesis in the first stage, and Crotalus in the second—that of exhaustion, hæmorrhage, and jaundice. With these he often alternated his old remedies as they were symptomatically indicated. He strongly recommends Argentum nitricum for the vomiting of the second stage, but seems to prefer Arsenicum when it is sanguineous—*i. e.*, when "black vomit" is present or approaching.

We have also accounts of epidemics from Dr. Neidhard of Philadelphia,* and Dr. Morse of Memphis.† The former was able to rely almost exclusively upon Crotalus. The latter treated his cases symptomatically; but he and his colleagues lost only 12 per cent., while the mortality under allopathic treatment was 40 per cent. at least.

These results show that, should you ever encounter yellow fever, you may rely with the utmost confidence upon homœopathic remedies. The facts I have brought forward when speaking of the serpent poisons show how entirely I agree with Drs. Holcombe and Neidhard as to *Lachesis* and *Crotalus* being the true pathological *similia* to this terrible disease. The only candidate for equal honour is *Phosphorus*. The resemblance of poisoning by this substance with its jaundice and hæmorrhages to yellow fever is obvious. The only question is whether it affects the blood through the liver, or primarily. If the former be the true account of the matter, I must agree with Dr. Holcombe that the drug is not really homœopathic to the disease; as in the latter the blood is directly affected, and the jaundice itself is hæmatic rather than hepatic. But if Haenisch's statements ‡ are correct (they differ somewhat from Frerichs') the condition of liver and kidneys found after death from yellow fever shows precisely that acute fatty degeneration which Phosphorus sets up. Phosphorus is said to have proved of much value in the disease during an epidemic occurring at Rio de Janeiro.§

* *On Crotalus horridus in Yellow Fever.*

† *North Amer. Journ. of Hom.*, xxii., 425.

‡ Ziemssen's *Cyclopædia*, vol. i.

§ *Brit. Journ. of Hom.*, xxiii., 130.

The next of these continued fevers I shall mention is the epidemic cerebro-spinal meningitis, which in the new nomenclature is styled

Cerebro-Spinal Fever.—In a paper in the twenty-third volume of the *British Journal of Homœopathy* I have gathered together all that was then known of the homœopathic treatment of this malady. You will see that it has always had large comparative success. Thus, in an epidemic occuring at Avignon in 1846-7, Dr. Bechet lost only 22 per cent. as contrasted with a 72 per cent. mortality in the military hospitals. His fundamental remedy was a curious one, Ipecacuanha. It was given in the mother tincture, and nearly always alternated with some remedy demanded by special symptoms, of which Hyoscyamus was the most frequently used.

Our principal experience, however, in the treatment of cerebro-spinal fever has been obtained in America. The disease there presents itself under two forms. The first is inflammatory and sthenic, and here Aconite, Veratrum viride, or Gelseminum, with Belladonna, have been the remedies. The second, and far more common, is of a typhoid type; and is characterised by petechiæ, so as to give it the name of "spotted fever."* Here the typhous medicines, Bryonia, Rhus, and Arsenicum, have been brought into play; and the prostration combated by deodorized absolute alcohol. Where the spasms have continued after the acute symptoms have subsided, Dr. Searle and others have found Actæa racemosa very useful.

* The same symptoms characterised it on a recent appearance in Great Britain; and the name first proposed for it here was "malignant purpuric fever."

I think one cannot help feeling that, with the exception of *Aconite* in the frankly inflammatory cases, we have not yet come upon the true pathological *simile* of cerebro-spinal meningitis. But I hope that it has been found in *Cicuta*. Dr. Baker, of Batavia, has communicated to the New York State Homœopathic Society* a series of sixty consecutive cases of the disease, of all degrees of severity, treated by this medicine alone without a single death. The phenomena of poisoning by Cicuta are very homœopathic to those of the malady, even to the petechiæ; and autopsies of animals killed by it show much hyperæmia of the cerebro-spinal meninges. As regards Aconite, besides the obvious indications for it (and I may say that the pulse is always, if altered at all, full and tense), we have the recent observations of Harley, who concludes that Aconite affects the cranio-spinal axis from the centres of the third nerves to the origin of the phrenics just as Strychnia does the whole.† It is in this region that the symptoms of cerebro-spinal meningitis show themselves most severely.

I should not forget the serpent poisons, especially Crotalus, where the petechial phenomena were very prominent. I may also mention that Dr. Searle, of Brooklyn, has recorded some experience in the deafness so often left behind by the present malady.‡ He has had much success in its treatment—generally accounted futile—with Silica and Sulphur.

* See its Transactions for 1872, p. 60.

† *Dublin Journal of Medical Science*, No. 45.

‡ See Transactions mentioned above, p. 188.

Of the last of these malignant fevers, the **Plague**, κατ'ἐξοχην, I have little to say. It appears to be a typhus characterised by carbuncles and engorgements of the lymphatic glands. Homœopathy has no practical knowledge of its therapeutics; and, happily, none of us are likely to have any occasion to treat it. If we had, Arsenicum and Lachesis are the two medicines on which I should feel disposed to rely.

LETTER VIII.

GENERAL DISEASES.

The Malarious Fevers.

STILL following our chosen nosological table, we have to-day to consider the therapeutics of the malarious fevers, which include both the intermittents (agues) and the remittents of which it speaks, and also the condition known as malarious cachexia. The "masked" or "irregular" forms of malarious poisoning, such as "brow-ague" and other neuralgiæ, I shall discuss when I come to the disorders they simulate.

We will first speak of intermittent fever, or

Ague; and under this heading all general considerations relating to the subject must find place. Such generalities are of great importance in regard to the present disease. They have been largely entered into by Hahnemann himself in his *Organon*,* and by Drs. Wurmb and Caspar, in their *Klinische Studien*.† Begging you to read for yourself the pregnant remarks of these authorities, I shall proceed to have my own say upon the matter.

What is it we have to treat in ague? Many would reply—a paroxysm of chill, heat, and sweat recurring at periodic intervals, which enlarges the patient's spleen and otherwise disorders his health. This description would undoubtedly be true (at least

* § ccxxxiii.—ccxliv. of 5th ed.

† Translated in vols. xii. and xiii. of *Brit. Journ. of Hom.*, and (more fully) in vol ii. of the *United States Medical Investigator*.

phenomenally) of such agues as occur sporadically or epidemically in non-malarious regions, or such as attack a stranger on first entering into places where they are endemic. In the residents in these districts, however, a prodromal stage of longer or shorter duration is nearly always observed, and out of this—suddenly or gradually — the febrile paroxysms develope themselves, the premonitory symptoms remaining during the apyrexia. In these subjects, moreover, a malarial intoxication often presents itself of which febrile paroxysms are only an incidental or unimportant feature; and this condition may be either primary, or secondary upon an untreated or ill-treated ague. When primary, the first symptom of the mischief is very frequently anæmia. "I have seen," writes Dr. Sircar, of Calcutta (whose valuable contribution to the literature of this subject I shall mention hereafter), "healthy, robust men, with no lack of red blood in their system, blanched after a few days' residence in a malarious district, before even the symptoms of the fever had been quite developed, and long before either the liver or the spleen had become enlarged."

From these facts it seems evident that true ague is no mere vaso-motor neurosis, but an infection of the blood and blood-making organs, of which the paroxysm of chill, heat, and sweat is but one expression. If, then, the homœopathic method is to be employed in its treatment, it is obvious that the paroxysm itself can only be our guide to the choice of a remedy when it is the primary or the only symptom of the disease. Then, indeed, a medicine which covers its features may fairly be presumed to correspond

also to the deeper changes which produce it, and so to be its pathological *simile.* When I say its features, it is necessary to specify which of these most deserves our regard. Chiefest of all must be named the succession of chill, heat and sweat itself which occurs in varying sequence; and next the predominance of one or other of these, or the occurrence in either of special conditions or concomitants. "The remedy," Hahnemann says, "must be able to produce in the healthy body similar alternating states, or else must correspond by similarity of symptoms to the strongest, best marked, and most peculiar alternating state, either to the cold stage with its accessory symptoms, or to the hot or the sweating stage with theirs, according as the one or the other is the strongest and most peculiar." Next comes the time of day at which the paroxysm, if strictly periodic, occurs; and last of all, and probably of no importance whatever as regards homœopathic applicability, we have its "type"—quotidian, tertian, quartan, or otherwise. Hahnemann anticipated the recognized practice of to-day in recommending a single dose of the appropriate remedy to be given immediately after a paroxysm, or —where the apyrexia was short or imperfect—during its decline.

But when the aguish attacks are only one feature of a general malarial intoxication, then that becomes true which the *Organon* goes on to lay down, that "the symptoms of the patient's health during the intervals of freedom must be the chief guide to the most appropriate homœopathic remedy." On this point Drs. Wurmb and Caspar insist with much urgency, and maintain that the rule is of general

rather than exceptional application, pointing out that the form of the paroxysms is in the majority of cases very changeable, while the constitutional conditions are fixed. They lay down, therefore, the rule that "if, during the employment of a remedy, the cachectic state should remain unchanged, while the paroxysm decreases in force, the medicine, after being continued for some time, should be exchanged for another, even if the paroxysms should by this time have been entirely subdued by it. On the other hand, the diminution of the cachectic state is a certain sign that the suitable remedy has been chosen; and its use should not be discontinued, even if there should be a more frequent recurrence of the paroxysms: the cure is certain if the remedy be not changed." At the same time they argue that a remedy to be truly applicable to intermittent fever must correspond both to the nervous phenomena of the paroxysm and to the disorder of the vegetative life manifested in the apyrexia. If it merely influence the former, it can suit mild and recent cases only: if the latter be its sole sphere, it cannot be a true antipyretic. The greatest fever medicines accordingly are those which, like Arsenic, occupy the whole ground: in the second rank stand such purely nervous remedies as Ignatia, and such purely vegetative ones as Pulsatilla.

There needs no argument to demonstrate the soundness, upon homœopathic principles, of these canons for the treatment of intermittent fever. But before I go on to their application to practice, you will naturally be desirous of knowing what has been the success of such treatment, both positively, and as compared with the ordinary method of

administering quinine in substantial doses to every patient suffering from the malady.

Now, as regards *chronic* intermittents—cases that have been lingering on for months and years, the paroxysms suppressed for a time by bark, but relapsing again and again till it ceases to influence them any more — the testimony in favour of homœopathic medication (and that of the most Hahnemannian kind as regards individualization and attenuation) is general and strong. You have only to look through any of our journals published in America, where the disease abounds, to satisfy yourself on this point. Nor does the treatment seem less successful when, as sometimes occurs, an epidemic of ague breaks out in a place ordinarily free from it. Here general experience seems to have confirmed Hahnemann's dictum on the point, "that each epidemic is of a peculiar, uniform character, and that when once this character is found from the totality of symptoms common to all, it guides to the discovery of the homœopathic specific remedy suitable for all the cases, which is almost universally curative in those patients who enjoyed tolerable health before the occurrence of the epidemic."

The experience of Drs. Wurmb and Caspar may fairly be cited here, as their cases were mostly of the chronic class. An account of their results which I am compelled to call very unfair has been given by Dr. Rogers, in his tractate entitled *The Present State of Therapeutics.* He states that "these physicians considered they made rapid cures when not more than seven paroxysms occurred after the commencement of the treatment." He then mentions that one of their

patients had 26 paroxysms, a second 25, and a third 21 before the disease was cured. Finally, he quotes them as saying that homœopathists have every reason to congratulate themselves on their treatment of intermittent fever, and that "it is evident, *from these figures,* that we may most satisfactorily enter the lists with our rivals"—leaving it to be supposed that the figures are those which he has summarized above. Whereas their actual results on this point, as given by themselves,* in answer to the question whether homœopathists are able to effect a rapid cure of intermittents, are that in 77 cases treated by them, after the administration of the homœopathic remedy there appeared no paroxysm in 11 cases, one only in 12, two in 9, and three in 8. Thus in 40 cases out of 77 the *citó* of the cure admitted of no question. Of the remainder, 15 had from 5 to 7 attacks, and the rest from 8 to 26. Of these last Drs. Wurmb and Caspar remark that they would not have shown so high a figure had the right remedy been chosen from the first; for after the last and curative selection had been made, no paroxysm occurred in 19 cases, one only in 16, two in 14, and three in 13—rapid success being thus obtained in 62 out of 77 cases. Remembering, then, that the aim of these physicians was not so much to stop the paroxysms as to cure the whole disease, and that all these 77 patients did leave the hospital well, and remained so, I think they were justified in saying that their results prove the sufficiency of homœopathy in ague—at any rate of such homœopathy as they

* See *Brit. Journ. of Hom.*, xii., 391.

practised, and in such agues as came under their care.

Another writer on intermittent fever who has expressed and substantiated his confidence in the results of homœopathic treatment, is Dr. I. S. P. Lord. An account of his work on the subject is given in the thirtieth volume of the *British Journal of Homœopathy;* and I think you will be induced by the review to procure and read the book itself.

As regards the treatment of *recent* agues occurring in malarious districts, I do not find the same expression of general confidence. Dr. Bayes, indeed, in an account of his experience of the disease as it occurs in the fen lands about Cambridge,* expresses himself well satisfied with the results he obtained. But he does not tell us how many of the seventy-five cases he tabulated were recent ones treated by him *ab initio;* nor does he mention the time required for their cure. His best result is, I think, that he can say, "I have not had a single acute case become chronic in my hands, a result" (as he truly adds) "frequently following the *suppression* of ague by large doses of quinine." When, however, we turn to the statements of those who practise in the thick of malaria in the United States and in India, we find that the ordinary treatment by symptomatic resemblance and minute dosage gives little satisfaction. The general experience of the American practitioners is fairly given by Dr. Vincent in the second volume of the *United States Medical Investigator.*

"Intermittent fever," he writes, "to me has proved an exceptional disease. I have *seldom* been able to

* *Annals*, i., 441.

cure a *recent* case of ague with high attenuations, nor (I might add) with any other attenuation. Even the best selected remedies fail me in a majority of cases. . . My own experience in ague is the experience of nineteen out of every twenty physicians of our school; and so thoroughly is this matter understood, that it has become proverbial in malarious districts that 'homœopathic physicians cannot cure ague.' Many persons, ardent homœopathists, will resort to quinine or an allopath if they or their families take intermittent fever, rather than take the chances of a run of the disease for several days and probably have to resort to it at the end."

To the same effect writes Dr. Sircar, of Calcutta*—

"The fact is, practitioners flushed with their unexpected success in chronic cases with infinitesimals alone, and absolutely without quinine, were deluded into the belief that they could dispense with quinine altogether, at least in its massive doses; but when the hour of *their* trial came, when people began to confide them with cases from the beginning, they began to be disappointed, though unfortunately they could not see their mistake. In spite of greater diligence in the search after the appropriate remedy, in spite of renewed endeavours to hunt after symptoms of the patient and symptoms in the Materia Medica, the real remedy seemed always to elude the search and mock the struggle, till the cases are made over to the allopaths, who, with a few doses of quinine, effect the cure."

I quite agree with Dr. Sircar when he goes on (he was addressing our Congress of 1874):—"Gentle-

* *Monthly Hom. Review*, xviii., 522.

men, I verily tell you that it is bark and its alkaloid which have kept up the vitality of the old school, and it is our disloyalty to them which has stood seriously in the way of the progress of our own school, and which not unfrequently brings unmerited ridicule and abuse upon our doctrines." I have already* demonstrated the full homœopathicity of quinine to the aguish paroxysm, and argued that in all cases where the paroxysm is the disease we can follow no better treatment than its administration. Dr. Sircar concludes by saying,—"In our anxiety to be homœopaths we must not forget to be physicians; in our zeal to worship Hahnemann we must not cease to worship truth wherever found." But the curious thing is that the treatment of recent ague by bark alone in otherwise healthy persons residing in malarious districts is Hahnemann's own recommendation. "The intermittent fever endemic there," he writes in the *Organon*, "would, at the most, only attack such a person on his first arrival; but one or two very small doses of a highly potentized solution of cinchona bark would, conjointly with a well-regulated mode of living, speedily free him from the disease." If such result do not follow, the patient must be treated with "antipsoric" (*i. e.*, constitutional) remedies; there is latent disease in him which is only taking an accidentally aguish form.

The practical conclusion from all that has been said is obvious. The power of bark over the intermittent paroxysm was the Newton's apple which led Hahnemann to homœopathy. He never aban-

* *Manual of Pharmacodynamics*, 3rd ed., sub voce *Cinchona*.

doned its use in real marsh fevers (as he called them); nor, I maintain, should we. He came, indeed, *after he had ceased to practise in malarious districts*, to recommend its use in a highly potentized, that is, attenuated form. But if those who now encounter the disease in its *habitat* find such "potentization" best attained by substantial, or even massive doses, they are acting in the spirit though not according to the letter of his instructions: they are following him in "the medicine of experience." I believe, therefore, that in all recent and uncomplicated agues you will find it your best practice to give *Quinine* in the apyrexia; a single full dose at its commencement, as ordinarily practised, and as recommended by Jousset, or repeated smaller quantities during its continuance. I myself, in the few intermittents I have seen, have adopted the latter plan; and have found two or three grains of the first decimal trituration, taken every three or four hours, act very satisfactorily. Bähr (who says that, "as a rule, bark cures every case of ague originating in malaria, and of recent origin") finds the first centesimal trituration sufficient; and Dr. Panelli, from his Italian experience, says the same thing.* You will also remember the still prevailing tendency of ague to recur on its appointed days, and will anticipate its advent by an occasional dose of the remedy till a fortnight or so has elapsed. While thus preventing the recurrence of the paroxysms, you may relieve their sufferings and mitigate their severity by drawing upon the rich treasury of homœopathic remedies, and giving them during their continuance. Aconite,

* See *United States' Med. Investigator*, iv., 161.

if there is great thirst, restlessness, and anxiety; Belladonna, if in the hot stage the head aches badly; Ipecacuanha, if vomiting be distressing; Veratrum album, if the chill be excessive and simulate the choleraic collapse—all these have proved helpful according to their indications; and Dr. Sircar gives practical evidence of the value of many other remedies of the same kind. In the "congestive chills," which are the American form of the "pernicious fever" of the Roman and other districts, Dr. Morse, of Memphis, reports* very satisfactory results from Veratrum viride. In these pernicious fevers, I may say, even so strict a homœopathist as Dr. Chargé, of Marseilles, admits that we must fall back upon quinine, and must not shrink from such quantities as may be required for the speedy arrest of the paroxysms.†

But it is confessed by the most ardent admirers of quinine that it does not always succeed in checking even recent agues. If, therefore, the paroxysms are not speedily arrested by its use (and it cures very quickly when it does so at all), you will do well at once to abandon it in favour of other remedies. In chronic intermittents, moreover, and in malarious cachexia, quinine can never be recommended; though its native bark may sometimes find place in virtue of general similarity between its effects and the patient's condition. There is a general agreement between our therapeutists as to the medicines from which in such cases the choice should be made. Arsenicum, Nux vomica, Pulsatilla, Veratrum album, Ignatia, and

* *United States Med. Investigator*, ii., 359.

† See his communication to the Transactions of the World's Convention.

Ipecacuanha are Wurmb and Caspar's primary list: Bähr gives Arsenicum, Nux, Veratrum, Ipecacuanha, Natrum muriaticum, and Arnica: Jousset recommends, under various circumstances, Ipecacuanha, Capsicum, Nux and Arsenicum. If to these are added Cedron, Eupatorium, Cimex, Phosphoric acid and Sulphur, I think that I shall have mentioned every medicine on which, save in very exceptional cases, you are likely to have to rely for help. As regards their indications, it is needless that I should repeat here what I have already said when speaking of each drug. The only one I have neglected in reference to this disease is Pulsatilla. Both Wurmb and Caspar and Dr. Lord esteem it highly. The former cured with it alone seventeen cases out of twenty-seven in which they prescribed it, and speak of it as especially useful when a condition of chlorosis and hydræmia has been induced by the marsh-poison. Sometimes —as it acts little on the nervous system—Ignatia has to follow it to remove the paroxysms.

In aid of our choice of a remedy for these cases—and we cannot individualize them too strictly—Dr. von Bönninghausen long ago published a laborious repertory, which received the honour of favourable notice from Hahnemann himself. A second edition, published after an interval of thirty years, has recently been translated for us by Dr. Korndœrfer. I wish I could speak more favourably of this volume than I have been obliged to do in the *British Journal of Homœopathy*;* but I cannot. In the report of the discussion on Dr. Bayes' paper, there are some useful remarks by Dr. Quin on the medicines indi-

* Vol. xxxii., p. 531.

cated in ague by the presence or absence of thirst in the different stages of the paroxysm ; and in the fourth volume of the *United States Medical Investigator* (p. 144) you will find a "time-table" indicating the hour at which the paroxysm is apt to begin when this is characteristic of some particular medicine. All these are helps, and not to be despised. But if you wish to be successful in treating chronic intermittents, let me especially commend to your repeated perusal the "Study" of Wurmb and Caspar on the disease to which I have so often referred.

The malarious cachexia is to be met (as you will see from my remarks on the respective drugs) by Arsenicum, Natrum muriaticum, or Sulphur,—the first especially when the symptoms are those of phthisis florida, the two latter when they are of a more torpid and degenerative type. I have only now, therefore, to speak of the remittent forms of malarious fever.

Remittent Fever, of malarious origin, is just a severe ague whose intermission is so imperfect as to cause it to be designated a "remission" instead. I know it only from the description given of it in books ; * and, in the absence of any homœopathic literature bearing upon it, must content myself with suggesting the remedies most likely to avail.

Of even more importance than in intermittents must be the treatment adopted during the attack. "The first and most immediate object of treatment,"

* I speak especially of the articles on it in Aitken's *Science and Practice of Medicine*, and in the *System of Medicine* edited by Dr. Russell Reynolds.

writes Aitken, "is to reduce the force and frequency of arterial action during the paroxysm." We know too well the power of *Aconite* to effect this end to need the spoliative venesections advised by the Indian writers. With the rule to begin *Quinine* as soon as remission shows itself I have no quarrel. I would only suggest that in the asthenic form of the fever *Arsenic* might not unfrequently be preferable; and that the remarkable power of *Gelseminum* over remittent feverish states observed in cooler climates makes it worth a trial in the fevers we are now studying, where the symptoms do not run high enough to require Aconite. If the gastric irritability be very marked, a few doses of *Ipecacuanha* may do good service.

Bilious Remittent appears to differ from simple remittent only in the implication of the liver in the attack. It is sometimes called "malarious yellow fever," from the resemblance of its symptoms to the contagious toxæmia properly so named. When this is so, Dr. Neidhard finds *Crotalus* as useful in this fever as in the true typhus icterodes (*Op. cit.*). He gives it in the 1st, 2nd, and 3rd triturations. This is all I have to tell you about the homœopathic treatment of the disorder in question.

LETTER IX.

GENERAL DISEASES.

Cholera—Diphtheria.

In my present communication I shall have to consider the treatment of two diseases, each "general" in its invasion of the whole organism, but each localised specially in a particular part thereof, which in the one is the bowels, in the other the throat. I shall have to speak of cholera and of diphtheria.

By

Cholera, I mean the Asiatic pestilence, which, endemic in the delta of the Ganges, travels from time to time in a desolating course over the western world. I do not include the ordinary autumnal vomiting and diarrhœa, which is sometimes called "cholera nostras," and which, as occurring in young children, is sadly familiar (in America especially) as "cholera infantum." These will come before us subsequently; the former among the diseases of the intestines, the latter among the maladies of childhood. It is Asiatic cholera of which I have here to speak.

The history of the homœopathic treatment of this disease is one of the brightest pages in our records. From Russia, Germany, and Hungary in 1831-2; from Liverpool and Edinburgh in this country, and from France and America abroad in 1849; from Barbadoes and London in 1854, and again from

Liverpool in 1866, we have abundant evidence of the comparative value of our method in the treatment of this terrible scourge. Let me indicate before I go any farther where you can find the narratives which bear out this statement.

For the epidemic of 1831-2 our main source of information is Dr. Quin's *Traitement homœopathique du Choléra*, his own experience being gained in Moravia. That of 1848-9 was carefully observed by Tessier at Paris, and in this country by Dr. Russell at Edinburgh, and Dr. Drysdale at Liverpool, all of whom had large opportunities of treating the disease. Tessier's account is given in his *Recherches cliniques sur le traitement de la Pneumonie et du Choléra, suivant la méthode de Hahnemann*, which has been translated into English by Dr. Hempel. Dr. Russell has given his narrative in the seventh, and Dr. Drysdale his in the eighth volume of the *British Journal of Homœopathy*,—the former having subsequently expanded his essay into a *Treatise on Epidemic Cholera* (Headland, 1849). The results obtained in London and (by Dr. Goding and others) in Barbadoes during the epidemic of 1853-4 are narrated in the thirteenth volume of the *British Journal*, and in a lecture by Dr. Russell—"On Cholera: an historical sketch, with a practical application," published in the fourth volume of the *Annals*. The experience gained in Liverpool in the last epidemic has been put on record by Mr. P. Proctor in the twenty-fifth volume of the *British Journal;* and the American observations up to 1853 are gathered up by Dr. Joslin in his *Homœopathic Treatment of Cholera, &c.* (Walker, 1863).

Three things, I think, will strike you as you read these observations.

First, you will see that our statistics are more favourable than those of the old school. While their death rate rarely falls below fifty per cent., ours rarely reaches thirty. The only notable exception consists of Tessier's cases, treated at the Hôpital S. Marguérite in Paris. Even here his losses were ten per cent. less than those of his allopathic colleagues in the same hospital; and their high rate may be accounted for both by the unusually large proportion of cases of the "ataxic" and "black" varieties of the disease, and by his own comparative inexperience at the time in homœopathic therapeutics. He made, for instance, no use of Cuprum, and a very inadequate one of Camphor. The impression which our comparative success has made may be estimated by two facts. The practice of homœopathy had been, since 1819, forbidden in the Austrian Empire by law. The results of Dr. Fleischmann's practice in the Vienna epidemic of 1836 were such that the prohibition was repealed. It could hardly have been otherwise; for he saved two-thirds of his patients (he treated 732 cases), while the ordinary practitioners lost two-thirds of theirs. Again, in the London epidemic of 1854, the returns of the Homœopathic Hospital were excluded from the report furnished to Parliament by the College of Physicians. This compliment was paid them because they showed a mortality of 16·4 per cent. only, whereas in no other hospital in London was it below 36 per cent.

Secondly, you will notice that the practitioners of

our school have acquired a confidence in treating cholera which is entirely absent from the minds of those who follow the old practice. Lebert sums up the experience of the latter by affirming that the physician at the bedside must painfully reconcile himself to the scientific fact that Indian cholera, in its well-pronounced, typical, and perfectly developed form, slays the half of all persons attacked, and that there is an entire absence of any certain and specific means of cure. On the other hand (in the words of Dr. Russell), "there reigns in the minds of those who have put the homœopathic method to the test of personal experience, a firm conviction that it furnishes certain remedies which, if properly applied, arrest the disease in its first stage; and other remedies which, although they fail to cure all cases, yet manifestly reduce the mortality of the pestilence."

Thirdly, you will observe with satisfaction the substantial identity of the treatment pursued in every epidemic and in every country. Hahnemann, before he had seen a single case of the disease, indicated Camphor as its specific antidote, suggesting Veratrum and Cuprum also as likely to be beneficial. To these later experience, more especially in Great Britain, has added Arsenicum; and with the four medicines now named nearly all the homœopathic treatment of cholera has been carried on. Let me endeavour to lay down their distinctive spheres of action.

1. In speaking of *Camphor* in my lectures I have argued that its physiological action is that of (in the words of Trousseau and Pidoux) a refrigerant and sedative, producing in its full poisonous effects

a state of collapse with chill. It is thus perfectly homœopathic to cholera in the stage of invasion; and Dr. Russell justly says that "there is the most perfect unanimity among all homœopathic practitioners as to its efficacy in curing cholera in the first stage." He relates a striking case, as illustrating its "instantaneous and almost magical effects." He "once saw a little girl actually *take* cholera. It was in a room where there were several bad cases; and this child suddenly presented the strange, unnatural look which characterizes the disease, and seemed to shrink in size, becoming cold and of a livid hue. He immediately gave her five or six drops of the tincture of camphor, and in the course of ten minutes the anxious, frigid expression of face gave way: it was succeeded by a glow of warmth; and the pulse, which had become very small, rapid, and irregular, resumed its normal volume and rate. She recovered, but for some days suffered from diarrhœa."

Whether we should depend upon Camphor in later stages of the disease is as yet a moot point. It is not, indeed, directly homœopathic to the cramps, diarrhœa, or vomiting. But since the condition of algidity and cyanosis to which it does correspond persists when these have set in, and constitutes the real peril of the case, there is nothing in our principles which forbids its use at any stage of the attack. I have related the results obtained from its continued use by Dr. Rubini, of Naples, in the epidemic of 1854-5. In a recent publication, dated 1866,* he adds his

* *Statistica dei colerici curati colla sola Canfora in Napoli negli anni* 1854, 1855, 1865. 3rd Edizione, ampliata. Napoli, 1866.

experience in the invasion of the pestilence which took place in 1865-6, which was equally satisfactory; again no death occurring in his practice, though he treated 123 patients. He relates some of his cases, whose severity is unquestionable.

2. *Veratrum album* stands next to Camphor in the certainty of its action in cholera, when restricted to its proper sphere. This is, by general consent, the cases marked by profuse vomiting and purging, with coldness indeed, but without deadly collapse and lividity. To such a condition its physiological action precisely corresponds; and, it being capable of speedy amelioration, there is here a field in which the medicine has displayed brilliant effects, even in high dilutions.

3. *Cuprum* is confessedly the best remedy for the choleraic cramps, and for the vomiting also, when this is a prominent feature. Its undoubted prophylactic power against the disease, as shown mainly by the immunity of workers with the metal, suggests a still more intimate relationship to the whole morbid process; and I have mentioned how Hahnemann originally suggested it as superior even to Veratrum for the developed disease, and how Mr. Proctor, in the epidemic at Liverpool in 1866, "found himself gradually trusting mainly to it in the stage of collapse," with the impression very strong on his mind that herein it is the most reliable of our remedies.

4. This, however, is not the general experience; the medicine most trusted in collapse being *Arsenicum*. Dr. Drysdale and Dr. Russell concur in regarding this remedy as the greatest we have when

the time for the administration of Camphor is past, and when the danger is less from the discharges than from the general depression of vitality. In this judgment Tessier coincides. I have shown that Arsenic is a true pathological *simile* to the choleraic process, though the minute symptomatology of disease and drug may not completely coincide. The burning at the epigastrium, however, so often complained of, should lead symptomatic prescribers to think well of it; and those who attach more importance to pathological relationship will especially value it for its power to cause, and to remedy, that condition of the kidneys which leads in cholera to suppression of urine.

Valuable, however, as Cuprum and Arsenicum are in the collapse of cholera, I think that we want a remedy for it still more energetic and effective; and this I have suggested we may find in *Aconite*. Let a few cases of poisoning with this plant be read with the thought of cholera in the mind, and the resemblance will be seen to be striking.* We have the intense chill, even the cold tongue, the blueness, the difficult respiration, the almost imperceptible pulse, and the cramps. After death the arterial system is found empty and the venous full. It is to Dr. Hempel that the credit is due of being the first to perceive this analogy, to which he drew attention nearly thirty years ago. Dr. Cramoisy, of Paris, is the only one who (to my knowledge) has put it in practice; and his success has been

* See those cited by Dr. Hempel in his *Materia Medica*, and in his translation of Bähr (ii., 622). In all these the resemblance to cholera is noted by the observers.

very encouraging to future employment of the remedy.

If now by some of these means you have brought your cholera patient out of the cold stage of his ague fit (for such I maintain it to be), he has two perils before him. The first is that his urine will continue suppressed, and that uræmic intoxication will ensue. It has been ascertained that an acute hyperæmia of the kidneys is present in such cases, analogous to that of post-scarlatinal dropsy. It is obvious that, theoretically and practically alike, there can be no better medicine than Arsenicum here; and, unless it has been already freely given, you will do well to rely upon it. Should its action, however, have been already exhausted, we have *Terebinthina* and *Cantharis* on which to call, and also *Kali bichromicum*. The latter was used by Dr. Drysdale (in the second trituration) in twelve cases in which ischuria continued after the use of Arsenic; and in eleven the urine returned. The second danger is from the consecutive fever, which is generally of a typhoid type. It seems to be of comparatively rare occurrence under homœopathic treatment, probably from the absence of opiates and stimulants in the previous medication. When it does appear, it must be treated with one or other of our recognised anti-pyretics, according to its symptoms. Dr. Drysdale found *Phosphoric acid* most frequently indicated.

I must say a few words upon some other medicines which have occasionally filled gaps in the treatment of cholera.

Acidum hydrocyanicum was found of at least temporary service by Dr. Russell in some cases

where there was great oppression of the lungs or heart. Dr. Sircar, from his Indian experience, speaks still more highly of it. "Hydrocyanic acid," he writes, "is useful, in fact, is the only remedy when, along with pulselessness, the respiration is slow, deep, gasping, or difficult and spasmodic, taking place at long intervals, the patient appearing dead in the intermediate time. If any remedy is entitled to be spoken of as a charm, it is this. It would seem at times to restore animation to a corpse."

Secale is commended highly, both by Drysdale and Russell, when large watery painless motions need a remedy of their own; it seems to work well with Arsenicum. Mr. Proctor found *Phosphorus* of great use in a similar condition when persisting after the other symptoms were removed.

Cicuta has proved of service in spasmodic hiccough or belching occurring in cholera.

Carbo vegetabilis was much used by Tessier to meet the later prostration of cholera, and Dr. Sircar seems to think it of value. But I am at a loss to perceive its appropriateness to the condition present; and British experience is against its efficacy.

In all that has preceded it will be understood that I have been speaking of true cholera, *i. e.*, where, in addition to rice-water vomiting and purging, cramps, and suppression of urine, there is some amount of algidity and cyanosis. But it is well known that the same poison may produce minor forms of disease, which are called choleraic diarrhœa and cholerine. For the former, Camphor is the best domestic and routine remedy, though the

physician will often be led to prefer Veratrum or Croton. "Cholerine" seems to me to be cholera nostras, modified by the epidemic influence; for, unlike choleraic diarrhœa, it rarely proves the precursor of the fully developed disease. *Ipecacuanha* and Phosphoric acid have generally been its favourite remedies; but I would commend *Iris* to your notice, with Veratrum in reserve should the symptoms assume the Asiatic form.

As regards dosage in cholera—Camphor is always administered in the primary solution, which Dr. Rubini makes a saturated one. Aconite, also, has been used by its commenders in the mother tincture; but Arsenic, Veratrum, and Cuprum have been given in high (6-30) as well as in the lowest attenuations, and with success in either case. Arsenic has been given by Dr. Drysdale in the form of inhalations of arseniuretted hydrogen. His directions for the preparation and use of this gas may be found in the seventh volume of the *British Journal of Homœopathy*, p. 559.

I have next to speak of

Diphtheria.—I think it is quite right to place this malady among general diseases rather than among the diseases of the throat. It is unquestionably a specific toxæmia, distinct from scarlatina and (I think) from croup; and its virus is capable of entering the system at other doors than the throat, as well as of manifesting itself elsewhere when once introduced.

The treatment of diphtheria illustrates well the conditions necessary for the successful application of the homœopathic law. When cholera first

appeared in Europe, Hahnemann (as I have shown) was able, from his profound knowledge of pathogenesy, to indicate Camphor, Veratrum, and Cuprum as its specific remedies. We have only added Arsenicum since; and nearly every homœopathist throughout the world treats cholera with these medicines, and with a comparative success which is abundantly satisfactory. It is very different with diphtheria. If you will look through our journals from 1858 onwards, you will find an endless variety of medicines in use, and no great success to boast of with them all. It has not been, in my experience, a disease which it has afforded one much satisfaction to have to treat. Nevertheless, amid the floating mass of records which have now accumulated, there seem certain patches of firm ground on which we can take our stand in laying down, provisionally, the best homœopathic treatment of the malady. I think, too, that by a more single and persistent use of the remedies which have come to be known as specifically adapted, our therapeutics of diphtheria have of late years been increasingly satisfactory.*

For the homœopathic literature of diphtheria I may refer you, besides the numerous articles upon it in the journals of all countries, to the three American monographs of Drs. Helmuth, Ludlam, and Neidhard. My own experience in the disease is recorded in a paper entitled "An Account of Fifty Cases of Diphtheria," read before the British Homœopathic

* Dr. Oehme has recently given us a "Compilation and Critical Review" of the German and American literature of the subject, which is well executed, and very useful for reference.

Society in 1870, and published in the twenty-eighth volume of the *British Journal of Homœopathy*. What little I have seen of it since has confirmed the conclusions at which I had then arrived.

The old division of diphtheria was into simple, croupal, and malignant varieties. Oertel, whose article on the disease in Ziemssen's *Cyclopædia* is of great excellence, means much the same thing by his catarrhal, croupous, and septic forms. Of the therapeutics of each of these I will speak separately.

1. In the treatment of simple diphtheria, where catarrhal angina is the only mischief set up by the poison, Belladonna and Phytolacca seem to me to be the only medicines required.

Belladonna deserves, I think, a freer use than it has yet received. It is precisely homœopathic to the pathological condition of the throat as Oertel describes it, and to the general febrile state. I always commence the treatment with this medicine in the first dilution, and have seen mild symptoms almost immediately, and pretty severe ones rapidly, disappear under its use. If, however, decided improvement has not resulted within forty-eight hours of commencing its employment, there is no advantage in persevering with it. If, moreover (as sometimes happens), the deposit disappears at first under the influence of the remedy, but subsequently returns, it should not be continued.

Phytolacca is an addition of real value from the indigenous flora of America to our anti-diphtheritic remedies. In writing upon the drug in my *Pharmacodynamics* I have endeavoured to establish its true place in the treatment of the disease. It is

indicated when the local inflammation is not so acute as in the Belladonna cases, but when the general fever is higher, and accompanied with severe aching in the head, back, and limbs. Under these circumstances it will act in a truly specific manner.

2. The term "croupal" was given to the second variety of diphtheria to signify its invasion of the larynx. Oertel, however, means by "croupous" a more intense inflammation of the throat than obtains in the catarrhal form,—the fibrinous exudation of which may and often does invade the air-passages, but even without doing so is a morbid condition of very serious moment. The medicines for this variety of diphtheria are Apis, Cantharis, certain mercurial preparations, Kali bichromicum, and Bromine.

Apis.—A lower type of inflammation (as shown by a more purple colour of the parts) and much greater œdema are the first signs of the supervention of the croupous upon the catarrhal form of diphtheria, or of its primary onset. Apis thus naturally takes the place of Belladonna in its treatment; and evidence has come from all sources during the last ten years to its great efficacy. I have myself seen striking results from it, and can commend it highly.

Cantharis.—Bretonneau's comparison of diphtheria to the effects of poisoning by the Spanish fly naturally led homœopathic practitioners to use it as a remedy for the disease, the albuminuria of both making the resemblance still more perfect. It hardly rewarded expectation, though Drs. Drysdale, Neidhard, and Okie have had some success with it; and Drs. Ludlam and Lawrence Newton have spoken highly of it for the subsequent prostration. I myself never used it till

last year, when I had two successive cases in which the throat looked exactly as if it had been dabbed with blistering fluid, and the pain on swallowing was excessive. Here I conceived Cantharis to be indicated, and it served me well.

Mercurius.—It was but natural, on the first glance being taken at the phenomena of diphtheria, to treat it with this mineral in some form. With the ordinary preparations, however—Mercurius solubilis and corrosivus, and the red oxide,—no advantage was gained. But a different story began to be told as the *iodides* of mercury came into play. In this country Dr. Black with the protiodide, and Dr. Madden with the biniodide, obtained very encouraging results; and our transatlantic colleagues have followed suit. With one or other of these, in the lowest triturations, perhaps the majority of British and American homœopathists treat diphtheria. I have myself, like Drs. Meyhoffer, Drysdale, and Neidhard, failed to see any decisive benefit from their action; but I cannot ignore the results obtained by my colleagues. To obtain the full effect of the mercurial iodides the triturations should have been recently prepared, and the dose should be placed dry in the mouth. The presence of much glandular swelling would of course be the most significant indication for them.

A still more important preparation of Mercury has lately been introduced into the treatment of diphtheria in the *cyanide*. It was Dr. Beck, of Monthey-en-Valais, in France, who first inferred its homœopathicity to the disease. He recommended it to Dr. Villers, of St. Petersburg, whose own son was lying hopelessly sick of diphtheria. The

astonishing curative result which followed led Dr. Villers to make an extensive use of the drug; and he tells us that he treated, during ten years, over a hundred cases without losing one, giving nothing but the cyanide of mercury. He began with the 6th dilution, but has ended by preferring the 30th; he thinks that where it has caused disappointment it has been by the lower potencies having been employed. These results (which may be read in Dr. Oehme's compilation) are very important, and the medicine deserves further investigation.

Kali bichromicum.—It is the presence of fibrinous exudation which calls for this drug here as elsewhere; and where the thickness and tenacity of the false membrane are prominent symptoms it acts exceedingly well. Drs. Dowling and Joslin of New York* esteem it highly when the throat itself is thus affected; but its great importance is that it follows the disease into the nose and the larynx, where it escapes other remedies. In nasal diphtheria I find it specific; in laryngeal diphtheria it does all that medicine can do, which unhappily is not much. Dr. Lord obtained good results here by administering inhalations of a weak solution of it "whenever the cough became dry and respiration whistling, and suffocation seemed imminent."

Bromine is the only rival of Kali bichromicum when diphtheria invades the larynx. I have told, when writing upon this drug, how highly Drs. Ozanam and Meyhoffer, two excellent authorities, esteem it as an anti-diphtheritic generally. Its local

* See *American Observer*, xiii., 234, and *United States Med. Investigator*, iv., 120.

action upon the exudate is considerable; so that, whether swallowed or inhaled, it may do good in this way also. Dr. Neidhard's experience with it in laryngeal diphtheria has not been favourable, and I may say the same of my own.

I think it an important suggestion of the last-named physician's, that it is necessary to attack the poison in the blood even while, by the medicines specifically affecting the air-passages, you are combating its dangerous local manifestation. He usually administers the first trituration of the bichromate of potash alternately with his chloride of lime, and has recorded two instances in which this treatment proved successful. Similarly you might give the permanganate of potash with Bromine.

3. I have now to speak of malignant or septic diphtheria—that in which life is threatened from blood-poisoning. None of the remedies hitherto mentioned are applicable here, unless it be the cyanide of mercury. Looking beyond these, we have among the old stock of medicines Muriatic acid and Lachesis, and, as new and special anti-diphtheritics, carbolic acid, the permanganate of potash, and chlorinated lime.

Muriatic acid has, as I have mentioned when treating of that drug, much analogy and many testimonies * in its favour. I have found it of undoubted efficacy in the lesser degrees of toxæmia with which we sometimes meet.

* To those mentioned in my *Pharmacodynamics* I may add that of Dr. Neidhard, who, citing a commendation of it from Dr Borchers, of Bremen, writes, "This corresponds with my own experience. Next to *Calc. chlor.* and *Kali bichrom.*, I have seen more beneficial effects from *Ac. muriat. dil.* than from any other remedy."

Lachesis is indicated when the general prostration is quite out of proportion to the local mischief, and the subjective symptoms to the objective. The fauces are pale or livid. I have cited Dr. Carroll Dunham's favourable experience with the drug in such cases, and Dr. Oehme's collection will show you that he does not stand alone in his experience.

But quite a new *armamentarium* against diphtheria was given us when the antiseptics began to be used, not as local applications, but as internal medicines. The first to be employed was

Kali permanganicum.—I have told how Dr. H. C. Allen's heroic proving of this drug showed its elective affinity for the throat, and with what success he used it—in about 1-12th grain doses—in the malignant cases which subsequently came under his care. Other practitioners, as shown by Dr. Neidhard, have had similar success.* As it is also a solvent of the false membrane, and destructive of its odour, it promises well as a remedy for septic forms of the disease.

Calcarea chlorinata.—We owe this remedy—a purely empirical one, indeed, at present—to Dr. Neidhard. His treatise tells us how he was led to use it. His reasoning is not very conclusive to my mind, but his results are amply satisfactory. He states that he "has made almost exclusive use of it in diphtheria during the last five years † in at least 300 cases," and that during this time he has had only two deaths from the disease. He puts from five to fifteen drops of the Liquor calcis chlorinatæ into half a

* See also *United States Med. Investigator*, ii., 18.

† His book was published in 1867.

tumblerful of water, and gives teaspoonful doses as frequently as the urgency of the symptoms demands.

Carbolic acid is highly commended (as Dr. Oehme shows) by Davidson and Bähr. The latter has for the last two years used nothing but this medicine, and out of twenty-eight cases (all having fœtor oris) has lost none.

So much for the specific medication of diphtheria. But I need hardly say that with this, as with the cruder treatment of the old school, the general management of the patient is of immense importance. Amongst other things I have often verified the recommendation I first had from Dr. Hilbers to remove the patient from the house where the disease was incurred; and Dr. Bryce, of Edinburgh, has lately borne testimony to the value of this practice.* For adults and older children ice is very useful, but to young children the extreme cold is repulsive. As to local applications, I have gone through three stages of opinion. At first I used them in every instance; but when I found all the very bad cases dying in spite of them, and observed how much they added to the patient's distress, I abandoned them entirely. Now I adopt a middle course. In the Belladonna cases they are unnecessary. In those calling for Phytolacca, a gargle of the same drug is useful when there is much exudation; but only, I think, to clear it away the sooner. In laryngeal diphtheria gargling or pencilling the fauces is of course futile; but the Bromine or Kali bichromicum we are administering may advantageously be applied to the laryngo-tracheal membrane by inhalation or (better) spray.

* See *Monthly Hom. Review*, xix., 692.

The only unquestionable value of local applications seems to me to appear when the false membrane is very fœtid, especially if it is also abundant in quantity. Here it is likely that the system becomes secondarily re-infected by the throat deposit, and it is undoubted that great temporary relief follows its removal. You may effect this, if you like, by a solvent of the membrane, as lime-water or glycerine; or you may follow Oertel's plan of imitating nature's way of detaching the exudation, and promote suppuration beneath it by the frequent inhalation of hot steam. But seeing that there are no more powerful solvents and deodorizers of the diphtheritic deposit than the three antiseptics I have named, I would recommend that in all cases in which they are indicated as constitutional remedies they should also be used as gargles, or applied in the form of spray to the throat. Dr. Oehme is inclined to explain by their local action the greater part of the benefit they have produced, for they have always been given in the lowest attenuations.

The post-diphtheritic paralysis generally tends towards spontaneous recovery in pure air and with generous diet. I think, however, that I have seen *Gelseminum* of decided use in promoting it. In a long-standing and progressive case of general spinal paralysis and anæsthesia thus brought about, *Cocculus* proved in Dr. Trinks' hands the curative medicine.*

* See *British Journal of Homœopathy*, xix., 312.

LETTER X.

GENERAL DISEASES.

Erysipelas—Malignant Pustule—Glanders—Pyæmia.

HITHERTO I have followed, with but slight variation, the order of our official nosology. But I am unable to do so with the fourteen species of General Diseases which remain to its first division. Nearly all of these have, indeed, somewhat of the infectious or epidemic character which has appeared in the maladies we have been considering. But most of them are either so local in situation, or so limited to particular occasions or stages of life, that I think I shall consult your convenience as well as my own by considering them in other relations than the present. Thus whooping-cough and mumps will come before us among the diseases of children, and puerperal fever and ephemera among those of women; while influenza will be reckoned a malady of the respiratory system, and phagedæna, in its three specified forms, will be mentioned as an incident of the wounds and ulcers it is liable to affect. There will thus remain for our discussion to-day erysipelas; malignant pustule; glanders, with farcy and grease; and pyæmia.

Erysipelas is reckoned, by our nomenclature, to include phlegmonous inflammation of the integument as well as superficial, and also diffuse cellulitis. The

former inclusion is, I think, pathologically justifiable; the latter hardly so. All three forms, however, must come before us here for therapeutic purposes.

The treatment of simple erysipelas is one of the most defined and most successful things we have in homœopathy. It resolves itself into the discriminate use of three medicines—Belladonna, Apis, and Rhus.

1. The pathogenetic power of *Belladonna* to inflame the skin is unquestionable; you may see it illustrated in numerous symptoms of the "face" and "skin" categories of my arrangement of the drug in the *Hahnemann Materia Medica.* Of its curative power I cannot speak better than in the words of one who must have had abundant opportunity of comparing its effects with the treatment of erysipelas by other measures: I mean the late Mr. Liston. After detailing some cases of the disease, cured mainly with fractional doses of the extract of Belladonna, he said to his students,* "Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic. You know that this medicine is recommended by homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. *Similia similibus curantur*, say they. . . The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed; the beneficial effects, as you witnessed, were unquestionable. I have, however, seen similar

* See *Lancet*, April 13, 1836.

good effects from the Belladonna prepared according to the Homœopathic Pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity." All homœopathists are unanimous in praising Belladonna where the dermatitis is intense; nor should the presence of a few vesicles or of some amount of swelling be supposed to render other medicines preferable, as long as the colour of the affected part is bright red and the general fever high. But should œdema become the prominent feature of the local inflammation, or should phlyctenæ form in abundance and the skin be purplish, it is generally allowed that *Apis* or *Rhus* must become its substitute respectively. Of the efficacy of Apis you may read some good examples from Dr. Yeldham's pen in the twelfth volume of the *British Journal of Homœopathy*.

2. In phlegmonous erysipelas our first reliance must be on *Aconite*. "Administered at the commencement," says Dr. Ringer, "it often at once cuts short the attack; and even when the disease continues in spite of it, it will reduce the swelling and hardness, lessen the redness, and prevent the inflammation from spreading." Should the cutaneous inflammation be considerable, Belladonna may be alternated with it. If, in spite of these remedies, the cellulitis threatens suppuration, it is—as Bähr says—useless to try to check the process by Mercurius; it is better to promote it with *Hepar sulphuris*, holding *Silica* in reserve to limit it if excessive. I need not say that surgical measures must be employed as far as may be necessary. Should gangrene

occur, *Lachesis* is the specific remedy; but *Arsenicum* may be required for the typhoid condition which will ensue.

3. In cellulitis there seems reason to believe that *Veratrum viride* is more precisely suited to the inflammatory fever than Aconite. The subsequent treatment must be that of phlegmonous erysipelas, with *China* as the anti-hectic if required.

Thus far I have spoken of erysipelas as it ordinarily occurs; but I have now to mention some special varieties, complications, and sequelæ which belong to it.

When erysipelas of the head invades the brain, the Belladonna we shall probably be giving for the cutaneous eruption will ordinarily answer every purpose. If, however, Rhus should be the remedy for the condition of the surface, *Stramonium* may better suit the delirium; as in a case recorded in the *Revue Hom. Belge* for December, 1876. If the cerebral symptoms are those of oppression, especially when the hyperæmia of the skin has diminished, *Cuprum*—as recommended by Jahr—should be preferred. For erysipelatous angina, with its threatenings of œdema glottidis, Apis is an excellent medicine. There is a wandering erysipelas in which the dermatitis springs from place to place discontinuously. Bähr and Jahr agree in praising *Graphites* here; the latter adds *Arsenicum* where there is much prostration of strength. Bähr speaks of "erysipelatous attacks without fever," and says that Lycopodium and Hepar sulphuris take the place of Belladonna and Rhus when it occurs. He praises the same remedies for the œdema which is sometimes left behind by the disease, when this is often

painful; giving Graphites, Sulphur, and Aurum when it is not so.

As regards local applications designed to check the progress of the dermatitis, I can say nothing about the nitrate of silver and sulphate of iron in use in ordinary practice; but I may mention that Dr. Garth Wilkinson speaks of obtaining excellent results from the application of the tincture of Veratrum viride, and that Dr. Bayes testifies to the same success with a strong lotion of this drug.

Malignant Pustule, when communicated by direct inoculation, doubtless demands the early excision or cauterization of the affected part. The success attendant upon this measure is too great and constant to justify its neglect. But if the virus has been otherwise introduced into the system, or if the patient is seen too late for local measures to be of any avail, the symptoms are so like those of the traumatic gangrene and other blood-poisonings from infected spots in which *Lachesis* has proved the specific remedy, that its administration would be strongly indicated. Indeed, Dr. Carroll Dunham has already used it with the utmost success in an American outburst of the disease, as he thus relates:*—

"In the year 1853 there prevailed quite extensively in Brooklyn an epidemic of what was called 'malignant pustule.' A furuncular formation appeared, generally upon the lower lip, attended with severe pain, and frequently surrounded by an erysipelatous areola. The most marked constitutional symptom was a very rapid and excessive loss of

* *American Hom. Review.* iv., 110.

strength, the patient being reduced from vigour to absolute prostration within the space of twenty-four to thirty-six hours. Allopathic physicians at first resorted to the local application of nitrate of silver to the pustule. In those cases, thus treated, which came under my personal observation, death followed cauterization within twenty-four hours.

"In eight cases treated by myself, Lachesis was the only remedy used. It relieved the pain within a few hours after the first dose was given, and the patients all recovered very speedily."

Glanders, when occurring in its acute form in the human subject, is so constantly fatal, that to cure it would be a triumph indeed. I do not not know that such success has ever been claimed for homœopathy. Bähr and Jahr do not mention the disease, and Jousset speaks of its remedies theoretically only. He recommends Aconite and Arsenicum. My own study of the disease, as described in books (for I have no practical knowledge of it), would lead me to suggest *Kali bichromicum*, *Mercurius*, and *Crotalus* as its most promising remedies. The first-named is exquisitely homœopathic to the respiratory —especially the nasal—affections of the disease, and hardly less so to its cutaneous phenomena, as may be seen on reading the "Skin" section of Dr. Drysdale's arrangement of the drug in the *Hahnemann Materia Medica.* Mr. Moore speaks of having effected unequivocal cures of glanders in the horse mainly by its use. Mercurius would be preferable when the purulent tendency was more pronounced, and the lymphatic glands were primarily affected—

forming the "farcy-buds" of the veterinarian. But I should be disposed to supplement either of these medicines with one more capable of dealing with the septic condition of the blood which is always present; and this, for the reasons assigned when speaking of the serpent poisons, I should hope to find in Crotalus. This medicine, or Lachesis, would be indicated as the sole remedy where malignant symptoms — as black bullæ and tendency to gangrene—appeared.

The "grease" of horses, as occasionally communicated to man, is mentioned in our nosology as a distinctive disease, under the name of "Equinia mitis." It seems to be analogous, if not identical, with the vaccinia of cows. *Thuja* has proved specific for it in the horse, and might be equally useful in the human subject. The "foot-and-mouth disease," of which we have lately heard so much, is also undoubtedly communicable to man, even through drinking the (unboiled) milk of infected cows. It seems to be an aphthous stomatitis, conjoined with a vesicular eruption on the hands and feet, and accompanied by some fever. *Mercurius*, with or without Aconite, would seem its most suitable remedy.

Pyæmia.—The following are the conclusions arrived at by Dr. Bristowe, in his article on this disease in Russell Reynolds' *System of Medicine*:—

"1. Pyæmia is almost invariably, if not always, preceded by some local suppuration, and this of an erysipelatous, gangrenous, or otherwise unhealthy sort.

"2. The link between the local mischief and the constitutional infection is most frequently inflam-

mation of the veins of the part affected, but may be simply absorption of unhealthy ichor.

"3. The local lesions which characterize pyæmia are congestions, extravasations of blood, inflammatory deposits, abscesses, and necrosis. These are generally, if not always, the result of blocking up of small arteries either by 'emboli' detached from the veins of the part primarily affected, or by 'thrombi' formed within the artery by the unhealthy blood. To the 'ichoræmia' itself are due certain diffused inflammatory processes (as inflammation of the joints and of serous surfaces) for which arterial obstruction will not account.

"4. The constitutional symptoms of purulent infection are rigors followed by sweating, a typhoid condition, quick and weak pulse, jaundice, early prostration, and generally death. The jaundice is not dependent on any appreciable affection of the liver. When the disease takes a more chronic course the symptoms are those of hectic."

I have put down these details that you may estimate the warrant I have for saying that *Lachesis* is the most promising remedy we have for this condition. The phenomena, local and general, which follow the serpent's bite lead us to expect that when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies, there Lachesis will be homœopathic and curative. Now this is just what we have in pyæmia. I have already spoken of the proved value of the remedy in malignant pustule, and shall have to tell you of its power of arresting gangrene. These are

of just the kind of local affection which induces septicæmia. Then Dr. Carroll Dunham* relates a case of purulent infection from a dissecting wound occurring in his own person. Both the local and general symptoms were severe, but they rapidly yielded to Lachesis 12, three times a day. He adds, moreover, the following, where the symptoms seem those of pyæmia from phlebitis:—"I have three times been called to cases of chronic ulcer of the lower extremities (probably of syphilitic origin), in which the discharge had ceased, the extremity had become œdematous, and a hard, slightly red swelling extending up along the course of the principal veins—together with a great and sudden prostration of strength, low muttering delirium, and typhoid symptoms—gave good reason for supposing that general phlebitis (pyæmia) had occurred. In these cases a careful study of the symptoms induced me to give Lachesis. The effect was all that could be desired, the patients rallying promptly, and all symptoms of phlebitis speedily disappearing."

Both theory and experience, then, lead us to believe that we have in Lachesis a medicine capable of modifying the unhealthy local conditions from which pyæmia starts, of subduing the phlebitis which is its second stage, and of counteracting the toxæmia and adynamia resulting in the system at large. Its efficacy to do this last makes it suitable even in cases which have no external local origin, as when pyæmia results from ulcerative endocarditis. It is only in chronic pyæmia, with hectic, that its place would be taken—taken obviously by *China*.

What I have now said is of my own suggesting.

* *American Homœopathic Review*, vol. iv.

There is little experience of the homœopathic treatment of pyæmia on record,* and our text-books, with two exceptions, are brief or silent on the point. Jahr, after narrating two fatal cases among the wounded whom he treated in Paris during the insurrection of 1832, writes:—"In the meantime we became acquainted with Thorer's report on the curative virtues of Calendula, and by using this drug we prevented suppuration, and saved all our wounded." Dr. von Grauvogl points in the same direction when, reviving former traditions,† he extols the power of Arnica to promote the rapid healing of wounds, and obviate any tendency to purulent infection.‡ The two authors, however, whom I have excepted are not these, but Kafka and Jousset. The former distinguishes pyæmia from septicæmia—the one presenting simply the phenomena of purulent infection, while the other implies "putrid decomposition of the blood." Pyæmia he treats with *Quinine* (1st dec.) from the commencement, giving the arsenite (in the same potency) if the prostration is great. The latter medicine, with Arsenicum itself, and sometimes other anti-typhoid remedies — as Rhus and Phosphorus — constitute his therapeutics of septicæmia. Jousset accounts the disease a "purulent diathesis," and thinks it may originate spontaneously. He gives Quinine in *gramme* doses after each paroxysm, when chills return regularly; but in the absence of this indication depends upon Aconite and Arsenic.

* See *Transactions of the Amer. Inst. of Hom.* for 1870 (6 cases), and *Brit. Journ. of Hom.*, xxxi., 700.

† See *Pharmacodynamics*, sub voce.

‡ See *Brit. Journ. of Hom.*, xxxiv., 731.

LETTER XI.

GENERAL DISEASES.

The Arthritic Affections.

We have come now to the second division of our General Diseases, to a group of them which—unlike those already discussed—are mainly chronic and rarely infectious. We will take to-day what I may call the arthritic affections, viz., the various forms of gout and rheumatism.

Gout has, so far as I am aware, no special homœopathic literature whatever. You will feel with me that this is somewhat ominous as respects our means of dealing with it. I must say that my own experience of the malady confirms this unfavourable impression, at least as regards the acute attack. I have tried all the remedies which seemed indicated or have been recommended—Aconite, Ledum, Pulsatilla, Arnica, Bryonia, Sabina, in various dilutions; but have never been able to trace any decided effect to their use. The attack has seemed to subside in the usual time, or to run its protracted course of remissions and relapses, much as if Nature had been left to take her course. If the author of "The Nullity of Homœopathy" had taken gout for his theme, I fear that no answer could have been given to his charge. No response has been made to the challenge I sounded in 1869,* urging my colleagues, if they

* *Manual of Therapeutics*, 1st ed.

had had better success, to come forward and tell us how they had obtained it. A writer in an American journal, indeed, found much fault with me for my contempt of our common remedies, but he hardly substantiated his confidence in them. Bähr seems to speak theoretically and at second hand only, and admits that "the treatment of a single attack is always somewhat precarious." Jousset mentions some remedies—China, Sabina, Arnica, Bryonia—as indicated, but says nothing of their efficacy. An evening devoted to the subject at the British Homœopathic Society, moreover, gave very instructive results.* Dr. Vaughan-Hughes, the reader of the paper, is enthusiastic about the value of "homœopathic treatment" in gout; but the only case he brings forward seems quite to justify Dr. Madden's criticism:—"He believed that the auxiliaries alone might be safely credited with all the improvement which took place while the patient was under observation. When we hear of carefully regulated diet, excluding the use of meat, of local applications of a solution of iodide of potassium, of hot baths with half a pound of pearl-ash in solution, &c., it is not difficult to account for the changes which took place in the patient's condition." Dr. Yeldham states that he treats his cases of acute gout with five-drop doses of the mother-tincture of Colchicum every four hours or oftener; and though Drs. Drury and Hale think this a little too "allopathic," yet they allow the value of the drug, and have nothing better to recommend. Of the same purport is the therapeutic portion of Dr. Drysdale's

* *Brit. Journ. of Hom.*, xxviii., 537.

most philosophical discussion of gout.* I shall refer to this anon: at present I will but quote a sentence :—"The proper clinical study of the disease can hardly be said to be begun, but we have merely the remedies supposed to be useful from the resemblance of a few symptoms copied from one handbook into another without sufficient verification, much in the style of the old-fashioned Materia Medica which the homœopathic school blame so much."

Under these circumstances I must recommend you to adhere to your *Colchicum*, whose power of giving relief is unquestionable. Moreover, although the associations of the medicine are allopathic, its character is far more of the homœopathic order. It is admitted now that its evacuant operation is needless to the obtaining of its soothing effects. Watson, indeed, calls it "an anodyne;" but he must be speaking of the result of its administration, not of its *modus operandi*. It has confessedly no stupefying power over the brain, or benumbing action on the nerves. It seems, therefore, to be one of those remedies which are classed as "specific," and I claim all such remedies for the school which inscribes "ὅμοίος" as opposed to "ἀλλοιος" on its portals.

But Colchicum has other claims: it has shown a power of causing arthritis.† The concomitant symptoms, indeed, were those of rheumatism rather than gout; but the two diseases are, *in their local manifestations*, so alike, that if Colchicum be a *simile* therein to the one it must be to the other. For these reasons, then, and for those assigned in my lecture on the

* *Brit. Journ. of Hom.*, xxvi., 292.

† *Pharmacodynamics*, 3rd edit., p 308.

drug, I must feel that in using it to control gouty inflammation in a joint I am fully within the sphere of homœopathy.

In adopting Colchicum, however, as a remedy for the gouty paroxysm you must avoid the inconveniences which beset its administration in the old school. Besides the depressant and drastic effects which result from over-doses, it is alleged by the therapeutists there that its use renders the disposition to the disease still stronger in the system. Trousseau goes so far as to dissuade, on this account, from any treatment whatever in the paroxysm, regarding it as a safety-valve as little to be interfered with as the eruption of the exanthemata. Homœopathy averts all these bad effects by reduction of the dose. We want to give just as much as is necessary to subdue the local pain and inflammation, and no more. I cannot affirm that any "dilution," however low, answers this purpose, and Dr. Yeldham's recommendation of five drops of the mother tincture every four hours comes with all the weight of his experience—with which my own, so far as it goes, coincides.

I have dwelt thus fully on this point because it is a weak one in our therapeutics, and (as I think) needlessly so; because we make it weak by shrinking from Colchicum, as in another place we are afraid of using Quinine.* But here, as there, we are not limited to the one "specific" upon which traditional medicine has chanced, but have several others as allies or substitutes. Thus there is no reason why the paroxysm should not be checked in its "forming" stage by the

* See p. 101.

aid, in addition to elimination and (if you like) chemical neutralization of the superabundant lithic acid, of such medicines as *Nux vomica* or *Pulsatilla*, one or other of which exactly corresponds to the symptoms usually present. Later, when chills and restlessness announce the impending inflammation, *Aconite* comes in with unquestionable benefit, and is sometimes indicated in alternation with Colchicum throughout the attack. When gout in the foot follows immediately upon mechanical injury (and you know how slight a cause of that kind will sometimes set it up), *Arnica* ought to be primarily of service. Dr. Drysdale has well pointed out that these medicines have no necessary relation to the essential *qualitative* disorder we call "gout;" that they meet the *quantitative* disturbances locally induced by it, and would do so just as well if these were not gouty at all. He thinks (but I know not on what ground) that Colchicum has true qualitative similarity.

A word as to local applications. We of course agree thoroughly in the deprecation of any of a depleting or repressive character. But if Colchicum were likely to be useful when locally applied, we should certainly use it; and we are thus open to the recommendation of iodide of potassium so strongly made by my friend Dr. Belcher.* The solution he uses is of the strength of one or two drachms of the drug to six ounces of water.

When you have got your patient through his acute attack, you have to combat the morbid diathesis whose existence it reveals. I need add

* *Monthly Hom. Review*, xiii., 152.

nothing to what men like Watson and Garrod have written on the diet and regimen necessary for patients thus affected. I can only add my testimony to the paramount importance of this part of the treatment, and refer you to the able writings of the late Dr. Acworth* as enforcing with abundant argument and illustration the same truth. As regards medicines, it is possible that symptomatic resemblance (where there are any symptoms for comparison) may lead you to a real anti-gouty remedy; and so a moderate use of this method is justifiable. Dr. Acworth states that he has seen much benefit from the administration of *Sulphur*, and the frequent determination of the poison to the skin in the form of psoriasis or eczema adds force to his recommendation.

We have yet remaining for consideration the treatment of "chronic gout," and of the local manifestations of "larvaceous" and "anomalous" gout. I follow Trousseau in this nomenclature. By chronic gout he means that form in which prolonged and extensive attacks follow upon one another with only partial remission; so that there is structural change in the joints, and the deposit of tophus. Can we do anything for this? I should have said—nothing, save the treatment of the diathesis as specified above, with Sulphur and perhaps (as Jousset recommends) *Lycopodium*. But the very striking case recorded by Dr. Hirschel in the *Neue Zeitsch. f. Hom. Klinik*,† when combined with the testimony of Dr. Belcher already cited, leads us to hope that *Iodide of Potas-*

Brit. Journ. of Hom., xv., 177; *and* xvii., 83. *Annals*, iv., 481.

† See *Brit. Journ. of Hom.*, xxvii., 677.

sium may do much for us here. Dr. Hirschel gave doses of from $\frac{1}{3}$ to $\frac{3}{4}$ of a grain. Wherever practicable, its local application, as in the acute paroxysm, should be conjoined.

"Larvaceous gout" is said to be present when the disease appears as a neurosis or phlogosis, or other affection unlike the frank arthritic paroxysm. Some of these will come under consideration among local diseases. I may say here that, once certain of the gouty nature of an inflammation, you can combat it (as a rule) more effectually with Colchicum than with any other medicine we have. The angina and ophthalmia are figured pretty plainly in its pathogenesis; as is also pleurodynia, which is sometimes (though rarely) gouty. The gouty origin of a neuralgia would lead us to *Colocynth* and *Sulphur* for its remedies, in preference to such anti-neuralgics as Arsenic and Belladonna.

The visceral diseases of "anomalous gout," as its bronchitis and renal degeneration, will come under notice in their respective places. I will only add a word here as to "gout in the stomach," which I apprehend to be, in almost every case, a neurosis of the solar plexus. Its danger would then be analogous to that of a blow on the epigastrium, or the rapid drinking of cold water when heated—viz., inhibition of the heart's action conveyed along the splanchnic nerves. *Nux moschata* has some reputation in our school in the treatment of this alarming complication. I should be disposed to give it in doses large enough to produce its stimulating effects.

Rheumatism occupies a very different place

from gout both in our literature and in our practice. We have some capital medicines for it; and numerous monographs on the subject are scattered throughout our journals.*

The general impression you will derive from looking over the writings of our school is a very favourable one, as far as the treatment of acute rheumatism ("rheumatic fever") is concerned. There is an almost uniform testimony borne to the power of homœopathic treatment over the disease, and a nearly universal agreement as to its main remedies. Moreover, our statistics compare very favourably with those of the old school. There, as you know, first the alkaline plan had been proved greatly superior to all others in acute rheumatism, and then the results of pure "expectancy" appeared to be equally good with those of alkalisation. The conclusion was inevitable that the latter was so much useless drugging; while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant; and the result is that we shorten the average duration of the disease by from six to ten days.

And now as to the means by which this result is to be obtained.

You will, in the great majority of cases, commence

* See Black in *Brit. Journ. of Hom.*, xi., 216; *Monthly Hom. Review*, xiv., 731; Henriques in *Brit. Journ.*, xii., 35; Mackechnie in *ibid.*, xxviii., 764; Madden in *ibid*, xxix., 372; Vaughan-Hughes in *ibid.*, xxvii., 177; xxviii., 103. To these may be added Dr. Russell's *Clinical Lectures*, which include five on this disease; and the statistical accounts of the cases of rheumatic fever treated at the Leopoldstadt Hospital, in vols. xi., xix., and xxii. of the *British Journal*, and vol. iv. of the *Annals*.

your treatment by the administration of *Aconite*. I have pointed out that this medicine is homœopathic, not only to the fever, but also to the local affections induced by the rheumatic poison. It should be given, therefore, as Dr. Madden states, not as a mere anti-febrile, but as a specific antidote to the whole condition present. The brilliant results reported from its use by Lombard and Fleming * have been especially confirmed among ourselves; and, as their example suggests, the lowest dilutions have been found most efficacious.

2. When Aconite seems to have exhausted its force, the medicine to follow it is nearly always *Bryonia*. I agree with Dr. Russell that these two medicines, and probably these only, positively neutralize the rheumatic poison in the blood. Bryonia corresponds to the inflamed joints, intolerant of movement; and to the pneumonia and serous inflammations which threaten to supervene. It is not less suitable, moreover, when the muscles are affected rather than the joints. It enjoys high repute with the advocates alike of the low and of the high dilutions.†

The only other medicines you are likely to have to consider in acute rheumatism are Pulsatilla, Rhus, Mercurius, and Sulphur. *Pulsatilla* is suitable—and even sometimes excludes both Aconite and Bryonia from the commencement—in sub-acute cases, with little fever, and frequent shifting of the mischief from joint to joint; especially when the patient's

* See *Pharmacodynamics*, 3rd ed., p. 62.

† See Bayes, *Applied Homœopathy*, sub voce; and the cases appended to the Austrian re-proving (*Œst. Zeitsch.*, *III*).

constitution and temperament are those characteristic of this remedy. *Mercurius* takes the place of Bryonia when the inflammation is obstinate in any one joint; when the pains are much worse at night, and when profuse sour perspiration is present, which, however, affords no relief. *Rhus* is indicated in those rare cases where the fever tends to an adynamic type, with great restlessness, the patients (unlike those who call for Bryonia) constantly shifting their position, finding their pains increased by lying still for any time. *Sulphur* is invaluable to prevent the lingering of convalescence, or the passing of the disease into a chronic form.

I must add two other remedies as truly applicable to acute articular rheumatism, but only (so far as we know) when particular localities are affected. These are *Viola odorata* and *Caulophyllum*. For the value of the former in rheumatism affecting the wrists (especially the right one) we have the unimpeachable testimony of Tessier and Kitchen.* And Dr. Ludlam has shown the latter to be as curative as Dr. Burt has shown it to be pathogenetic of "inflammatory rheumatism" of the hands and fingers.†

As regards the complications of acute rheumatism, those of the heart must be separately discussed in their place. We need no longer inquire whether, by refusing the aid of alkalies, we are losing a comparative immunity from cardiac complications which otherwise we might obtain for our patients. The results of expectancy have dissipated this idea, which I con-

* See *Brit. Journ. of Hom.*, xxiv., 314.

† See Hale's *New Remedies*, sub voce.

fess that at one time I myself held.* The occurrence of other inflammations in the course of the fever need not lead us to change our Aconite and Bryonia. To pleurisy, pneumonia, and peritonitis these grand medicines are as suitable as they are to the general rheumatic condition itself. Nor, if we give the first of them full play, need we (I think) fear to encounter the hyperpyrexia ever and anon occurring in ordinary practice, which seems to require the heroic remedy of cold bathing to avert a fatal issue. "Cerebral rheumatism" is sometimes a meningitis; sometimes, according to Trousseau, a neurosis only. In the former case the remarks made as to other intercurrent inflammations apply; in the latter I have suggested *Actæa racemosa* as a probable remedy.

While thus we are treating our patients at large, there is nothing that I know of to prevent any local medication of the affected joints which may relieve or improve their condition. Most of us employ water-dressing in the acute stage; but, when there is great pain, I have seen so much benefit from the warm alkaline-opiate epithems recommended by Fuller and Watson, that I should be sorry to deprive a sufferer of them. When a joint threatens to become chronically affected, Trousseau speaks warmly of the continuous application of "camphorated bread-crumb with belladonna and opium," in addition to perfect rest.

In *chronic* rheumatism a much larger number of medicines have to be brought into play. There is here little or no toxæmia; and we have to combat the rheumatic poison in the sphere of the tissues or

* See *Annals*, iv., 214, 385; *Monthly Hom. Review*, ix., 748.

organs it has affected. Bryonia, Rhus, Pulsatilla, Mercurius, and Sulphur continue to find place; but to them we must add Rhododendron, Ledum, Dulcamara, Kali hydriodicum and bichromicum, Mezereum and Phytolacca. The indications for the choice of these remedies are derived from their pathogenetic effects; and I have generally given them in my lectures on Pharmacodynamics. I can only briefly note them here.

Bryonia.—Heat and swelling of joints, which are painful on movement.

Rhus.—Stiffness present rather than tenderness; tendons, fasciæ, sheaths of nerves, &c., mainly affected; pains increased by first movement, but by continued motion relieved.

Rhododendron.—Character of pains those of Rhus; muscles chiefly affected; aggravation by stormy weather.

Ledum.—Small joints chiefly affected, with *coldness*.

Pulsatilla.—Knee, ankle, and tarsal joints the seat of the trouble; menstrual disturbance present (see Rheumatic Gout). Pains increase in evening and night.

Dulcamara.—Sub-acute or chronic rheumatism form continued exposure to damp atmosphere.

Sulphur.—The rheumatic diathesis very general and marked. To be continued persistently.

Kali hydriodicum.—Periosteal rheumatism, especially if syphilitic or mercurial.

Kali bichromicum. — Simple periosteal rheumatism.

Mezereum.
Phytolacca. } —As Kali bichromicum.

Mercurius.—Indications as in acute form (see Dr. Yeldham's cases in *Annals*, iii. and iv.)

The seven first-named remedies have gained most of their repute in chronic rheumatism in the higher dilutions, the rest in the lower.

Rheumatic Gout must, I think, still retain this name in preference to the "rheumatoid arthritis," the "chronic rheumatic arthritis" or "osteo-arthritis," and the "nodular rheumatism," which have been suggested in substitution. The name is familiar to all; it well expresses the phenomena and relationships of the disease; and we shall not be led astray by it as to its pathology and treatment.

The cardinal facts about rheumatic gout, as bearing on the question of treatment, are, first, the great predominance of women among its subjects; second, the frequent co-existence in them of menstrual perturbation or disorder; third, the analogy between rheumatic gout and gonorrhœal rheumatism. The remedies suggested by this concatenation of uterine and rheumatoid troubles are Pulsatilla, Sabina, and Actæa racemosa; and with these in recent cases, or in such as begin with acute symptoms, we may do very much. *Pulsatilla* is best when the menses are scanty or suppressed, the digestion disordered, and the mind melancholic. *Sabina* is preferable in the frankly inflammatory form, especially if there is menorrhagia. *Actæa racemosa* has Dr. Ringer's high commendation; it is indicated when the pains are worse at night, and in wet or windy weather. It relieves these, he says, and the cramps which often accompany them, to a very considerable extent.

In cases of long standing, knowing the disorganization of the joints which this implies, we can hardly hope to do much with internal medicines. I know of no expressions of confidence or records of success on the part of writers of our school of medicine, save one case mentioned by Dr. Edward Blake, in which *Sulphur* was of decided benefit;* and the results of my own practice have been negative. You will do well, therefore, to fall back upon the measures recommended by Fuller, Garrod, and Trousseau. The corrosive sublimate and iodine of the last-named, and the fraxinus excelsior, arsenic, and arnica of the first chime well with our notions, and may find hereafter a defined place in our treatment. I have only here to tell you what homœopathy can do, and how she does it.

Gonorrhœal Rheumatism.—Of the treatment of this disease I can say little. I have only had one case under my own care, and this seemed little influenced by any of the medicines I used. However the patient made a good and complete recovery, which is more than occurs in many cases. Jahr speaks of having brilliant success in one case with *Pulsatilla* following Aconite; and others of the same (Hahnemannian) school laud *Sarsaparilla.* These medicines would of course be given in the higher potencies.

Besides the varieties of gout and rheumatism now specified, our nomenclature gives us "gouty synovitis," "synovial rheumatism," and "muscular rheumatism." The first two—which I suppose we are

* See *Brit. Journ. of Hom.*, xxxv., 346.

to understand as arthritic affections occurring in gouty or rheumatic subjects, without other manifestations of the diathesis—will come before us among diseases of the joints; the last among those of the muscles.

LETTER XII.

GENERAL DISEASES.

Cancer—Scrofula—Blood Disorders.

Of the fifteen "general diseases" still remaining on our nosological list, I shall consider seven only in this place. Lupus, rodent ulcer, and elephantiasis must come before us as diseases of the skin; rickets and cretinism as maladies peculiar to childhood; diabetes and general dropsy among renal disorders; while beri-beri must remain unnoticed for want of knowledge on the subject. We have remaining cancer (with colloid), scrofula (with tubercle), and the blood disorders—purpura, scurvy, anæmia and chlorosis, and (as I must add) plethora.

I have first to tell you what homœopathy can do for the terrible disease we call

Cancer.—Under this name I include not only schirrus, encephaloid, and melanosis, but also the "colloid" to which a distinct place is given in our nomenclature, but which for all practical purposes is a form of carcinoma.

In speaking of the employment of medicines for this disease, I must not be understood as ignoring the use of the knife or of enucleation in suitable and practical cases. Were I a woman, and a nodule appeared in my breast of undoubted or even suspected malignancy, I should certainly seek its immediate removal by the

surgeon. Drs. Marston and McLimont in our own ranks, not to speak of more irregular practitioners elsewhere, have abundantly illustrated the value of enucleation by caustics in mammary scirrhus, and removal by the knife is certainly growing rather than decreasing in favour among practical surgeons. But there are confessedly stages, varieties, and localizations of the disease which operative measures cannot reach, and it will be of great importance if homœopathy can prove itself efficacious in such cases.*

The general impression one gains from reading the homœopathic literature of the subject is that we have remedies which materially improve the general health of cancerous patients, and which, by their elective affinity for the parts affected, tend in a greater or less degree to restore their healthy nutrition. I cannot say that I see evidence of any specific relationship between these medicines and the carcinomatous diathesis, so that the one can fairly be expected to neutralize the other. Nevertheless, when you have done all you can by healthy living and generous diet, by iron and by cod-liver oil, to improve the general health of these subjects (and how much may be done in this way has been well shown by the late Mr. Weeden Cooke), you will find in our constitutional remedies the means of doing something more. The chief of these is *Arsenicum*. Under its use, in varying dilutions, you will seldom fail to observe an increase in strength, a better oxygenation of the blood, and a healthier performance of the functions in patients affected with cancer.

* See *British Journal of Homœopathy*, xxi., 611; xxiii., 196

The lancinating pains, moreover, which annoy the affected part are frequently relieved by this medicine. Sometimes, where the general condition is characterized by great torpor, *Carbo* may be a better medicine even than Arsenicum, as in a case mentioned by Drs. Marston and McLimont (p. 633). The animal charcoal is generally used; but I suspect that the vegetable product would act quite as well.

Approaching cancer from another side, there are certain remedies to which we are led by the *form* of the disease present. Thus, "epithelial cancer" has been histologically identified with such growths as warts and condylomata under the common title of "epithelioma." Analogy would accordingly lead us to administer and apply *Thuja* in these cases, and to expect from it some at least of the power for good it manifests over the less malignant growths of the same order. Under this head it seems we are to group the cancers of the lip, tongue, and scrotum, and the "cauliflower excrescence" of the os uteri. Perhaps Dr. Quin's case in the first volume of the *Annals* (p. 177), though styled by him "fungus hæmatodes," was really cauliflower excrescence; and here Thuja was strikingly beneficial. Epithelial cancer of the lip, however, is so markedly under the control of Arsenic, that I should feel indisposed to resort to any other medicine. Its external use in the form of ointment (say gr. v of the 3rd dec. trituration to 3j of lard) is here advantageously conjoined with its internal administration. I should recommend the same treatment for "cancer scroti."

When encephaloid or melanotic cancer assumes a fungoid form, the power of Thuja over vascular as well as epithelial growths may be brought to bear with advantage. The celebrated case of Radetzky is possibly an illustration of its virtue. I say possibly, because the part taken by the medicine in the cure (the fungus grew from within the orbit) has been questioned. You will find the narrative of the case, with criticism and defence, in the first volume of the *British Journal of Homœopathy*. But when the vascularity of the growth combines with its form to give it the name "fungus hæmatodes," the facts I have mentioned under the head of *Phosphorus* must be borne in mind. You will notice how, in the case narrated there, Thuja rendered essential service towards the ultimate withering of the protrusion.

The third factor which guides us in our choice of remedies for cancer is the *part affected*. The elective affinities which we have ascertained to belong to our medicines are here brought into play with good effect. Thus Conium, Hydrastis, and Carbo animalis have more or less influence over mammary scirrhus, Arsenic and Phosphorus over cancer of the stomach, and Secale over that of the womb; while Aurum, which is our chief osseous medicine, is said to have cured cancer of the antrum.* But of these local remedies for the disease I shall speak under the head of the special organ attacked.

The only question which remains is, whether we have any general anti-carcinomatous medicines, as we have anti-syphilitics and anti-sycosics. The

* *Brit. Journ. of Hom.*, xvii., 59.

only remedies which show any claim to the title are *Hydrastis, Cundurango, Calcarea,* and *Silica.* I must refer you to what I have written upon each of these drugs in my *Pharmacodynamics.* That the first-named has arrested cancer of the stomach suggests that its undoubted value in mammary scirrhus is more than the action of a glandular stimulant. Cundurango has gained still more frequent success in the former affection, and by Dr. Clotar Müller has been found very effective in malignant ulcerations of the surface. Calcarea and Silica, in substantial though small doses, seem capable of abating the pains of cancer, and sometimes of causing its growths to wither. The gneiss, or *Lapis albus,* lately introduced by Dr. von Grauvogl, seems a medicine of the same nature. *

With these internal remedies, and with citric acid and chlorate of potash for local applications, † we need not abandon any case of cancer to despair. Even though life may ultimately be destroyed by the disease, much may be done towards prolongation of days and relief of sufferings; while every now and then genuine cures may be effected.

Scrofula.—The doctrine of scrofula and tubercle has undergone many variations of late. In our student days we used to think the latter an occasional manifestation of the former. Then we were led by Sir W. Jenner to speak of "scrofulosis" and "tuberculosis" as distinct diatheses, differing from one another as essentially as either from rachitis.

* *Brit. Journ. of Hom.*, xxxii., 687; xxxiii., 571.

† *Ibid.*, xxiv., 518; xxv., 518.

Now Niemeyer and his contemporaneous workers have inaugurated another way of looking at the matter. Scrofula, with them, is that vulnerability of constitution which we call "delicacy," *plus* a tendency on the part of the lymphatic glands in the neighbourhood of any disordered part to take on hyperplasia and become enlarged. The other so-called strumous affections are in no way *specifically* distinct from the same diseases in non-strumous subjects. Tubercle, in the majority of cases, is secondary to "cheesy" degeneration of simple inflammatory products or of scrofulous glands. It may even supervene upon vaccination, or result from an issue. But occasionally a primary tuberculosis of the lungs (and possibly also of the cerebral meninges) is observed.

These views to a large extent harmonize the previous doctrines. Tubercle is often secondary to scrofula, though mediately instead of directly; and tuberculosis is occasionally met with as a distinct diathesis. The characteristic constitution with which the latter is associated, and the circumstances which constitute its predisposing and exciting causes, need further investigation. Pending this, I shall not speak of it here among general diseases, but only when its local outbreaks come to be considered. What I have to say at present concerns scrofula only.

While pathological theories vary, clinical observation remains unchanged; and it has at all times recognised two leading types of scrofulous constitution. Let me remind you of them in Professor Miller's graphic words:—

"In the sanguine variety the complexion is fair, and frequently beautiful, as well as the features. The form, though delicate, is often graceful. The skin is thin, of fine texture; and subcutaneous blue veins are numerous, shining very distinctly through the otherwise pearly white integument. The pupils are unusually spacious; and the eyeballs are not only large but prominent, the sclerotic showing a lustrous whiteness. The eyelashes are long and graceful — unless ophthalmia tarsi exist, as not unfrequently is the case; then the eyelashes are wanting, and their place is occupied by the swollen, red, unseemly margin of the lid.

"In the phlegmatic form the complexion is dark, the features disagreeable, the countenance and aspect altogether forbidding, the joints large, the general frame stinted in growth, or otherwise deformed from its fair proportions. The skin is thick and sallow; the eyes are dull, though usually both large and prominent; the general expression is heavy and listless; yet not unfrequently the intellectual powers are remarkably acute, as well as capable of much and sustained exertion. The upper lip is usually tumid, so are the columna and alæ of the nose, and the general character of the face is flabby; the belly inclines to protuberance; and the extremities of the fingers are flatly clubbed, instead of presenting the ordinary tapering form."

Now it seems reasonable that these differences of form in the scrofulous constitution should be an important element in the data for choice of remedies for it. The hygiene and diet are much the same for both; but the place which Iodine and Ferrum occupy in the treatment of the former variety is taken by Sulphur in the latter, while Calcarea embraces both. *Calcarea* is a medicine which, in our hands, inherits all the ancient reputation of lime-water and the salts of lime. Its indications in

scrofula are a lymphatic temperament, a fair skin, plumpness rather than emaciation, and morbid tendencies of the glands, bones, and joints. *Iodine* suits the sanguine variety described above, especially when there is wasting; and hence partly the value of cod liver oil in the dietetic treatment of these subjects. *Ferrum* is the "tonic" of the same class of patients: Dr. Cooper points to their clear skin and curly hair as indications of their suitableness for it when weak. *Sulphur* is the great remedy for the second of our two forms, especially when the local manifestations tend towards skin and mucous membrane rather than glands and bones.*

You will, therefore, besides your all-important general treatment, prescribe one or other of these medicines in every instance of the scrofulous diathesis which comes under your care. When I come to the various forms of strumous disease, we will consider how far diathetic remedies by themselves suffice for their treatment, and whether any of them act also on the affected parts.

Our group of blood disorders embraces plethora, anæmia, scurvy, and purpura.

Plethora is a morbid condition which may be dismissed in a very few words. I take it to be very rarely met with now-a-days; and, when present, to result from the transgression of obvious physiological laws. Its treatment must accordingly be purely

* Dr. Jousset adds *Silica* to the above remedies, speaking of it as "le grand médicament de la scrofule." His account of the progressive evolution of the disease in its typical form, and his indications for Dulcamara, Viola tricolor, and Conium in its earlier stages, are very graphic and valuable.

hygienic and dietetic, and no place for dynamic remedies can be with any plausibility assigned. If, however, a case should come before you in which the patient really does "make blood too fast;" if, in spite of spare diet and active exercise, the symptoms of plethora still persist, medicines must be given. You would naturally propose to administer minute doses of some preparation of iron. But if Dr. Drysdale be right* in thinking that Loeffler's provings demonstrate a depressing action on sanguification as exerted by iron from the first, we lose it as a homœopathic remedy for plethora; nor can I readily suggest another. My friend Dr. Hutchinson thinks that the pseudo-high health resulting in the Styrian peasants and Vienna horses from eating arsenic is a plethora of this kind, and infers the homœopathicity thereto of the medicine. I should have thought, however, that it was rather from checking destructive metamorphosis than from increasing sanguification that arsenic induced its plethora. My *Monthly Homœopathic* reviewer mentions that "in 1861 M. Lamare-Piquot announced the fact that small doses of arsenic reduced the amount of red globules in the blood, and that he had found the remedy successful in cases where they were in excess, and the patients were suffering from cerebral congestion."

Anæmia presents a wider field for inquiry. In one form indeed in which it occurs it is just the correlative of plethora, both as to cause and as to treatment. I mean when it results from deficiency of

* See *Brit. Journ. of Hom.*, xxvii., 258.

air, light, and suitable food, and from other depressing causes. The only rational and permanently successful treatment of such cases must be the removal of the injurious cause or the restoration of the lacking *sanantia*. But even when these indications are satisfied, and still more when they can only partially be fulfilled, remedies acting homœopathically upon the blood-making process are useful. That *Ferrum* is such a remedy I have already argued; and the experience of Dr. Bayes and others as to its value in anæmia in the second and third decimal attenuation of the acetate or iodide * confirms the inference drawn from its provings. Whether it should also be used as a dietetic agent is an open question; and we need comparative experiment to determine whether patients get on as fast without it. You, at least, would do well to begin by trying if they do. —*Argentum* and *Zincum* are also truly homœopathic to anæmia.

There is another simple and intelligible form of the malady,—that resulting from excessive or long-continued losses of blood. I need hardly remind you of the value of *China* in these cases.† But this remedy goes no farther than the exhaustion consequent upon hæmorrhage. Again we turn gladly to the well-tried iron to help the generous diet we prescribe to make blood as speedily as possible. The direct feeding of the impoverished blood by the metal is here a plausible hypothesis enough.

But perhaps the most common form of anæmia is that which comes before us in connection with dis-

* *Applied Homœopathy*, p. 91. † See *Annals*, iii., 228.

ordered menstruation. A glance at a young woman who enters our consulting room gives us the whole group of symptoms. The catamenia absent, or retarded, scanty, and pale; frequent palpitation; breathlessness on slight exertion; debility, anorexia and low spirits, make up the patient's story; to which our examination adds the anæmic murmur in the neck, the waxy, puffy skin, and the exsanguine mucous membrane. Now what is the relation between the anæmia and the catamenial disorder? It is common now to say that these patients do not menstruate because the ovaries find no blood upon which to draw. But very often the history of the case is this. A young woman in fair health gets a chill while menstruating, and the flow is checked. When the next period comes round, nothing is seen. Coincidently with this the general health fails, and the symptoms of anæmia develop themselves.* If now, under dynamic remedies (of which *Pulsatilla* is the chief), the catamenia are restored, *pari passu* the anæmia departs.

I must not follow up the pathological inquiries which such facts suggest. Their bearing upon treatment is pretty obvious. While you can hardly do anything but good by giving your chalybeate food as heretofore, homœopathy enables you to strike at the

* Compare the following case related by Trousseau:—"This young girl is seventeen years old; she has menstruated regularly until this last time, when, on her taking a cold bath on the last day of her menstrual period, the menses were immediately suppressed, and she shortly afterwards felt an acute pain in the region of the left ovary. Within a few days she had palpitation of the heart, got out of breath easily, and complained of disordered digestion and of vague pains; she had become chlorotic." (*Clinical Lectures*, transl. by Bazire, vol. I., lect. 17.)

root of the matter by her specific remedies for deficient menstruation. These will be considered in their proper place. For the present let me illustrate what seems to me the true plan of treatment for such cases by one of my own. It appears in the *British Journal of Homœopathy*, vol. xxiv., p. 328 :—

"Emily G——, æt. 16, consulted me at the Dispensary on January 15th, 1866. In the previous February she had caught cold whilst menstruating, and the flow had prematurely ceased. She had seen nothing since; and had been growing weaker and weaker. She was very pale, and complained of breathlessness, palpitation, headache, &c.: in a word, she was thoroughly anæmic. I ordered her to take two grains of the *Ferrum reductum* of the British Pharmacopœia once daily with a meal.

"January 22nd.—No change. Continue *Ferrum*.

"29th.—Feeling much better in health. Continue.

"February 5th.—Much better and stronger, and colour returning, but no catamenia.

"Gave *Pulsatilla* 12, 6, and 3, in succession: each dilution for two days: a drop three times a day.

"11th.—The catamenia reappeared on the 8th (*i. e.*, while taking the 6th dilution), and were fair as to colour and quantity. She feels and looks quite well."

You may say, perhaps, that the catamenia would have returned in time of their own accord when once the blood had regained its normal richness under the influence of the chalybeate. It may be so. But read the very similar case in Professor Hughes Bennett's *Clinical Lectures* (p. 890 of 3rd ed.) It is said to have been dismissed "cured." But after two months' treatment by iron, tonics, generous diet, and rest, the catamenia had not appeared.

Scurvy is a typical instance of a disease resulting from pure dietetic causes, and requiring pure dietetic treatment.* The late Sir J. Simpson seemed to think he had made a point against homœopathy when he argued that lemon-juice cures scurvy, but is incapable of producing it. The argument is really altogether wide of the mark. Lemon-juice is only a convenient form for supplying certain necessary constituents of our food, the absence of which induces the condition we call scorbutic. It plays no essential part in the treatment of scurvy. It is generally sufficient to place the sufferers on the full diet of an hospital, comprising as it does fresh meat and vegetables, and milk; and nothing more is required for the cure.

Purpura must, I suppose, be discussed here, as it has been styled "land scurvy." But I am convinced that the resemblance is phenomenal only. In purpura there is none of that excess of fibrin in the blood which analysis demonstrates to exist in scurvy, and which shows itself in the plastic deposits which

* My reviewer in the *Monthly Hom. Review* (xiii. 236) dissents from this recommendation, and writes: "Raue, in his excellent *Special Pathology*, names 15 remedies which are suitable for the various lesions consequent on scurvy, and we should unquestionably give some of these, according to the individual specialities of the case, in addition to a proper regulation of the diet." I should be glad to know if Dr. Raue has ever treated scurvy, and seen any of his "15 remedies" do what proper dieting was not doing, or not doing so fast. I can recall two (unsuspected) cases of (land) scurvy, in which the most careful medicinal treatment was effecting absolutely nothing, but which cleared up rapidly when the true cause of the symptoms was discovered and the deficiency of fresh vegetables supplied. It is not thus that diseases behave where medicines are of primary importance, and "regulation of the diet" only a useful supplement.

sheath the muscles and mat the cellular tissue of scorbutic patients. Nor is there in the majority of cases of purpura any history of deficiency in the fulness or variety of diet. It seems to me a morbid condition *sui generis*, developing itself under very various circumstances. I have gone somewhat into its pathology and causation in a paper on the subject in the twenty-sixth volome of the *British Journal of Homœopathy*. Referring you thither for details, I sum up here the conclusions arrived at as to its treatment.

Purpura appears under two forms, the febrile and the simply hæmorrhagic. The febrile variety itself differs as it is sthenic or asthenic. Of sthenic febrile purpura I have cited instances in my paper, and have noted the repute of venesection, purgatives, and low diet in its treatment. With us the place of the first two would be taken by *Aconite*, which accordingly promises to be its most suitable remedy. Of purpura with asthenic fever I have given two cases from homœopathic literature. Both were severe; and both recovered under Sulphuric acid and Arnica. I confess myself, however, quite unable to see the homœopathicity of Sulphuric acid to the morbid condition here present. Its use seems a relic of old-school traditions rather than an induction from the law of similars; and it is difficult to conceive of the "astringent" action of the drug being exerted in the 1st and 2nd dilutions, which were those used in the cases cited. The claims of *Arnica*, indeed, deserve more respectful attention. The petechiæ of purpura are unquestionably so many *bruises* (the term "ecchymoses" is common to both); only in

this case the extravasation results from morbid change from within, and not from mechanical violence from without. The influence of Arnica over ecchymoses owning the latter cause is probably not merely local, but dynamic and specific. It "determines" (in old-school language) "to the surface," and so favours hæmorrhages; but there is nothing like purpura, simplex or hæmorrhagica, in its pathogenesis. A better remedy than either of these for asthenic febrile purpura would seem to me to be found in *Mercurius*. This poison unquestionably causes ecchymoses and hæmorrhages; and the second of the two cases cited reads so like an example of acute hydrargyrosis that I wonder Mr. Willans did not treat it with Mercurius throughout. *Arsenicum*, too, must not be forgotten; it is homœopathic alike to the prostration and the petechiæ.*

Of the non-febrile variety of purpura, where the hæmorrhage is all in all, the only instance I know of in our literature is a case in the *American Homœopathic Review* (v., 566). The symptoms rapidly subsided when, after six days' increase, on the seventh a high dilution of *Phosphorus* was administered. The choice of the medicine was determined by the hæmorrhagic symptoms ascribed to it in Hahnemann's pathogenesis. There is no doubt that the abundant ecchymoses observed in the subjects of poisoning by Phosphorus closely resemble the symptoms of purpura. But, unfortunately, the weight of evidence is against these symptoms being

* An almost desperate case cured by this remedy is recorded by Jahr. It was of the non-febrile form.

primary. They seem to occur only in connection with the peculiar morbid changes induced by Phosphorus in the liver. They point to the purpuric symptoms which characterize yellow fever and acute hepatic atrophy, rather than to the idiopathic disorder. Still, I do not hold the question as settled; and we do well to keep Phosphorus in reserve in the treatment of our present malady.

A more promising candidate for the place of specific remedy for this form of purpura is *Hamamelis*. A case is recorded in Dr. Hale's *New Remedies*, in which the administration of this medicine rapidly dissipated purpuric symptoms supervening upon varioloid. I have myself, since writing the paper referred to, cured very speedily with it a case in which blood had been largely extravasated under the skin, and was passing in the urine. The anti-hæmorrhagic virtues of Hamamelis are so considerable, that I am disposed to credit it with much power over the morbid condition we are considering.

Another poison apparently homœopathic to purpura is serpent-venom. In my discussion of Lachesis and its congeners I have spoken of the "purpuric or hæmorrhagic form" which poisoning by them often assumes. The ecchymoses and hæmorrhages which occur are shown to be dependent upon changes in the blood, which becomes diffluent and non-coagulable. Whether this is so in purpura is hardly proved; but the phenomena are so similar that one or other of the snake-poisons used in our practice should be fairly tried in its treatment. There are

two cases on record in which *Lachesis* was given with rapid disappearance of the symptoms.*

Jousset considers Phosphorus the principal medicine in this malady; and adds that in its later stages Secale, administered in the 3rd dilution, has given unhoped-for success.

* See *Brit. Journ. of Hom.*, xxii., 489; *Amer. Journ. of Hom. Mat. Med.*, iv., 66.

LETTER XIII.

GENERAL DISEASES.

The Venereal Maladies.

In my present letter I shall speak of those venereal diseases which are of a general character, viz., of syphilis and sycosis.

Syphilis.—I follow all recent pathologists in limiting this term to the indurated sore and its consequences. It must be a great satisfaction to you, as it is to myself, to find that the doctrines about syphilis we long ago imbibed from our excellent teacher, Mr. Henry Lee, are now universally received. Soft chancre with its suppurating bubo has followed gonorrhœa to the sphere of local affections, among which we shall consider it. The disease whose treatment we have now to discuss is syphilis strictly so called.

Comments upon the treatment of syphilis occupy a large space in the field of homœopathic literature. I refer you for them in the first place to our journals generally; and in the second to two excellent monographs, Dr. Yeldham's *Homœopathy in Venereal Diseases,* and Jahr's *Venereal Diseases* translated (with additions) by Dr. Hempel. Bähr's article on the disease will also well repay a reference.

In discussing the homœopathic treatment of syphilis we shall have always to speak comparatively. I mean, firstly, that the therapeutics of the old school

are not here, as in the case of so many of the maladies we have had to consider, of a nihilistic character: they are definite and specific, and claim unwonted success. "Anti-syphilitic treatment," as practised at the present day with mercury and iodide of potassium, is affirmed to be capable of clearing away with remarkable rapidity most of the secondary and tertiary phenomena of syphilis; and Ricord and Hutchinson have lately affirmed that the judicious treatment of the primary induration with the first-named drug may prevent the outbreak of constitutional symptoms altogether, and cure the disease in its primary stage.

Again, we have to take into account the results of the expectant treatment of syphilis. It is allowed that both primary and secondary manifestations of the disease continue longer in existence under this method than when anti-syphilitics are used. But it is maintained that these are milder in kind and character; and that ultimately the infection disappears, and never goes on to the formation of gummata and other tertiary phenomena.

The question before us, then, is this,—Does the homœopathic treatment of syphilis give better results than expectancy? and does it render unnecessary the induction of the physiological action of mercury (which, however slight its degree, is always involved in its old-school use), and the administration of large doses of iodide of potassium?

Let us first inquire what Hahnemann thought on this point. Dr. Dudgeon's collection of his *Lesser Writings* contains a very interesting treatise on Venereal Diseases published by him in 1789—before,

therefore, any conception of homœopathy had entered into his mind. In this work he maintains the entire sufficiency of mercury for the cure of every manifestation of syphilis; but that to effect this it must be so administered as to set up a "mercurial fever" in the system. From eight to twelve grains of his "mercurius solubilis" were generally required for the purpose, given in divided but increasing doses. Evacuations —including salivation—were to be avoided; but a "drowsy" administration of the drug, insufficient to excite the specific fever, did no good, but rather harm. By setting up this fever both the primary chancre and the general lues, however inveterate, might be cured in a few days; and if the treatment be adopted in the former stage, no general infection follows. He of course makes no distinction between hard and soft chancres.

Writing forty-six years later, in the first volume of the second edition of his *Chronic Diseases* (1835), he is no less satisfied of the value of mercurial treatment, though now he gives infinitesimal doses, and sets up no fever. "In that stage of the syphilitic disease where the chancre or the bubo is yet existing, one single minute dose of the best mercurial preparation is sufficient to effect a permanent cure of the internal disease, together with the chancre, in the space of a fortnight." This "best preparation" he afterwards states to be the Mercurius vivus; and as to the minute dose he says, "I was formerly in the habit of using successfully one, two, or three globules of the billionth degree," *i. e.*, the 6th centesimal dilution, "for the cure of syphilis. The higher degrees, however, even the decillionth"— *i. e.*, the 30th—"act

more thoroughly, more speedily, and more mildly. If more than one dose should be required, which is seldom the case, the lower degrees may be then employed." He also says,—"In my practice of fifty years' duration I have never seen syphilis breaking out in the system, whenever the chancre was cured by internal remedies, without having been mismanaged by external treatment." He thus recognises the continuity of his former and his later use of mercury, different as it seems in dosage and effect.

Turning now to the general experience of the homœopathic school, we find that *Mercurius* in some form or other continues to enjoy universal confidence. Bähr may be taken as a fair exponent of the view of all. He regards "simple syphilis" as embracing the primary chancre and bubo, and the secondary erythema and superficial ulceration of skin and mucous membrane, with condyloma and iritis. All beyond this he considers mercurio-syphilitic, or purely mercurial. For this "simple syphilis" he says that the only remedy is Mercurius; nothing else is required for its complete cure.

But then the question arises, Is this "cure" anything more than the "recovery" of expectancy? Hahnemann, as we have seen, claims much more for it, viz., the absolute prevention, when the chancre is treated, of secondary symptoms. Two of his followers—Jahr and Schneider*—concur in the same statement, each basing it on an experience of thirty years, and the latter referring to more than a thousand cases. It is true that they, as he does, include soft chancre as well as hard in the same category;

* See *Brit. Journ. of Hom.*, xxii., 616, and xxxiv., 438.

but it is inconceivable that none of the latter should have occurred to them. Indeed, Dr. Schneider expressly states that the chancres he treated "often exhibited the indurated condition," while "at most 1 per cent. went into the second period of infection." On the other hand, Bähr says that the indurated sore, in his hands, is generally succeeded by secondary symptoms; and Yeldham that, in his experience, "the appearance or non-appearance of secondary symptoms is a matter beyond the control, in most cases, of the very best treatment that can be adopted."

Whence is the difference in these results? If Hahnemann and Schneider only represented one side, and Yeldham the other, it might fairly have been argued that quantity determined the variation. The former gave their mercury in rare and infinitesimal doses (6th to 30th with Hahnemann, 2nd to 3rd with Schneider); while the latter's smallest allowance to his patients was two grains of the 1st trituration three times a day. It is maintained by some that mercury, in quantities sufficient to excite physiological action, favours the occurrence of secondaries: it might have been supposed that Dr. Yeldham had been promoting these *sequelæ*, and not merely failing to avert them. But this explanation will not account for the results obtained by the remaining members of the two groups. Jahr and Bähr treat chancre almost identically,—the former giving half a grain of the 1st centesimal trituration morning and evening, the latter one grain of the 2nd or 3rd decimal trituration every other day. And yet Jahr sees his chancres disappear in from fifteen to twenty days, without secondary symptoms

supervening; while Bähr gives six to ten weeks even for the soft chancre, and nine to fifteen for the indurated,—secondary symptoms commonly breaking out while the latter is still existing. When to these we add Dr. Schneider, with his morning and evening globules of the 4th to the 6th decimal potency of Mercurius solubilis (which, by the way, ought not to be prepared in globules under the 10th decimal), who allows six to eight weeks for the healing of the sore and the disappearance of the induration, but sees no secondaries,—the confusion is worse confounded, and there seems no rule for the variations.

Now I have already argued to you that Mercury has no essential similarity to the syphilitic poison.* If it resolve the local infiltration and the indolent and indurated lymphatic glands of true syphilis, it is, I take it, by its liquefacient (*i. e.* physiological) action. Hence its obvious influence (but questionable advantage) in the hands of our allopathic brethren; and hence, *perhaps*, Dr. Yeldham's satisfaction with it. But I must think that in such doses as those given by Hahnemann (in his later period) and Schneider its action in the genuine disease in its primary stage is simply *nil*, and that their absence of secondaries is either to be accounted for by imperfect after observation, or is an unusually fortunate occurrence of expectancy.

* *Pharmacodynamics*, sub voce. I am glad to be able to cite in support of this opinion the testimony of Hahnemann. In the treatise of 1789 to which I have referred he writes, "Mercury does not cure syphilis by causing evacuations, but rather by the gradual or sudden *antipathic*" (the italics are my own) "irritation of the fibres of a specific nature" which it sets up (p. 195 of Dudgeon's translation).

Jahr's results would have more in their favour were they not neutralized by those of Bähr. Even as it is, I think his practice may well be followed by us, as it is uninjurious. We may heal the chancre thereby; but I shall be surprised if we hasten the dispersion of the induration, or always or even usually escape secondary symptoms.

These are my own convictions as to the treatment of chancre, and they are in accordance with what little I have seen of it. But it is fair that I should give you the recommendations of authors, representing as they do the common practice followed in our school, whatever may be their *comparative* value. Here they are, therefore, in brief:—

1. For recent and hitherto untreated chancre, one dose of Merc. vivus 30 (Hahnemann), a dose morning and evening of M. solubilis 4th to 6th dec. (Schneider), half a grain of M. sol. 1 morning and evening (Jahr), a grain of M. sol. or præcip. rub. 1 every other day (Bähr), from gr. ij of the 1st cent. trit. of M. sol. to gr. iij of the 1st dec. three times a day (Yeldham).

2. For neglected (but not mercurialized) chancre, M. præc. rub. or Cinnabar, half a grain of the 1st trit. morning and evening (Jahr).

3. For chancre of some weeks' standing, that has been treated allopathically with Mercury, *Nitric acid* is recommended by all,—in the 1st dec. dilution by Yeldham, the 1st cent. by Jahr, the 3rd cent. by Schneider. Bähr does not specify its dose. But all agree that it often needs supplementing by mercurial preparations after a while; and Jahr and Yeldham are disposed sometimes to begin these at once.

4. If the chancre sprouts into condylomata, see what is said under Sycosis.

5. For phagedænic chancre, M. corrosivus is warmly commended by Jahr, Hartmann, and Gerson. Bähr thinks it and the red precipitate the best mercurial preparations, but rather prefers Nitric acid. Jousset mentions Nitric acid, Silicea, and Arsenicum in high dilutions; but joins with them either cauterization or the application of an ointment containing one part in a thousand of Arsenic. Yeldham gives a case in which phagedæna set in while the patient was taking M. sol. 2nd dec., gr. ij ter die, and was arrested by Nitric acid. But he says of Mercury in general that "even in the phagedænic chancres, where its use is generally thought to be counter-indicated, I have known it to arrest the ulceration when other remedies ordinarily recommended for that condition had failed." (See further under Soft Chancre.)

6. Gangrenous chancre is mentioned by Bähr, who says that Arsenicum is the sole remedy capable of arresting the destructive process; and by Jahr, who says that the same remedy has never failed him.

When now from primary we advance to secondary syphilis, both theory and experience are in favour of the value of mercury; and the general rule may be laid down, that if this drug has not been hitherto abused in the treatment of the patient, it is the first to be employed in one form or other against his secondary symptoms.

These must, I apprehend, be considered as elements of a specific febrile state, having its rash and sore

throat, with iritis as its most frequent *sequela*. The constitutional condition is one of chloro-anæmia, with rheumatoid pain (aggravated by rest and the warmth of bed) in the head and face, behind the sternum, and around the joints. To all this mercury is strikingly homœopathic, and should be employed persistently for its cure.

Then comes the exanthem,—erythematous, papular, or squamous. Dr. Yeldham prefers the iodides of mercury here,—two grains of the 2nd or 3rd dec. trituration twice daily. Jahr gives either M. sol. or M. præcip. rub., more rarely Cinnabar, half a grain of the 2nd or 3rd cent. trituration every other day. Bähr prefers the more intensely acting mercurials here, among which he classes with especial praise M. vivus; he gives the 3rd dec. trituration. Jousset prefers M. corrosivus in somewhat substantial doses; but, if he has to follow up with Nitric acid, gives it in the 30th dilution. Schneider is content with Merc. solub. 3, alternated with Nitr. ac. 3. Where mercury has already been fully given, Yeldham prefers Kali hydriodicum (two grains three times a day) to Nitric acid; and Jahr recommends Phosphorus, Nitric acid, Sarsaparilla, and Lycopodium, in the 18th to the 30th attenuation.

The more severe forms of syphilitic cutaneous disease I agree with Bähr in thinking largely due to abuse of mercurial treatment. Hence they nearly always require full doses of Nitric acid or Iodide of Potassium by way of antidotes. When the mercurial element has been, as it were, dissected out by these means, we may proceed to treat the syphilide

according to its character; as by Arsenic if it is squamous, Tartar emetic or Kali bichromicum if it is pustular, Aurum, Lycopodium, or Graphites if it is tubercular. But now a few intermediate doses of the more potent mercurials will greatly hasten the cure.

We have next the secondary syphilitic affections of the mucous membranes. Bähr believes these to be purely syphilitic only when superficial, and treats them with M. vivus. When they are phagedænic, deeply penetrating, and threatening to affect the bones, he substitutes,—for the mouth, Kali hydriodicum and bichromicum; for the nose, Kali hydriodicum and Aurum muriaticum; and for the larynx Hepar sulphuris, and perhaps Iodine and Kali bichromicum. Jahr describes the ulcers of the throat as chancres, and treats them with M. sol. if simple, M. corr. if phagedænic,—half a grain of the 2nd trit. morning and evening. He recommends Aurum 3 where the nose is affected, and the red precipitate or Nitric acid for ulcers on the tongue. But he says nothing of what is to be done when mercury has been fully given already; save that he prescribes Lachesis, Lycopodium, Nitric acid, Thuja, Cinnabar, or Sulphur in superficial erosions of the mucous surfaces thus occurring. Schneider is content with his alternate Merc. sol. and Nit. ac. Yeldham recommends that the throat be treated in the first instance for simple inflammation, as with Belladonna or Apis, and then with the Iodides of Mercury or Nitric acid. He also touches the throat with nitrate of silver, and attaches much importance to the administration of cod liver oil.

My own experience in the treatment of these affections is in favour of Kali bichromicum * in indolent ulceration of the tonsils; of Kali hydriodicum when this is destructive, as in the perforating ulcer of the soft palate; and of Nitric acid for ulceration of the mouth, and cracks about the commissures of the lips. For these last Cundurango also promises to be useful.† There is a good case by Dr. Meyhoffer, in vol. xxiv. of the *British Journal of Homœopathy* (p. 363), illustrating the value of Nitric acid in the symptoms of mouth, throat, and larynx (while Biniodide of Mercury removed the exanthem, with headache and falling of the hair) of secondary syphilis.

Of this falling of the hair I have further to note that Bähr recommends Hepar sulphuris for it.

We have now to speak of tertiary syphilis. Bähr again represents the general opinion of our school when he writes, "We are most assuredly of the opinion that tertiary symptoms only set in in consequence of the improper use of mercury; our reason being that we are not acquainted with a single case of syphilis where tertiary symptoms showed themselves under homœopathic management." We have seen that expectant treatment gives the same results. Bähr accordingly confines his remedies to two mercurial antidotes. "The tertiary phenomena require

* See testimonies in its favour from Watzke and Russell in the *Hahnemann Materia Medica*, Part I., and from Drysdale in the *Brit. Journal of Hom.*, xv., 675.

† See *Brit. Journal of Hom.*, xxxiii., 407.

throughout a cautious but continued use of the *Iodide of Potassium.* It is only for single forms that other remedies are required,—*Aurum,* for instance, for syphilitic lupus, for caries of the facial bones, for suppurating tophi, and finally for sarcocele." He also commends the Iodine springs of Halle.

Bähr does not mention whether he gives the iodide of potassium in the full doses of the old school. Jahr is more explicit. He says that whenever this agent is capable of effecting a cure, it need never be given in doses larger than the one-hundredth of a grain. And of tertiary bone and periosteal disease he writes: "I have likewise used Kali iodatum, even in large doses, as recommended by allopathic physicians, and I have seen excellent effects from its use in such quantities; but they were never as lasting as the good effects obtained by means of small doses of other remedies. Usually the symptoms yielded to Kali iodatum in a very short time, but returned again in six or twelve months, which never occurred in cases that had been cured with the eighteenth or thirtieth attenuation of other drugs. This has induced me to adhere to the latter, without ever giving Kali iodatum." The "other drugs" alluded to are those in general use in diseases of the osseous system, as Mezereum, Phosphorus and Phosphoric acid, Staphisagria, Silica, Fluoric and Nitric acids, Guaiacum, and Sulphur. But superior to all Jahr places Aurum, of which he gives half a grain of the third trituration every four days. Gummata he has only twice seen; they were cured in the first instance by Silica, in the second by Arsenicum. For the melancholy and prostration of

the syphilitico-mercurial cachexia he has given Aurum "with distinguished success."

Yeldham considers that "it is not enough, in the inveterate and deep-acting tertiary affections, to attempt to grapple with all their phases by iodide of potassium, as is ordinarily done. That is a most useful remedy in many cases, but it is by no means of universal application." This author simply enumerates the various medicines suitable for tertiary syphilis according to the part affected; and in two of the cases he gives, Silica (3rd dec.) seems to have removed a node (though very slowly), and Graphites 12 and Lycopodium 12, with cod liver oil, to have dispersed sarcocele.

I have given these citations at some length, because it cannot fail to be a serious question with you whether homœopathy has anything better to offer in the treatment of tertiary syphilis than the full doses of iodide of potassium to which you have been accustomed. When rapidity of action is required, as in painful nodes, or when gummata are exciting neuralgia, epilepsy, or paralysis, I think that the common practice can hardly be excelled, and is imperative upon us for our patients' sake. If you would come at its *rationale*, I refer you to a very interesting paper on the iodide by Dr. Madden in the twenty-sixth volume of the *British Journal of Homœopathy*. He points out that the syphilitic and rheumatico-gouty affections, and also the chronic indurations of glands, in which it is found so beneficial are of the nature of organized new growths, which are therefore *quasi*-parasitical to the organism, and require parasiticides to destroy them. That iodide

of potassium is such an agent there is much reason to believe; and this accordingly seems to be the *rationale* of its action. It must hence be given for such purposes in full doses, and the indications for its use must not be expected to be found in its pathogenesy.

Perhaps also some of the benefit of the iodide here results from its power as a chemical antidote to mercury; and this action also requires material doses.

But when time is not of such moment you may fairly act upon Jahr's statement of the more lasting effects of homœopathically acting medicines, and prescribe accordingly. The iodide itself may be indicated in tertiary disease of the tongue, which Mr. Langston Parker* has known it three times to simulate, and Dr. Yeldham has seen it (in ordinary doses) repeatedly aggravate. In the same condition Fluoric acid may be, according to Dr. Laurie's and my own experience, of striking service.† Aurum is a dynamic antidote to mercury, and acts powerfully upon the testicle and on osseous tissue: it is also a well-known anti-melancholic. It thus covers nearly the whole field of tertiary syphilis with its cachexia; and Dr. Chapman and myself have put each a case on record illustrative of its virtues.‡ The other anti syphilitics, and also asyphilitics (to use Hahnemann's nomenclature), may come in when indicated, as the following case, taken from the *North American Journal of Homœopathy*, will show,— demonstrating at the same time how much may be

* See *Brit. Journ. of Hom.*, xi., 681.

† *Pharmacodynamics*, sub voce. ‡ *Ibid.*, sub voce.

done in confirmed syphilis by pure homœopathic medication :—

"A Portuguese, about thirty years of age, had been in the hospital at Lahaina for eighteen months ; during this time he passed through all stages of the syphilitic virus. When he arrived at Honolulu, the first day of July, he exhibited the most loathsome and disgusting appearance. The right side of his face was covered with a most fœtid ulcer of the tertiary form of syphilis : it developed itself over the right eye, down the outer angle and under the eye to the nose, extending to the mouth over the whole cheek, leaving the malar bone entirely bare and dry. There was carious affection of the frontal bone, extending over the right eye around to the temporal bone ; the malar and nasal bones were more or less destroyed by the disease. The right eye was entirely closed. These ulcers were discharging a very fœtid and offensive watery fluid, and had a dark-red appearance. In addition to all this he had ascites, and was greatly bloated ; from this he had suffered for the last six months. The ulcers were very painful; darting and gnawing pain, burning through the whole of the ulcerated surface, as he expressed it, as if there were red-hot needles sticking in the ulcers.

"For these symptoms I selected Ars. alb. third, three doses a day for three days, which greatly relieved the burning and mitigated the pain ; but he was not relieved from the pain wholly until he took Belladonna, third, three or four doses. After these two remedies ceased to improve, I gave Acid. nit. morning and evening ; improvement followed ; after the first week I gave but one dose per day, for two weeks. Under the action of these remedies, the ulcers put on a more healthy appearance, until the end of three weeks, when I could not discover any improvement. I then gave Aurum muriat., second, one dose per day. This seemed to stop all progress of caries, and the whole case looked favourable. I continued this remedy three weeks, with occasionally a dose of Sulphur, sixth. The healing of the ulcers was steady and permanent.

His general health improved, appetite good. The digestive organs completely restored. The urinary secretion became normal, he gained strength and flesh. A few doses of Hepar sulph., and Ars. alb., sixth, were then given at intervals of three or four days. These last remedies removed all symptoms of dropsy and venereal disease about him. A more grateful person I never saw."

Besides all this, I do not think that we have yet sounded the depths of the value of simple *Iodine* itself, in minute dosage, in the treatment of syphilis. From the old school we have the testimony of Dr. Guillemin, who finds the simple tincture do all, both in secondary and tertiary affections, that can be done by the alkaline iodides. His doses, as Lancereaux says, "are very small compared with the usual doses of the compounds of iodine:" he mixes five parts of the tincture with a thousand of water, and gives two or three dessert-spoonfuls twice a day on an empty stomach.* Zeissl, again, "calls attention to the fact that iodine, in doses of two minims of the compound tincture, properly diluted, twice daily, brings about a more rapid disappearance of the affections of the mucous membrane than mercury does. Moreover, according to him, iodine in this stage exerts a weakening action on syphilis, so that after its administration a few mercurial inunctions suffice to bring about a permanent disappearance of the cutaneous rash."† Then, from our own ranks, we have the testimony of Dr. Jousset. After acknowledging the frequently marvellous results of large doses of iodide of potassium at the end of the second

* See Lancereaux's *Treatise on Syphilis* (N. Syd. Soc.), ii. 319.

† Ziemssen's *Cyclopædia*, iii., 280.

and throughout the third stage of syphilis, he adds, —"On the other hand, in studying comparatively the various doses, I have obtained very rapid results with iodine in the 30th, and even in the 500th dilution." At the World's Convention in Philadelphia, moreover, when the high-potency men were challenged to say what they could do in syphilis, their only champion, Dr. Macfarlane, stated his results as obtained with the *iodide* of mercury, and added that the biniodide acted better still. I suggested that this showed that the iodine was in his mode of treatment more potent than the mercury.

Considering, now, the power of Iodine to affect the mucous membranes and skin much as syphilis—in its secondary period—does, causing (as we have seen) even pustular eruptions and acne, and the statement of Trousseau, that "in some circumstances certain cachexiæ, and the syphilitic among them, take a form identical with that ascribed by M. Rilliet to iodism," I think we may expect it to play a more important part in the homœopathic therapeutics of syphilis than it has hitherto done, and to make those therapeutics still more effective than they are.

Sycosis.—I have followed Hahnemann in giving to the malady so named a separate place from syphilis, and in reckoning it a general and a venereal disease. But I have already, when speaking of Thuja, mentioned how diverse are the opinions regarding the nature and clinical history of condyloma. To the authorities cited there I may add Bäumler, the essayist on syphilis in Ziemssen's *Cyclopædia*. He regards the condylomata of the skin as identical with the

mucous patches of the mouth, and both as modifications of the papule of secondary syphilis. But, he adds, "the so-called *acuminate condyloma* (mucous papilloma), which has nothing at all to do with syphilis, and is caused by irritation of the skin or mucous membrane with different secretions (particularly gonorrhœal pus), and moreover is contagious, must not be confounded with the flat condylomata."

However this may be, the following are the practical directions of homœopathic therapeutists regarding the treatment of sycosic phenomena :—

1. A true chancre not uncommonly sprouts into condylomatous vegetations before disappearing, or becomes transformed *in situ* into a mucous patch. If this is not the effect of large doses of mercury, the continued use of that remedy in the manner already indicated for chancre will lead to the disappearance of the phenomena (Bähr and Jahr). But if mercury has been freely given, *Nitric acid* (1st dil.) or Thuja must be administered (Jahr).

2. For mucous tubercles occurring elsewhere as concomitants or sequelæ of chancre, the treatment is the same, with Lycopodium if they appear on the tonsils (Jahr), or, instead of being smooth, are jagged and rough (Espanet).

3. Excrescences, "fig-warts" (hence the name sycosis), may also follow or accompany chancre. In this case Jahr finds Cinnabar and Nitric acid,* sometimes Phosphoric acid and Staphisagria, remedial. Bähr gives Thuja for them when they are acuminated and dry.

* A case by Dr. Henriques, in which this medicine rapidly relieved them, may be read in the *Brit. Journ. of Hom.*, xix. 64.

4. When condylomata occur simply, or in connection with gonorrhœa, all follow Hahnemann in treating them with *Thuja,* internally or externally, or both. Jousset follows Petroz in believing such growths to be manifestations of a "diathése épithéliale," and classing them with warts and polypi. But for all the main remedy is Thuja, and in high (30th) dilution.

LETTER XIV.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Brain.

THE diseases we have hitherto been considering are of a general nature, involving the whole organism, or showing themselves at many parts of it. Leaving these, we follow our official nosology to local diseases, "morbi partium singularum," the disorders of particular systems and organs; and also in giving pre-eminence in place among these to the diseases of the brain, the spinal cord, and the nervous system in general.

When we come to details, however, it will be unwise any longer to tread closely in the footsteps of our chosen guide. The nomenclature of the College of Physicians was designed to facilitate statistical registration, to give greater exactness and uniformity to the reports made as to the occurrence and mortality of disease. Our object here is therapeutics: we need to include and designate according as maladies meet us in practice, and call upon us for treatment. While, therefore, I shall gladly use the catalogue of diseases given us by authority, so as to omit no disorder mentioned there, and also in choosing among the synonyms of the several maladies, I shall for the future to a great extent classify for myself.

I begin to-day the consideration of diseases affecting the brain. I think I shall not omit anything of importance if I treat, first, of its substantial disorders

—congestion, inflammation, softening, and tumour, with apoplexy; then of those phenomena—proximately cerebral, but of very varied origin—mental disorder (including delirium tremens), headache, vertigo, and the derangements of sleep; lastly, of injuries to the head. From this list I shall exclude the many brain affections peculiar to childhood, culminating in acute hydrocephalus; as these will be considered in the section devoted to the subject of children's diseases.

For my account of the homœopathic treatment of these maladies I shall draw largely upon a series of treatises in which Dr. Peters, of New York, has embodied all the cases of cure collected by Rückert, with additions and comments.

I will first speak of—

Cerebral Congestion.—The treatment of this condition will depend upon whether it is acute or chronic, active or passive, primary or secondary. I shall best handle these varieties by indicating the sphere of the leading remedies employed in their management.

Aconite is the remedy for acute active congestion resulting from cold or from violent emotion. There is tension of the circulation and coldness of the rest of the body.

Belladonna replaces Aconite where the concomitants mentioned do not exist,* or when hyperæmia remains after the action of the latter drug is exhausted. It has also a wide sphere of its own in simple active congestion, with redness of face and tendency to

* Bähr gives "disposition to perspire" as a valuable indication for Belladonna in preference to Aconite.

delirium ; and in more chronic forms of the condition in delicate subjects. It is the primary remedy (as we shall see) for the cerebral congestions of childhood.

Glonoin supersedes Belladonna in more sudden and intense congestions, without fever. It is thus the great remedy in sunstroke, and in the cerebral effects of menstrual suppression.

Veratrum viride has lately been used * with much satisfaction in febrile conditions complicated with cerebral hyperæmia and excitement, where otherwise we should have to give Aconite and Belladonna in alternation.

Gelseminum is a valuable remedy (better than the Opium hitherto recommended) for recent *passive* congestion, with diplopia, giddiness, etc.

Nux vomica stands midway between acute and chronic congestion of the brain. Not unserviceable in the former, as we shall see under Apoplexy and Headache, it is especially in hyperæmia of some standing that it proves valuable, when occurring in strong frames and in persons of sedentary occupations, given to mental exertion, and in the habit of taking plenty of animal food and of alcohol.

Arnica, *Sulphur*, and *Iodium* are occasional remedies for chronic congestion, where Nux is not indicated. The former has much vertigo; the two latter are suggested when the face breaks out into erythema or acne.

Inflammation of the brain comes before us in two different forms, according as the membranes or the

* See *Pharmacodynamics*, sub voce.

substance of the organ are the seat—at any rate, the primary seat—of the morbid process. I will begin with

Meningitis.—Theoretically, it would be correct to discuss under this heading inflammation affecting the dura mater, the arachnoid, and the pia mater respectively. But practically such a divison is untenable. It is doubtful whether the arachnoid is ever primarily affected. Its upper layer is often involved in inflammation of the dura mater: its lower layer sympathizes with all that affects the pia mater. So that the practical division of the subject is into meningitis involving the dura mater and cranial arachnoid, and meningitis involving the pia mater and cerebral arachnoid.

1. The first form of meningitis commonly comes before us as the result of external injury. It is that so graphically described by Watson:—

"A man receives a blow on the head; the blow stuns him perhaps at the time, but he presently recovers himself, and remains for a certain period, apparently in perfect health. But after some days he begins to complain; he has pain of the head, is restless, cannot sleep, has a frequent and hard pulse, a hot and dry skin, his countenance becomes flushed, his eyes are red and ferrety; rigors, nausea, and vomiting supervene; and, towards the end, delirium, convulsions, or coma."

On opening the skull, the dura mater is found inflamed, and lymph or pus effused upon the superior surface of the arachnoid.

It is also occasionally caused by extension of disease from the internal ear. Of the latter the following case seems an example, and illustrates its treatment:—

"A youth, æt. 18, had suffered from a discharge from the

ear, which became suppressed by cold. He had violent piercing and insupportable pains darting from one ear to the other through the head, high fever, intolerance of light with very movable pupils, sleeplessness or starting up from slumber, violent cough with pain in the forehead, constipation. He took *Bryonia* 2, one-sixth of a drop every two hours. At the end of twenty-four hours the discharge from the ear had returned, he had profuse perspiration, especially upon the head, the pain and fever were but slight, the skin only moderately warm, thirst not urgent, but he was restless, tossed about, thought he was going to die, slumbered a good deal, and had an involuntary discharge of mucus from the bowels. Hyoscyamus, 2nd dil., followed by the 1st, removed all danger in three days, and the patient was well in six." (Peters' *Diseases of the Brain.*)

It is to hospital experience that we should look for the proper treatment of meningitis from injury. I am sorry to say that none such is on record in homœopathic literature. I can only suggest the use of *Arnica* from the commencement as a prophylactic, and the administration of a low dilution of *Aconite* in frequently repeated doses as soon as inflammatory or febrile symptoms appear. If delirium supervenes, you may alternate your Aconite with *Belladonna*, but do not omit it. Only if symptoms of effusion appear must it be abandoned in favour of the medicines of which I shall have to speak as suitable to the second stage of ordinary meningitis.

2. Inflammation of the pia mater involving the arachnoid is the most common form of meningitis. It is that which is set up by the scarlatinal and rheumatic poisons, and occasionally occurs in the course of typhoid fever and other acute diseases; it is the "brain-fever," moreover, which is met with in the course of reaction from concussion without injury to

the cranium, and as the result of excessive heat, mental excitement, intemperance, and such like causes.

Here, too, *Aconite* is indispensable at the outset in primary inflammations while excitement is present. Give repeated doses until arterial tension relaxes and febrile heat departs in perspiration, and you will have won half the battle. All the good effects ascribed by Abercrombie and Watson to blood-letting in these cases will have been obtained, without spoliation of the vital fluid. Then, or in secondary meningitis from the first, consider *Belladonna* and *Bryonia*. Jahr well indicates the differential diagnosis :—"I prefer Bryonia if the delirium is milder, and the pains are severe, shooting and tearing." That is, if the membranes are more affected than the brain itself. But it may often be difficult to decide between the two; and, in a complex condition like this, their alternation seems quite justifiable.

But it may be that, by the time you are called to your patient, the stage of excitement may be merging into that of depression and stupor, or this latter condition may be already developed. Remembering Trinks' canon as to the place of Bryonia in serous inflammations, viz., that it belongs to the period of effusion,* you will yet find it useful if the symptoms hitherto have been mainly meningeal. Should it fail to effect any change, your choice will lie between *Apis*, *Helleborus*, and *Sulphur*. The second would be preferable to the first when the cerebral depression was out of proportion to the amount of effusion, indicating that the brain-substance itself

* See *Pharmacodynamics*, sub voce.

had been much affected; it would, in fact, follow Belladonna as Apis would Bryonia. But, should these directly homœopathic remedies prove ineffectual, you will do well at once to fall back upon the inexplicable but undoubted virtues of Sulphur; upon which, indeed, some of our therapeutists would have us rely exclusively as soon as the time for Aconite, Belladonna, and Bryonia has passed.

As long as the thermometer tells us that the heat of the blood is above the average standard (and it rarely falls throughout the course of this disease), I would not advise you to go beyond the truly antiphlogistic remedies now mentioned. But should inflammation really have ceased, and nothing but effusion or cerebral torpor remain, *Arnica* and *Zincum* may be thought of. The former would of course be especially indicated where concussion had been the exciting cause ; but, as promoting the absorption of any serous effusion, it takes up the action where Bryonia and Apis leave it. Zincum occupies a corresponding third place in relation to Belladonna and Helleborus: even in advanced paralysis from encephalitis, with general coldness, it has been known to excite salutary reaction.

Of the place and value of all these medicines you will find abundant illustration in Dr. Peters' *Treatise on the Inflammatory and Organic Diseases of the Brain*, and in Bähr and Jahr. The inference, both from the evidence adduced and from the agreement as to remedies, is much in favour of the power of homœopathy over the disease. On the other side we have Dr. Hammond's admission* that out of thirteen

* *Treatise on Diseases of the Nervous System*, 6*th Ed.*

cases treated by him he lost ten, and that the good result in the three which recovered was not obtained with the orthodox medication he recommends — blood-letting, cold, purging, and mercurialization— but with large doses of bromide of potassium.

It is otherwise with chronic meningitis. We have here no definite homœopathic experience on record; while, on the other hand, the therapeutists of the old school testify to results often surprisingly good with the large doses of iodide of potassium which they administer. In many cases the explanation of its beneficial effects is undoubtedly that the affection is syphilitic, and the action of the drug is simply destructive to the new formation. But we may have chronic meningitis, especially at the convexity of the brain, from other causes, and still the iodide is frequently beneficial, while smaller (though still substantial) doses are required. In the presence of this disease, therefore, I can say nothing about homœopathic treatment, and should myself feel it a duty to give my patients the benefit of full and increasing doses of iodide of potassium. If, too, the bichloride of mercury helps its action in syphilitic cases, and one of the bromides in those otherwise caused, I know of no reason why they should not be employed.

So far of inflammation affecting the membranes of the brain. We come now to that which involves the brain substance itself—

Cerebritis.—Inflammation of the brain, like that of the liver, may take place either in the essential elements of the organ—here the nerve cells and fibres—or

in the connective tissue. In the former case it ends, if not checked, in abscess ; in the latter it leads to induration and atrophy.

1. Suppurative cerebritis is always circumscribed, and presents itself in a sub-acute or chronic form, in the latter case constituting cerebral abscess. The symptoms of irritation and fever are never severe, and I do not think that Aconite and Belladonna find any place in its treatment. The most homœopathic remedy for this condition seems to me to be *Mercurius.* I have mentioned, when speaking of this metal, that its influence on the cerebrum is very marked ; and the symptoms it induces, which might belong to any degeneration of the organ, from its action elsewhere are best ascribed to inflammation. So, when Sir Thomas Watson says, "I have known several obscure but threatening symptoms of brain disease clear entirely away when the gums were made sore by mercury and kept slightly tender for some time," one is inclined to suppose that the power of the drug to cause cerebral disease had something to do with the cure, and that the stomatitis was quite an unnecessary element in the treatment. I know, however, of no intentional homœopathic use of the drug for the purpose, or indeed of any recorded experience in the treatment of the disease. As regards our authors, Bähr suggests Iodium and Plumbum, giving a case of chronic poisoning by the latter metal in which the autopsy disclosed abscess of the brain ; and Jousset, reminding us of the harm which Nux vomica does in ordinary doses, justly infers that in minute quantities it might be beneficial.

2. Inflammation of the neuroglia of the brain

causing induration thereof, and consequent atrophy of the brain substance, has only been recognized of late years. It may occur over one large tract, or in disseminated *foci;* hence we have "diffuse" and "multiple cerebral sclerosis." The symptomatology of the affection, in these two forms, is excellently given by Dr. Hammond; and its study may lead us to suitable remedies for the disease, among which Baryta deserves consideration, from the success which this writer claims from the administration of the chloride of barium. At present, I should suggest *Plumbum* as the drug best indicated by the nature of the lesion. Induration and atrophy are most frequently found *post-mortem* in the nervous centres of those subject to its influence; and the *tremblottement saturnine*, as also the spasms and shooting or tearing pains it causes, have striking analogies in the phenomena of cerebral sclerosis.

Softening of the Brain may be either idiopathic, or secondary to obstruction of blood-vessels. In the former case the morbid process is called an inflammation of the brain substance, though it has no tendency, as in true cerebritis, to suppuration. If it be inflammatory at all, it seems analogous—again to use the liver in illustration—to acute hepatic atrophy; and, like that malady, it finds its correspondence in pathogenesy among the effects of *Phosphorus.* I have shown, when speaking of this drug, that it is truly homœopathic to cerebral softening; and the credit it is now receiving in its treatment in the hands of practitioners of the old school must be laid to its dynamic rather than to its

nutrient operations on the nervous substance. Jahr speaks warmly of its power over the disease; and, from his description of the symptoms, it is evident that he has treated genuine cases. He always uses the 30th dilution.

The softening dependent on deficient nutrition is pathologically different from the primary form; but it may still find a useful medicine in Phosphorus. It is a fatty degeneration; and the power of the drug to cause this morbid process in nearly every tissue of the body is now established. When, moreover, the obstruction to the supply of the blood arises from arterial thrombosis, forming itself upon previous atheroma,* the drug would be as suitable to the cause as to the effect. When the obstruction is from embolism, it would of course have no such influence; but there is nothing to prevent its aiding the starved part to avail itself of the collateral circulation as this becomes established.

Cerebral Tumours.—The prognosis given in the ordinary text-books is that these must necessarily kill unless they are syphilitic, in which case they can nearly always be dispersed by full doses of iodide of potassium, with or without the bichloride of mercury to aid. I do not know that homœopathy

* "In the case of a gentleman, aged sixty, with weakened brain and bronchitis, depending on adipose degeneration, I have seen, after five years of long and steady use of Arsenic, Digitalis, and Phosphorus, a very material gain in health and strength. A large arcus senilis diminished; a pulse, felt with extreme difficulty, now readily counted; and a weak-beating heart now manifesting in its clearer sounds a great gain in vigour" (Black).

enables us to alter this statement in any particular. I can only add that *Apomorphia* has been found to check the vomiting, and *Glonoin* to remove the occasional congestions incidental to the presence of these growths. Possibly, too, by remedies chosen from close symptomatic resemblance, and given in highish dilutions, we may palliate the atrocious pains they cause;* but, if not, we must resort to the ordinary anodynes, among which Dr. Russell Reynolds' Indian hemp is the least objectionable.

The last disease of which I shall speak in this letter is

Apoplexy.—Of the treatment of this very common disorder we have abundance of homœopathic experience on record. I need not refer you to many books, however; for you will find a very complete collection of all that has been published on this subject in Dr. Peters' *Treatise on Apoplexy.*

There are three stages in the course of the malady in which we may have to consider the most appropriate treatment to adopt.

1. Our patient may be suffering under the well-known premonitory signs of the affection. Presenting constitutional evidence of tendency to cerebral congestion, or arterial degeneration, or both, he complains of headache, vertigo, transient deafness or blindness, double vision, faltering speech, partial paralyses or anæsthesiæ, failure of memory, drowsiness, dread, and so on. Here, besides the obvious hygienic and general measures, we have medicines of

* See *Brit. Journ. of Hom.*, xxvii. 467.

inestimable service. *Nux vomica, Belladonna,* or one of the others mentioned under Cerebral Congestion, will control the determination of blood to the brain; and *Phosphorus* will do something to retard the advance of brittleness and obstruction of the arteries.

2. We may be summoned to a patient in an apoplectic fit. If extravasation of blood or serum has already taken place, we cannot remedy that. But if either an excited state of the circulation or active cerebral congestion be present, they must be remedied, or further mischief will ensue. In the former case, withhold your lancet, and give *Aconite* at short intervals. You will be astonished at the rapidity with which the beneficial results formerly obtained by bloodletting will manifest themselves under the action of this potent drug. There are indeed few cases of apoplexy—none certainly in vigorous or plethoric subjects—in which one or more doses of Aconite may not be given with advantage. If, however, the cerebral congestion be the most prominent feature in the case, another medicine will have to be selected. This must most frequently be *Belladonna.* Bähr and Jahr unite in giving it the highest praise; and the cases narrated by Peters show how often it has been efficacious. Its only rival is *Opium,* which is preferred when the congestion is less active, and the stupor more profound. To this also general consent is given. *Nux vomica* is more doubtfully spoken of; and is perhaps better suited for the previous stage.

Sometimes, especially in old people, neither arterial excitement nor cerebral congestion is present, but the symptoms depend simply on the giving way

of a long-diseased blood-vessel. They are then those of *shock;* and *Arnica* is the medicine to be administered.

3. When the primary apoplectic condition has passed away, medicine had best be suspended for a day or two, till you see whether cerebritis is going to be set up. If it threatens, Belladonna is to be opposed to it. You will then endeavour to promote the resorption of the clot. Arnica is again helpful here; and, not less so, *Sulphur.* In aged persons the recovery of the brain from its shock seems aided by *Baryta carbonica.*

4. The post-apoplectic hemiplegia so often improves by the mere lapse of time, if the muscles be kept in exercise by passive movement and galvanism, that it is not easy to say whether recovery under this or that medicine is a case of *propter* or only one of *post.* Bähr considers that *Causticum* occupies the first place among its remedies; and after this ranges Zincum, Cuprum, and Plumbum. He recommends them in the higher potencies. Jahr also praises Causticum; and *Cocculus* is another medicine in repute here. Late contractions and rigidity of the paralyzed limbs were formerly supposed to be due to cicatrization of the lesion caused by the clot, and to be irremovable. There seems reason now, however, to ascribe them to secondary sclerotic processes in the motor tract of the cranio-spinal axis, which may be arrested. Dr. Hammond speaks very hopefully of the effect of galvanizing the cord and faradizing the muscles opposing those which are contracted; and the remedies I shall speak of under the head of sclerosis of the spinal cord may do good service in aid.

LETTER XV.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Brain (continued).

In my present letter I shall endeavour to give you some hints as to the homœopathic treatment of Mental Disorders. The field is so vast, and so comparatively unworked, that I can do little more than give hints. Till within the last two years, homœopathy has had no opportunity of testing its remedies on any large scale in a lunatic asylum. Now, indeed, by the erection of the State Homœopathic Asylum for the Insane at Middletown, New York, this opportunity is afforded; and we hope ere long to profit by the large field of experience thus opened. As yet we have only learned the general results, which are encouraging enough. In the report of the medical superintendent, Dr. Stiles, issued after the institution had been open nineteen months for the reception of patients, and 168 had been admitted, we are told:—

"Our medical treatment continues to be purely according to the homœopathic law of *similia similibus curantur*, and entirely without resort to any of the forms of anodyne, sedative, or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, &c., has ever been allowed in our pharmacy or given in

our prescriptions, nor do we feel the need of them even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success."

The statistics of a private establishment where the medicinal treatment was strictly homœopathic are given in the twelfth volume of the *British Journal of Homœopathy,* and are certainly satisfactory. There are also numerous cases of the successful treatment of mental disorders scattered throughout our periodical literature. Those collected by Rückert have been arranged by Dr. Peters in one of his useful volumes—*On Nervous Derangements and Mental Disorders.* There is also a treatise by Jahr—*Du traitement homœopathique des Affections Nerveuses et des Maladies Mentales*—which, with the review of it in the twelfth volume of the *British Journal,* supplies useful material.

In choosing a specific medicine for a case of mental disorder it is more than ever necessary to take into account the "totality of the symptoms." I mean that the intellectual or moral disturbance is often intimately connected with a morbid state of the blood or of some organ of the body; and the remedy for the former must accordingly cover also the latter. I need hardly remind you of the melancholia of hepatic disease and of oxaluria, of puerperal mania and melancholia, as examples of what I mean. And it is here that we gain so much by knowing the mental and moral characteristics of our medicines.

There is no reason to suppose, for instance, that Pulsatilla has any direct relation to psychical disorders. But when we meet with its distinctive *morale* aggravated into mental disease, especially in uterine cases, we may prescribe it with the fairest hope of a cure. I shall refer to some instances of this when I come to speak of female disorders.

Your first step, then, will be to consider the morbid state of the whole organism, with a view to the choice of a specific remedy. In this way medicines like *Nux vomica* and *Sulphur* may often be the best to administer. The former is invaluable in "hypochondriasis"—*i. e.*, melancholia accompanying, but out of proportion to, dyspepsia—when the gastro-intestinal symptoms are (as they generally are) those of this drug. Sulphur is a remedy often given with advantage when the cutaneous symptoms indicate an impure state of the blood.

Hahnemann has some valuable remarks on this point in his *Organon* (§ ccx.—ccxxx.). He points out that mental diseases do not constitute a class distinctly separated from all others, since in the so-called corporeal diseases "the condition of the mind and disposition is *always* altered, and in all cases of disease we are called on to cure the state of the patient's disposition is to be especially noted, along with the collective symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success." On the other hand, mental disorders are rarely anything more than corporeal diseases, in which the accompanying derangement of the mind is in excess, even to the extinguishment or at least suspension of

the bodily ailment. The latter, however, though it may not be apparent at the time of our examination of the patient, must be diligently ascertained for the complete picture of the morbid state to be constructed. Drugs, in like manner, have each a state of disposition characteristic of them, which they produce in the healthy and cure in the sick. Our choice of them in corporeal disease is often largely determined by the psychical disturbance present, and in mental diseases we have but to attach additional weight to this element of the similarity. The remedies, he adds, for chronic or recurring mental disorders should be sought among the class of antipsorics, *i. e.*, the medicines of deep and slow action; while, if insanity suddenly breaks out as an acute disease, it should be managed in the first place with such remedies as Aconite, Belladonna, Stramonium, Hyoscyamus, Mercury, &c. What these can do, in the "minute, highly-potentized" doses which he recommends, he does not say; but of chronic forms of mental disorder he writes:—"Indeed, I can confidently assert, from great experience, that the vast superiority of the homœopathic system over all other conceivable modes of treatment is nowhere displayed in a more triumphant light than in mental diseases of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them."

As regards the varieties of insanity, it is doubtless abstractly correct to classify them as perceptional, ideational, emotional, and volitional. As a matter of fact, however, these elementary morbid states come before us for treatment in the concrete forms of mania,

melancholia, dementia, and general paralysis; under which headings I shall consider their medicinal treatment. And, first, of—

Mania.—Excluding the puerperal form of this disorder (of which I shall speak in its proper place), your choice for its remedy will nearly always lie among the three "mydriatics," *Belladonna*, *Hyoscyamus*, and *Stramonium*. You will remember the differential characteristics of these medicines, as I have sketched them in my *Pharmacodynamics*,—the more furious rage of Stramonium, the marked hyperæmia of Belladonna, and the altogether less active and sthenic type of the delirium of Hyoscyamus. The first of the three has been most frequently used with success; but so thoroughly homœopathic are they all to the essential features of mania that you will do well to supplement the one by the other rather than change to any more distantly-related medicine. The only exception I would make is in the case of the mania taking the form of immodesty and lasciviousness. Here, if Hyoscyamus fail, *Phosphorus* is strongly recommended by Jahr, of course in high dilution.

Veratrum album is the only other remedy I would mention. Its reputation among the ancients has been confirmed in our practice. Anguish of mind appears to be the symptom calling most strongly for it.

In acute mania I have no reason to doubt that the ordinary practice of administering repeated small doses of the indicated remedy would answer every purpose. But in chronic and recurrent forms of the disease I should be rather disposed to make a

powerful impression on the brain by a single large dose or two, sufficient to excite physiological effects. The advantage of doing this with Hyoscyamus has lately been illustrated by Dr. Lawson.* He says that the drug produces in man a subdued form of mania, accompanied by almost complete paralysis of the voluntary muscles; and finds that by inducing this state (for which purpose he gives a grain of the alkaloid, Hyoscyamia) chronic mania is subsequently improved to a striking extent.

Melancholia, when not a symptom of dyspepsia, hepatic disease, oxaluria, or disordered ovario-uterine functions, finds its best remedies among three metallic drugs—Aurum, Platina, and Plumbum, and two from the vegetable kingdom—Ignatia and Veratrum.

Aurum is a renowned remedy in the homœopathic school for *suicidal* melancholy, as I have shown when speaking of that drug. *Platina* to some extent takes its place in the female sex, possibly through affecting the ovaries as Aurum does the testes. It has cured both religious melancholy and that connected with deranged uterine health in these subjects. The apprehension of death is said by Dr. V. Meyer to be the special indication for this medicine. *Plumbum* also has cured religious melancholy where the bodily symptoms were those characteristic of this remedy. *Ignatia* should generally be preferred when the melancholy is recent, and is distinctly traceable to a psychical impression, as grief, fright, disappointment, and the like. The indications

* *Practitioner*, vol. xvii. See also *Brit. Journ. of Hom.*, xxxv., 162.

for *Veratrum* are not distinctive, save that here, as in mania, anguish always suggests it.

Besides these medicines, Arsenic, Iodine, and Mercury must not be forgotten. I have described in my *Pharmacodynamics* the psychical state induced by each; and the restless, anguished depression of Arsenic, the discouragement and dispiritedness of Iodine, and the fretful irritability of Mercury may guide you to an occasional cure. The recent favourable experience of the old school with Opium, moreover,* is worthy of note. Melancholy is characteristic of the confirmed opium eater; and the constipation so constantly present in the idiopathic disease is an important element in the homœopathicity of the drug.

Dementia, when occurring in the young as a primary affection, is nearly always (I apprehend) the result of masturbation. Here *Phosphoric acid* and *Anacardium* will be of service: when melancholia also is present, Conium is said to be useful. Another possibly curable form of the disease is that which sometimes follows upon an acute attack of insanity; and for this *Helleborus* would seem indicated. But senile dementia must be incapable of cure, or even of arrest, save so far as good diet and surroundings can do it.

General Paralysis of the Insane appears to be in all cases connected with a diffuse inflammation of the cortical substance of the brain and the neighbouring membranes. This would indicate, in

* See Hammond, *Op. cit.*, p. 372.

its early stage, the persevering administration of *Belladonna.* When the symptoms of mental exaltation so characteristic of it as it advances are present, I think we should try whether benefit might be obtained from *Cannabis Indica.* This medicine has been much used in mental derangement of late, but its homœopathicity thereto seems quite ignored. Great exaggeration of perceptions, ideas, and emotions is the mental disorder produced by it ; and here, if anywhere, it finds opportunity for exerting a curative action on similar phenomena. It might be aided by Mercurius corrosivus and Iodide of Potassium to act on the inflamed meninges.

We have no homœopathic experience of its treatment on record.

Hypochondriasis and delirium tremens must finally be discussed ere we leave the subject of mental disorder.

Hypochondriasis has been already alluded to in its most common form, *i. e.*, of melancholia accompanying, but out of proportion to, dyspepsia ; and the value of *Nux vomica* in such a condition mentioned. But there is also what Jousset calls a *hypochondrie essentielle,* which is a real mental disease. It is defined by Drs. Gull and Anstie, in their article upon it in Reynolds' *System of Medicine,* as "mental depression, occurring without adequate cause ; and taking the shape, either from the first or very soon, of a conviction in the patient's mind that he is the victim of serious bodily disease." Dr. Jousset says that England is the country of hypochondriasis ; but it seems to be much more frequently encountered by the homœopathists of Germany than by us at the

present day. Hartmann goes very fully into its remedies; and Bähr has an excellent article on the disease. Besides Nux vomica and Sulphur he commends *Staphisagria, Natrum muriaticum,* and *Conium:* the first being specially indicated when the affection is caused by long-continued depressing emotions; the second when there is much cachexia and constipation; the third when forced sexual abstemiousness seems the origin of the trouble. He also transcribes Hartmann's strong recommendation of *Stannum* which I have cited when speaking of that drug, viz., that it is good when severe abdominal pains are present, relieved by movement, which, however, exhausts.

Besides these medicines, I must mention *Arsenicum* and *Ignatia.* The latter will control the occasional semi-delirious exacerbations of mental distress which afflict the victims of hypochondriasis. The former is indicated by the burning pains so characteristic of the disease; and the mental condition present corresponds closely with that induced by the poison. Dr. Black* speaks highly of its value in association with Mercurius.

Delirium tremens is confessedly an instance in which more patients have died of the doctor than of the disease. Treated of old as an inflammation, the antiphlogistic measures and regimen adopted were (so Watson tells us)" positively injurious." But now the same imputation is cast upon the opiate treatment which in his eyes seemed their rational substitute. "Great mischief" is ascribed in the latest treatise on Medicine to such belief and prac-

* *Hahnemann Mat. Medica,* Part I., p. 25.

tice ; and we are told that "the idea that patients in delirium tremens require to be narcotized into a state of repose may now be said to be abandoned by those best qualified to speak upon the subject." The treatment of the present day seems to be one of almost pure expectancy,—"the successful treatment of delirium tremens, in nine cases out of ten, depending on the regular and continuous supply of suitable nutriment, whereby the functions of the nervous system are supported during the struggle towards recovery."

I have no statistics to bring forward bearing on the question whether homœopathy can add anything to the success of expectancy here. But I think it highly probable ; and shall endeavour to give you the indications for certain medicines to be used in its treatment.

You will generally require two,—one to control the cerebral disorder, the other to meet the gastric and general nervous symptoms of the alcoholized patient. The former you will find in *Hyoscyamus*, *Belladonna*, or *Stramonium*,—far most commonly the first. It is rare that the delirium is inflammatory enough for Belladonna, or sufficiently maniacal for Stramonium. The medicines of the latter class which will do you good service are *Tartar emetic* and *Arsenicum*. The former answers best where there is much *mucous* gastric derangement, as when beer has been the intoxicating agent : the profuse cool sweats also indicate it. The tendency to the supervention of pneumonia in cases of delirium tremens is another proof of the homœopathicity of Tartar emetic. Arsenic comes in when the condition of the stomach

is one of gastritis, and when the nervous disorder is considerable, as shown by the prostration and the muscular tremors, which last it remarkably controls.

By giving one of the latter medicines by day, and one of the former by night, you will, I think, get very satisfactory effects in delirium tremens. For some illustrative cases I refer you to a paper on the disease by Dr. John Moore, of Liverpool, in the eighth volume of the *British Journal of Homœopathy*. I agree with him in thinking that Hyoscyamus requires to be given here not higher than the 1st decimal dilution.

Delirium tremens is now described as "acute alcoholism," and is viewed in connection with a series of changes in the nervous functions occurring in drunkards, to which the term "chronic alcoholism" is given. Muscular tremors and morning vomiting are the most common of these: grave degenerations of the nerve-centres, as indicated by paralysis and mental alienation, stand at the other extremity of the scale. I need hardly say that, if such patients are to be treated successfully, their vicious habit must be broken off. But, besides this, you may obtain great benefit by the administration of *Nux vomica* in these cases, when the mischief has not gone too far. In more advanced forms of the disease I suppose we could hardly do better than what Dr. Anstie recommends, viz., endeavour to improve the nutrition of the nervous centres by *Phosphorus* and fatty foods. We ought, moreover, to utilize Dr. Marcet's favourable experience with the preparations of *Zinc* in such cases, as the remedy is thoroughly homœopathic to the morbid condition.

LETTER XVI.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Brain (continued).

HAVING now concluded the substantive diseases of the brain, I must, before passing to the spinal cord, speak of certain phenomena, proximately cerebral, but of very various origin, which frequently come before us for treatment. These are headache, vertigo, and the derangements to which sleep is liable.

Headache. It is one of the glories of homœopathy, that it has brought within the range of curative treatment a multitude of minor ills hitherto thought unworthy of the practitioner's attention. Who ever contributes to the *Lancet* and its fellows a case of chronic or recurrent headache successfully treated? It is one of the most prevalent of complaints, especially in women; but it has come to be regarded as a necessary evil, and neither physicians nor patients think of it as curable. It is just the reverse with homœopathy. Our literature abounds with cases of the cure of headache (Dr. Peters has collected 169 in his treatise on the subject); and the relation of many of our medicines to this form of pain is accurately fixed. For full details I refer you to the *Treatise on Headaches* by Dr. Peters, which I have mentioned; to the admirable papers "On Headaches"

by Dr. Black in the fifth volume of the *British Journal of Homœopathy;* and to a semi-popular but really excellent sketch of the subject by Dr. Shuldham, entitled *Headaches; their causes and treatment.* I will myself endeavour to sketch for you the treatment of the leading forms of the malady.

Of toxæmic (syphilitic, gouty, rheumatic) and sympathetic headaches I need not speak particularly. Their treatment must be that appropriate to the blood-poison or the disordered organ on which they depend. The three great types of headache which come under our notice are the nervous, the congestive, and the "sick" headache.

1. By the "nervous headache" I understand a hyperæsthesia of the brain itself or of some of its issuing nerves, depending upon a morbidly excitable condition of the cerebral substance. We have two excellent remedies for this trouble,—*Belladonna* and *Nux vomica.* The former is, as a rule, most applicable to women and children; the latter to men. They will not only relieve at the time; but in many cases their continued use will greatly lessen the morbid susceptibility upon which the suffering depends. When the pain takes the form of "clavus," Nux vomica is often advantageously replaced by *Ignatia,* when the temperament and constitution of the patient are those suitable to the latter remedy.

The nervous headache of which I have hitherto spoken occurs at any time, and has no typical character. But there is an important variety of this form of cephalalgia, which, from its commonly semi-lateral seat, has been known as *hemicrania* (the French migraine,

the English megrim). It is that form of "sick headache" which is primarily cerebral, and where the vomiting is only secondary and sympathetic. It recurs periodically. Much attention has lately been given to it in this country: there is a good summary of its recent literature in the first volume of the *London Medical Record.* Among homœopathic writers Clotar Müller and Trinks have discoursed at some length* upon the disease and its remedies; and Bähr's article on the subject may be consulted with advantage.

Hemicrania is a disease which requires to be closely individualized. When you have selected what seems the *simillimum,* administer it in frequent doses during the paroxysm, in rarer ones through the interval, and give it a thorough trial before you change it. In chronic cases three months should be the shortest time of testing. Do not give one medicine in the intervals, and another during the paroxysms; and especially, as long as you have any hope of curing your patient, do not resort to palliatives like coffee, guarana, and chloral. It is significant that the old-school treatment of the malady resolves itself into the use of these; on the *curative* measures to be adopted between the attacks its writers are vague and brief.

The medicines between which your choice will commonly lie are these:—Belladonna, Calcarea, Ignatia, Nux vomica, Sepia, Silica, and Stannum.

Belladonna is generally the best medicine we can prescribe if the headache is of recent origin, and occurs in young slender subjects of nervo-sanguine

* *Brit. Journ. of Hom.*, xxi., 1, 276.

temperament and otherwise fairly healthy. Vaso-motor complications confirm its choice; and the tendency of migraine to pass over into genuine neuralgia (as shown by Dr. Anstie) still further substantiates it. I agree with Dr. Müller that the medium dilutions (3—6) are preferable to the lowest for this purpose.

Calcarea vies with Sepia as the radical remedy for chronic and obstinate cases. In lymphatic subjects, especially of scrofulous diathesis, and where (in males) there is an unhealthy state of the reproductive organs, it is indicated. The symptoms of the paroxysm which call for it are coldness of the head, and much acid in the eructations and vomitings. The acetate seems the best form of administration.

Ignatia is commended here also when the pain has the form of "clavus." It is indicated in nervous, hysterical patients, and when depressing mental emotions will at any time bring on the attacks. The face is pale during the paroxysm (unlike that of Belladonna and Nux vomica); clonic spasms are frequent concomitants, and diuresis often constitutes the crisis.*

Nux vomica cannot fail to do something for migraine when the well-known constitution, temperament, and conditions characteristic of this medicine are present, and when errors in diet readily excite the attacks. But neither it nor Ignatia is allowed place in the first rank of its remedies by our writers.

Sepia has the largest and most unanimous testimony in its favour as a radical remedy for this disease. It

* See a good paper on "The Ignatia Headache," by Dr. Shuldham, in the fifteenth volume of the *Monthly Homœopathic Review*. His sketch of the subject in his treatise is less detailed.

finds its sphere in chronic cases, occurring chiefly in women of disordered sexual function, with much leucorrhœa, and subject to hepatic disturbance and abdominal congestion. A florid countenance, inclined to be yellow, indicates it; also the so-called "sudor hystericus" in the soles or axillæ.

Silica is only mentioned by Bähr, but his indications are precise. They are—"rush of blood to the head, great sensitiveness of the scalp, falling off of the hair, much perspiration on the hairy scalp." To these I would add, pain ascending from the nape into the head.

Stannum is unnoticed by any of the three writers I am quoting, but it is a favourite medicine of mine. The *crescendo decrescendo* character of its pains first directed my attention to it in migraine, where this feature is often very marked. Its action is not so profound as that of Calcarea and Sepia; but after these I am inclined to claim the highest place for it.

Other remedies which may be considered are Arsenicum (Shuldham), Ipecacuanha (Müller), Mercurius corrosivus (Trinks), Sanguinaria (Hering and Jousset), Verbascum (Müller), Veratrum (Jousset), and Zincum sulphuricum (G. Clifton):* perhaps also Colocynth and Spigelia. But I think that migraine deserves an entirely fresh study in relation to its remedies, in the light of recent researches into its symptomatology and clinical history. Dr. Liveing's excellent treatise upon it† shows that it is a true and independent "neurosis," like epilepsy, asthma, and angina pectoris; that like these it is hereditary, paroxysmal, approximately periodical,

* See *Brit. Journ. of Hom.*, xxxiv., 108.

† *On Megrim*, &c., 1873.

violent in direct proportion to the length of the interval since the last attack, and interchangeable with other forms of nervous disorder. He finds it "range from the simplest hemicranial pain, transient half-vision, or sick giddiness, to cases which present a complete assemblage of phenomena and wide range of sensorial disturbance." In the fully developed form the sequence of symptoms is—first, disturbance of vision; then dysæsthesia of the other senses; then disorder of speech and ideation; then headache; lastly, nausea and perhaps vomiting. The whole paroxysm is a "nerve-storm," and its primary seat is suggested to be the optic thalamus.

For the totality of the symptoms in migraine, then, we should look not only to the case before us, but to the general history of the disease, of which the present instance may be but an imperfect representative. The disturbances of vision so characteristic of the disease, and occurring (when present) at the very onset of the paroxysm, or even as its only phenomenon, deserve special attention. They have been compared to those which Purkinje has observed as caused by Digitalis,* but I must agree with Dr. Liveing that the resemblance is not striking. Nevertheless, the slow pulse of the drug is present in migraine, and vomitings are characteristic of both, so that the suggestion must not be lost sight of.† Many of the sensorial, vascular, and emotional symptoms of the paroxysms remind one of the effects of Aconite,

* See Hempel's *Materia Medica*, i., 476.

† "Not long ago Dr. Bigler, of Rochester, remarked to me that Iris versicolor hardly ever fails to cure a case of sick headache when preceded by a blur before the eyes, and that when that symptom is absent it will fail" (*North Amer. Journ. of Hom.*, xxii., 418).

and I feel disposed to depart from the general rule of not giving a special medicine at these times when they are present. Lastly, the frequent dependence of migraine on a gouty diathesis should make us think of Sulphur in its treatment.

2. Congestive headaches should be treated at the time by Aconite, Belladonna, Bryonia, Nux vomica, or Glonoin if the congestion be active; by Gelseminum or Opium if it be passive. *Aconite* is most suitable when arterial tension is present, with irregularity or excitement of the circulation throughout the body. *Belladonna* acts well when, without such symptoms, there is great hyperæmia of the head and neck, with flushing of the face and burning of the eyes. *Bryonia** and *Nux vomica* suit the conges-

* The following case is not given in Dr. Peters' treatise. It is related by Dr. Chapman in the seventh volume of the *British Journal of Homœopathy* (p. 505) :—

"A lady arrived at Liverpool from South America in a great state of suffering. From the time she went on board the ship until she landed she had been constantly sea-sick; was never free from nausea, and vomited frequently. During the last fortnight of her voyage there had been hæmatemesis several times. The bowels had not been relieved for upwards of a fortnight, though she had taken pills frequently, which only increased her nausea and the distress of her stomach.

"Her face was very red; she was very giddy; she could not stand, and could scarcely sit. She had considerable headache; a sensation of great fulness in the bowels. The slightest movement increased her sufferings, which were partially relieved on lying down and keeping quite still. The colon was distended, and to the touch seemed loaded with fæces. Notwithstanding her repugnance to it, half an ounce of Castor oil with a few drops of Laudanum was given to her. She retained it, and discharged an enormous quantity of fæces.

"The next day, though the distension of the bowels was relieved and the long-accumulated fæces had been removed, all her symptoms

tive headache connected with dyspepsia and constipation. With the former the pain is in the forehead, and accompanied with giddiness; both being much increased by movement, and also by stooping, which causes a sensation as if the brain would fall out. The Nux headache is rather occipital, and is especially aggravated by mental exertion. *Glonoin* is of great value where the headache is accompanied with much throbbing. For the headaches of passive congestion, the only diagnostic distinction I can point out between those of *Opium* and those of *Gelseminum* is that sleepiness is more marked in the former, and giddiness in the latter.

The management of these headaches when chronic is to a large extent hygienic and regiminal, and on these points some excellent counsels are given by Dr. Shuldham. In the choice of medicines the state of the whole health has to be taken into consideration; and may sometimes lead us to medicines like Sulphur, Sepia, and Calcarea, instead of the more common Belladonna and Nux. *Ferrum* also is often to be considered. I will add that in many cases of continuous general headache of congestive type, with tendency to deafness and noises in the ears, I have seen most satisfactory results from the first three triturations of *Quinine*.

3. Though I have spoken fully of migraine, I have

of sea-sickness continued: the flushed face, the headache, the giddiness, and the nausea; the distress increased on any movement. A drop of Bryony of the 3rd dilution was given her; the next day she was quite well, and travelled to London."

Qy.? If the Bryonia had been given on the first day, would not the bowels have acted without the castor oil, and the other symptoms have disappeared simultaneously?

yet to discuss "sick headache." I do not mean mere dyspeptic headache,—the remedies for which are the anti-dyspeptics indicated. I mean a periodically recurring attack, of which pain in the head is one symptom, and vomiting another; but whose clinical history points to a gastro-hepatic rather than a cerebral origin. The following case will illustrate what I mean, and exhibit the action of one of the remedies :—

Agnes F——, æt. about thirty, had suffered, on and off, from recurring "sick headaches" for the last eight years. I have treated her at times in the past, but with little result. On May 16th, 1870, she again applied to me to see if I could help her in this respect. When I came to inquire into her condition, I found that the symptoms had acquired so typical a form that I was able to promise her almost certain relief.

Every fortnight regularly this patient began to feel much pain in the right hypochondrium, which gradually increased in severity. As it grew worse the head began to ache, especially in the right forehead and temple. This also rose by degrees to its acme; and, as it did so, the nausea which had been present to some extent from the first resolved itself into vomiting, chiefly of bile. This continued for some hours, and then the symptoms as gradually declined, the whole attack lasting nearly three days. In the intervals there were occasional feelings of headache, sickness, and pain in the side, but in a slight degree. The secretions and the uterine functions were normal.

The medicine I had fixed upon in my mind as I heard her story, and from which I was able to promise such certain benefit, was *Chelidonium*. I gave her three drops of the 3rd dilution night and morning.

May 30th.—The attack came on at the usual time, but was less severe. Continue medicine.

June 15th.—It is now three weeks since the last paroxysm,

and no further one has occurred. She feels altogether better. Continue medicine, 3rd decimal dilution.

June 25th.—An attack came on the day after I last saw her, but was quite a slight one. She feels little of the nausea, headache, and pain in the side. Continue medicine.

This was the last of the headaches for a long time. She discontinued the medicine at the end of July. I have seen her occasionally since, but once only for an attack of this kind, which is now a rare occurrence.

It is seldom that the hepatic origin of the attacks is so obvious as in this case. When the symptoms are more obscure, the medicines for consideration are *Nux vomica*, *Bryonia*, and *Iris versicolor*. I have done a good deal with the second of these; but the Iris has been my sheet anchor. It will often cut short the paroxysms; and its continued use, with proper attention to diet and hygiene, will do much to obviate their recurrence. It is said to be especially useful when the attack commences with a blur before the eyes, as in true migraine.

I will just mention a few other medicines suitable to occasional varieties of headache, with brief remindings of their indications, referring you to my account of the drugs themselves for fuller particulars.

Actæa racemosa (in women, pain in forehead and *eyeballs*).

Aloes (dull frontal headache, incapacitating for exertion).

Ammonium carbonicum (nervous headache, aggravated by closing the teeth).

Argentum nitricum (dull chronic headaches of mental workers).

*Atropia** (in chronic headaches where Belladonna is indicated, but fails).

Cactus (headaches of heart disease; pressive headache on vertex of menorrhagia and menopausia).

China (headaches from loss of blood, with sense of opening and shutting).

Cannabis sativa (catamenial headache).

Cocculus (the same; vertigo and nausea coincident).

Cyclamen (like Actæa, in chlorotic subjects).

Lachesis (burning headache on vertex in menopausic subjects).

Naja (intense frontal headache, with depressed spirits).

Phellandrium (pressure at vertex, with weak and aching eyes).

Spigelia (neuralgic and rheumatic headache, eyeballs involved, pain much increased on stooping).

Vertigo.—The list of symptoms of nearly every medicine contained in Jahr's Codex begins with "vertigo." In the presence of this distressing *embarras de richesses* you will be glad to have the results of experience in the treatment of the symptom in question.

Symptom it is, and nothing more, in organic disease within the cranium, in apoplexy, and in gastro-hepatic disturbance. Persistent in the former case, temporary in the two latter, in either it affords no point for special treatment. But vertigo not uncommonly comes before us unconnected with either of these causes, and sufficiently prominent to

* See case in *Brit. Journ of Hom.*, xxviii., 790.

require special attention and medication. I suppose it to be always dependent upon disorder of the cerebral circulation. When this is of a congestive character, and accompanied with headache, the medicines already recommended for the latter consequence will remove the vertigo also. But cases often occur, especially in old people, in which chronic cerebral congestion causes much giddiness, but little or no aching. In this affection I have derived singular benefit from *Iodine*, in about the 3rd decimal dilution. *Sulphur*, also, must not be forgotten. Still more frequently, however, vertigo owns a cardiac origin, and testifies to deficient supply of the brain from an enfeebled heart. This is the "essential vertigo" of Dr. Ramskill.* In such cases we shall have some palpitation and breathlessness, a feeble pulse, and a tendency to syncope. Here *Digitalis* is our grand remedy. The disappearance of the vertigo is generally the earliest sign of the toning influence exerted by this drug on the muscular tissue of the heart. The giddiness of epileptics, when not amounting to the "petit mal," finds a useful medicine in *Hydrocyanic acid*.

With these medicines I have got on excellently well in vertigo, when it has come before me as a substantive symptom. But every now and then cases will arise which do not fall under these categories, and require other remedies. You will then consult the Materia Medica; or you may save yourself a long hunt by referring to Dr. Kafka's exhaustive treatise on the subject, which is translated in the thirty-first volume of the *British*

* *System of Medicine*, vol. ii., art. "Vertigo."

Journal of Homœopathy. As for our other authorities, Bähr simply considers the vertigo of old people, and treats it according as the brain seems hyperæmic or anæmic, — in the former case with Belladonna, Arnica, Nux vomica, and Lachesis ; in the latter with Silica, Baryta carbonica, Graphites, Lycopodium, Ambra, or Fluoric acid. Jahr gives a good many symptomatic indications ; and says that *Phosphorus* " displays great curative powers in every imaginable case of vertigo, more especially in the vertigo described as *nervous.*" Jousset describes an essential vertigo of which sea-sickness is the type. He considers *Tabacum,* in the sixth dilution, nearly infallible for it, but holds Silica and Nux vomica in reserve. I, too, have met with this form of vertigo, but have always treated it with *Cocculus,* and with fair success. Dr. Guernsey speaks of a giddiness on the least mental or physical exertion as under the control of Argentum nitricum.

It is probable that primary vertigo may be classified as headache is, into nervous, congestive, and " sick,"—the last-named being understood to be of cerebral and not of gastro-hepatic origin. Then we shall have as our main remedies,—for the first form, Phosphorus, Ambra, Argentum nitricum ; for the second, Iodium, Arnica, Nux vomica, Sulphur ; for the third, Tabacum and Cocculus.

Derangements of Sleep. — Sleep is too important a part of the life of the brain not to be subject to disorder, and not to require remedial means when that disorder is considerable or persistent. The most common form in which its

disturbance comes before us is sleeplessness. When this is part of a general systemic derangement, the treatment — medicinal and hygienic — suitable thereto will nearly always favour sleep; and, indeed, improvement in this respect is one of the best signs, alike in acute and in chronic disease, that the remedies chosen are agreeing with the patient. But it not uncommonly happens that sleeplessness comes before us as the main element in a condition of nervous erethism, and demands primary consideration in our choice of medicines. You will generally find its remedies among the group consisting of *Aconite, Actæa racemosa, China, Coffea,* and *Iodine.* Of these Coffea has been, in my experience, by far the most frequently useful; it is indicated when the patient cannot get to sleep for simple cerebral activity, thoughts crowding upon him and clinging to him in spite of all his efforts at detachment. I have found the 6th and 12th better than the lower dilutions. * The habitual use of coffee as a beverage, if not taken in excess, is no counter-indication to its exhibition as a remedy. In cases, however, where the sleeplessness is traceable to its immoderate use—especially when it is drunk by students to keep themselves awake—it must be discontinued, and Nux vomica or Chamomilla given as an antidote. China is good when the erethism is rather emotional, and when its subject is weak from some drain on the system. It is also

* Sometimes, however, the berry in its ordinary form is efficacious; and thus we have an old-school writer saying, "Although the effect of coffee is generally such as to induce sleeplessness, there are cases in which its action is directly the reverse" (Hammond. *Sleep and its Derangements.* 1869).

the remedy when excessive tea-drinking has been the exciting cause. The sleeplessness of Iodine is connected with palpitation, that of Aconite with vascular excitement generally, that of Actæa with bodily restlessness (motor erethism). You will also remember Nux vomica when the patient wakes at two or three a.m., lies awake for some hours, and then sleeps heavily when he ought to be getting up; and Pulsatilla when he cannot get to sleep during the early part of the night.

Again, the sleep may not be absent, but morbid: it may be disturbed by dreams, made hideous by nightmare, or entirely altered into the pathological condition known as somnambulism. Dreams, when unusual in frequency, vividness, or persistence of character, are no unimportant indication of the state of the brain, or the body generally, and deserve more attention than they ordinarily receive. Hahnemann enjoined the taking account of them in examination of patients, and frequently in his pathogenesies records their production by drugs, with the peculiarities they assume. For information as to them in particular cases you will of course consult your repertories. I would just say that *Hyoscyamus* is very useful when dreaming is simply too frequent and vivid. For nightmare and somnambulism the bromide of potassium is in much use in the old school, and, as I have shown from Laborde's experience how entirely homœopathic it is, we can hardly do better than employ it.

Finally, sleep may be excessive; and such soporose conditions may occur independently of other symptoms of cerebral or general disorder. You will

naturally think of *Opium* here, and it will often wake your patient up. But another good medicine for it is *Nux moschata.* The face is inclined to redness with the former drug, to paleness with the latter.

I need hardly say that the general management of patients with disturbed sleep is of the utmost—often of primary—importance. For many useful suggestions on the subject I may refer you to Dr. Hammond's treatise on *Sleep and its Derangements,* and to a paper by Dr. Ker in the eighteenth volume of the *Monthly Homœopathic Review.*

On the subject of injuries of the head I have only to speak of—

Concussion of the Brain.—You had best give *Arnica* here while the symptoms are those of shock; but as soon as reaction sets in, your chief aim will be to moderate this with repeated doses of *Aconite.* If it should be already established when you see your patient, and inflammation should be threatening, you will combat it with *Belladonna.*

LETTER XVII.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Spinal Cord.

FROM the diseases of the brain I pass to those of the spinal cord. I shall first speak of its non-organic disorders—congestion and irritation; and then of its inflammations, including under this heading the various forms of spinal paralysis. In this novel and somewhat obscure region I shall assume as my basis for pathology and diagnosis two recent contributions on the subject—Dr. Radcliffe's article on "Diseases of the Spinal Cord" in the second volume of Reynolds' *System of Medicine*, and the section treating of these maladies in the sixth edition of Dr. Hammond's *Diseases of the Nervous System.*

In discussing the treatment of these maladies I regret that I can do little more than give hints and suggest probabilities. There is an almost utter absence of well-diagnosed spinal disease in homœopathic literature. I can only hope that by noting this deficiency I may stir up some of our practitioners, and especially those attached to hospitals, whose large experience must have included cases of this kind, to tell us what they can do for them, and with what remedies.

Spinal Congestion is excellently characterized by our two authorities, and is no very uncommon affection. I have myself seen several cases of it, and have found *Gelseminum* in the first or second

dilution most effective in its removal. In one instance there was paresis of both arms and legs and of the sphincter vesicæ, with numbness and tingling in the extremities; in another (in addition to the usual symptoms) some difficulty in speaking and writing, with loss of the memory of words, *i. e.*, incipient aphasia. In all the dull burning aching in the spine and the aggravation after recumbency were present. I have not required the aid of heat or cold, or of electricity, in this malady.

Other remedies, however, may conceivably be required. If, for instance, spinal congestion should be met with as a recent affection resulting from cold, or from suppression of a menstrual or hæmorrhoidal discharge, the timely administration of Aconite might restore the disturbed balance of the circulation without further aid. Where excessive muscular exertion was the cause, and a strong man the subject, I should be disposed to employ the indubitably homœopathic action of Nux vomica or its alkaloid. Dr. Aitken mentions that the difficulty in walking after recumbency characteristic of spinal congestion "may be temporarily induced by strychnia or nux vomica;" and it is equally significant that Dr. Radcliffe should speak of "nux vomica now and then in small doses" as part of the successful treatment of the illustrative case he relates, and that Dr. Hammond—who is addicted to large doses—should enjoin "that strychnia should never be administered in congestion of the cord."

Spinal Irritation receives from Dr. Radcliffe a description which separates it distinctively from

hysteria on the one hand and from myalgia on the other. Dr. Hammond draws a very similar picture of it, and thinks that its pathological basis is anæmia of the posterior columns of the cord. However this may be, the pain, the tenderness to pressure at certain points, and the eccentric symptoms of irritation of the spinal nerves make a group of symptoms familiar to most of us, and having an undoubted clinical history of their own. What can we do for them? Bähr is the only one of our authors who characterizes the malady distinctly; but for its treatment he sends us to our repertories, save in the form resulting from onanism, in which he recommends Nux vomica and Sulphur. *Ignatia*, *Actæa racemosa*, and *Agaricus* are the remedies which have commended themselves to me. In a case reported by Dr. Chepmell in his *Hints for the Practical Study of the Homœopathic Method* the first-named medicine did much good in conjunction with Platina, the latter being given on account of the uterine symptoms present. Actæa is suitable when the latter troubles are the exciting cause of the disease. The re-proving of Agaricus under Professor Zlatarowitch displayed a striking action of the drug upon the cord; and the symptoms are those of spinal irritation rather than of congestion. Mr. Clifton writes, "In spinal irritation, in weakly women of low and feeble habit of body, with weak pulse, tenderness over the spinous processes of the cervical and dorsal vertebræ, attended with headache, constriction across the chest, and flatulent eructations, I have frequently found it useful."*

* *Monthly Hom. Review*, xii., 402.

I must acknowledge that I have found spinal irritation a very intractable disorder. I have only succeeded in *curing* two cases of it—one with Ignatia, the other with Actæa and Agaricus, all in the first decimal dilution. Whether I should have done better with higher potencies, I cannot say. But I feel ashamed of my own homœopathy, at least, when I find Dr. Hammond stating that, of the hundred and fifty-six cases occurring in his private practice during six years, a hundred and thirty-three were thoroughly cured, and that, as his examples show, in no long space of time. Of the constituent elements of his treatment, based upon his anæmic theory of the disease, I cannot adopt the blisters, or the large doses of strychnia, phosphorus, phosphoric acid, and opium; but the hot-water bag to the spine, and the passage through it of the direct galvanic current, are auxiliaries as unobjectionable as they are rational. The Secale, moreover, which in large doses is his favourite remedy for congestion of the cord, might in small doses be beneficial to its anæmia. In the cramps of spinal irritation Dr. Hirsch has found this medicine very beneficial.

Spinal Meningitis.—I am now on untrodden ground, for I know of no recorded experience with this disease, and I have not myself met with it. In its acute form, however, the analogy of cerebral meningitis would leave little doubt of the usefulness of *Aconite* and *Bryonia*. The pain on movement characteristic of the latter medicine is nowhere so marked as in spinal meningitis; and its pathological appropriateness, as also that of Aconite, is obvious.

In the chronic form of the malady Dr. Hammond concurs with other observers in placing much reliance upon iodide of potassium, of course in full doses, conjoined, when there is a syphilitic history, with the bichloride of mercury. Here, as in cerebral meningitis, homœopathy has no counter-experience to show ; and you will have to consider whether your duty to your patients requires you to use accredited measures, which are nevertheless out of the range of your ordinary practice.

Myelitis is also conspicuous by its absence in homœopathic therapeutic records. Bähr, who notes the fact, accounts for it by the rarity of its cure ; for it is not so uncommon a disease. He himself relates an acute case which recovered under *Mercurius* (3rd decimal trituration) ; and to this medicine, preceded or accompanied by *Belladonna*, I think we may safely trust in recent instances of the disease. In more chronic cases the two medicines I should suggest for consideration are *Oxalic acid* and *Arsenicum*. In describing, in my lectures, the phenomena of poisoning by the former drug, I have said that I think there can be no doubt of their pointing to inflammation of the membranes and substance of the cord. A myelitis involving the meninges to some extent would best correspond to them. I have also described, from Dr. Imbert-Gourbeyre's materials, the arsenical paralysis, and shown that its seat is the cord. Congestion only had been found *post mortem* up to the time of writing ; but Velpeau now announces that he has succeeded in developing an acute myelitis by it in

a dog, and three undoubted cases of the disease in the human subject have been traced to its influence. The absence of meningitic symptoms distinguishes the arsenical myelitis from that of Oxalic acid. Dr. Ravel, from whose remarks in the *Art Médical* (xliii., 48) I have taken these later facts about Arsenic, mentions a "plumbic and phosphoric myelitis" also; but I think that they belong to other diseases of the cord than the simple inflammation of which I have now been speaking.

By "myelitis" I have meant (as I have said) simple inflammation of the whole thickness of the cord. But recent investigations—especially those of the French school—have led to the recognition of inflammation, followed by induration or atrophy, of particular tracts or elements of the cranio-spinal axis as being the pathological basis of a number of hitherto disconnected diseases. You cannot find the results of these discoveries better summed up than in an essay by Dr. Jousset "On Chronic Inflammation of the Spinal Marrow and of the Brain," which is translated in the thirty-third volume of the *British Journal of Homœopathy*. The maladies he groups here around this common lesion at its various seats are locomotor ataxy, multiple cerebro-spinal sclerosis (*sclérose en plaques*), general paralysis of the insane, spinal paralysis of adults and infants, labio-glosso-laryngeal paralysis, and progressive muscular atrophy. To these Dr. Hammond, in his chapter on "The Inflammations of the Spinal Cord," adds tetanus, pseudo-hypertrophic spinal paralysis, and lateral sclerosis. Of these affections, I have spoken of

general paralysis of the insane among mental disorders; and shall reserve infantile paralysis for the diseases of children. Tetanus I must class with hydrophobia as a spinal malady *per se.* I shall, therefore, here discuss the spinal paralysis of adults (Jousset's essential or true paraplegia), labio-glosso-laryngeal paralysis, lateral sclerosis, multiple spinal sclerosis, locomotor ataxy, and progressive muscular atrophy.

Spinal Paralysis appears to be an inflammation of the anterior tract of grey matter in the cord. Beginning with pains in the back, which radiate to the limbs, it rapidly shows itself in paralysis, which is followed by atrophy. The sensory disorder of myelitis is absent; there are no cramps or bed-sores; and the sphincters nearly always escape. We know nothing of its therapeutics, and should consider whether the large doses of Secale with which Dr. Hammond starves the inflammation by occluding the spinal arteries merit employment. Of our own remedies, *Belladonna* would be indicated by the pathological condition in the early stage,* and either *Phosphorus* or *Plumbum* when atrophy was threatening. The latter medicine would even seem earlier indicated. Dr. Jousset has communicated to *L'Art Médical* (xliii., 269) a striking case of acute paralysis of the muscles of the neck and those of deglutition, with abolition of electric contractility, rapidly cured by Plumbum 30. There can be no doubt, he thinks,

* "Trousseau and Pidoux speak of Bretonneau as having obtained in several cases of paraplegia a cure as unexpected as inexplicable by the use of Belladonna" (*Pharmacodynamics*, sub voce).

of the presence here of the specific lesion which lies at the bottom of so many of the spinal paralyses, *i. e.*, inflammation of the grey substance—in this case of the anterior horns. He considers the acute myelitis which Vulpian has found Plumbum to cause an affection of this nature. Phosphorus is undoubtedly most appropriate to non-inflammatory softening of the cord; but the case of phosphoric paralysis I have cited in my lecture on the drug presents some features of the commencing atrophic stage of the present malady.

Probably, however, the use of localized electricity is of more importance in confirmed spinal paralysis than any medicinal treatment; and it seems to give excellent results.

Labio-glosso-laryngeal Paralysis is probably the more precise modern name for the "paralysis of the tongue" of which we sometimes read in the older homœopathic books. Anacardium is said to have cured it; and Oleander is recommended for it on the strength of some symptoms in its pathogenesis, which, however, I think misinterpreted. But as the lesion here is identical in form with that which obtains in general spinal paralysis, and differs only in seat, I think our most promising remedies must be the *Belladonna* and *Plumbum*—especially the latter—there recommended.

The diseases hitherto mentioned (with infantile paralysis) appear to be inflammations of the grey substance of the cord, going on to degeneration and atrophy of its cells. In the three now to be dis-

cussed the latter process seems secondary to an inflammation of the neuroglia—the connective tissue of the cord; and the thickening of this substance leads to such induration, partial or general, that the affections resulting from it are named "scleroses." The process may be disseminated here and there in the cord, or may attack its lateral or its posterior columns exclusively.

Multiple spinal sclerosis is the same affection as the disseminated inflammation of the neuroglia of the brain which we have already considered; it is one form of the *sclérose en plaques* of the French. Rigidity and contractions are the main features of the paralysis it causes: others are rarely present. What I shall say directly about Cuprum is the only suggestion I have to offer as to its treatment.

Lateral sclerosis is similarly characterized, but the paralysis is more general. There is one form of it which strikingly reminds one of the effects of *Cuprum;* that, namely, where the affected muscles are atrophied (amyotrophic lateral spinal sclerosis). If the description I have given in my *Pharmacodynamics* of the palsied arm of a copper-worker be compared with the plate at p. 576 of Dr. Hammond's book illustrating this disease, the correspondence will be found exact.

Sclerosis of the posterior columns—more strictly, of the posterior root-zones with their intra-cranial continuations—constitutes the interesting disease known formerly (as in Romberg's time) as Tabes dorsalis, but now called—

Locomotor Ataxy.—I have more than once called attention* to the striking analogy between the effects of *Belladonna* and the symptoms of this disease; and I am of opinion that in the incipient stage, when the "douleurs fulgurantes" and other erethistic symptoms are present, it may be of essential service. I think I have checked a commencing case with it. But our knowledge that the morbid process is seated in the neuroglia of the cord rather than in its grey matter makes it improbable that any vegetable neurotic should prove curative here, and leads us rather to the more profoundly acting metals. Of these *Argentum*, in the form of the nitrate, and of course in substantial doses, has found much favour in the eyes of practitioners of the old school: its success, however, is very variable. In our own ranks, Dr. von Bönninghausen some time ago published two cases of "tabes dorsalis," which, from his description, were locomotor ataxy, in which a cure had been effected by *Aluminium metallicum* (not Alumina) in the 200th dilution.† Dr. Frédault has lately communicated some encouraging experience with *Zincum sulphuricum*, which he gives at the 6th potency.‡ The painful sexual excitement which is sometimes present in the earlier stages of this malady may be relieved by *Picric acid;* but I cannot think this drug homœopathic to the essential morbid process, as I shall show when I come to speak of softening of the cord.

There is a great lack of definite homœopathic

* *See Brit. Journ. of Hom.*, xxvii., 6.

† *See Amer. Hom. Review*, vol. ii.

‡ *See Bull. de la Soc. Hom.*, xvii., 396.

experience here, and our text-books are either silent on the subject, or give little suggestion as to treatment.

Progressive Muscular Atrophy is the last malady of this group. It was for some time uncertain whether it was a disease in the first instance of the muscles themselves or of the cord. The question is now settled in favour of the latter; and hereby is made complete the resemblance of the phenomena to those of chronic poisoning by lead. When speaking of *Plumbum* I have shown how close is the analogy here, and have only to repeat the recommendation made, that the medicine be given a full trial in the first case which comes before any of us, and the result reported.

There is another form of this disease, in which the muscles, though impaired as to function, are increased instead of lessened in bulk. It is the pseudo-hypertrophic spinal paralysis of Duchenne. Fatty degeneration and deposit appears to be the essence of the muscular change, while the central lesion is identical with that which obtains in ordinary spinal paralysis. *Phosphorus* here takes the place of Plumbum, and in my remarks on this drug I have mentioned a case in which it has proved of striking benefit. I have myself since seen another.

So far of the inflammations of the spinal cord. A few words now upon its—

Softening, which may be primary and non-inflammatory. I think that this is the malady which, more frequently than locomotor ataxy, is designated in the old books as tabes dorsalis; for the disease thus styled is said to be the common con-

sequence of sexual excess, and the form of disorder set up by this cause is softening. We have two excellent medicines for it in *Phosphorus* and *Picric acid*, both of which have caused the lesion in the brute, and the symptoms of it in the human subject, and both of which are in relation with the usual exciting cause. They may not, indeed, be able to effect regeneration of substance already softened, but they ought to be able to check any advance of the morbid process. Picric acid has shown its power of so doing in a case described by Dr. Lilienthal.* He cites it as an instance of locomotor ataxy; but I cannot so read it, nor do I see any symptoms of this condition in the pathogenesis of the drug. The animals poisoned by it died paralyzed, and their spinal cords were found white, soft, and diffluent, while the weakness and heaviness of limbs experienced by the provers seem to be of the same kind and to bear the same significance.

It remains that I speak of injuries affecting the cord. These may be either intrinsic or extrinsic. Of the former class is spinal hæmorrhage, where, if any good is to be done, it will probably be (as Dr. Jousset recommends) by *Aconite* and *Arnica;* and concussion of the spine, for whose effects we seem to have a very promising remedy in *Hypericum*. I mean, of course, when these effects have not gone on to congestion or inflammation, in which case the medicines appropriate to these conditions would come in. As injuries of the cord of extrinsic origin I class the two important maladies known as tetanus and hydrophobia.

* *North Amer. Journ. of Hom.*, xxiv., 63.

Tetanus is (happily) too rare to come frequently under our treatment, and is indeed seldom encountered save in hospital practice. Our own results in this sphere have not hitherto been of a brilliant character, if we may judge from the statement of Jahr's reviewer in the *British Journal*. "On examining," he writes, "the reports of the homœopathic hospitals of Vienna, Linz, Kremsier, and Nechanitz, from 1832 to 1848, we find that ten cases of tetanus were received, and that of these six died, and only four recovered, one at least of the latter not being an instance of traumatic tetanus." But, as we shall see, there are at least three potent medicines which are thoroughly homœopathic to the disease; and of two of these we have favourable accounts from our brethren of the old school. So that, though homœopathists have not yet much to show in the treatment of tetanus, homœopathy itself is not at fault.

The three medicines of which I speak are Strychnia, Aconite, and Hydrocyanic acid.

The homœopathicity of *Strychnia* to tetanus needs no demonstration. It is one of those facts which go to prove the fundamental character of the law of similars, since we see Nature herself making provision for its application. Now Dr. Stillé cites (as I have mentioned) eight cases of the traumatic form of the disease in which its use was followed by cure. From the eighth to the sixteenth of a grain was given for a dose. He is much puzzled by such results, and can only suggest that the Strychnia acts "substitutively;" and this (as Trousseau and Pidoux admit) is equivalent to saying that the process is homœopathic. It is scarcely singular, however, that such

practice should not have been followed up in the old school ; but I hope to hear some day of its successful reappearance in our own. Strychnia would of course be the more indicated the keener was the susceptibility to reflex excitation.

That Aconite can cause tetanus is less generally known, but the references to cases of poisoning which I will give in a note will set the fact beyond a doubt.* Here, too, we have some old-school experience showing it to be tetanifuge as well as tetanigenic. In a second note you will find references to records of nine cases treated by it (eight being traumatic), of which eight recovered.† It was stated that at one time it was the one remedy given in every case of the disease at the Middlesex Hospital. It is hardly surprising that such practice should bring the remedy into contempt. Aconite would be most applicable when exposure to cold and wet formed some part at least of the exciting cause of the disease. It would thus find its chief place in the idiopathic form, and would be least appropriate when the symptoms arose purely from excentric irritation. Its spasms are more continuous than those of Strychnia, and depend less upon reflex excitement.

The homœopathicity of *Hydrocyanic acid* to tetanus was pointed out by Dr. Madden and myself in an article on the poison which we published in the twentieth volume of the *British Journal of Homœopathy*. It does not seem to have been known as a remedy

* *Brit. Med. Journ.*, Dec. 1, 1860; *Lancet*, Oct. 6, 1860 (two cases); *Hahnemann Mat. Med.*, Part I., art. Aconite, sympt. 664; Fleming *On Aconite* (two cases).

† Braithwaite's *Retrospect*, 1846, i., 484, 494; *Brit. Med. Journ.* Jan. 28, 1860, Oct. 26, 1861; *Lancet*, Aug. 18, 1860; Stillé, ii., 316.

for the disease either in the old school or in our own. But in the twenty-fourth volume of the same journal Dr. George Moore reported a traumatic case successfully treated by drop doses of Scheele's preparation of this acid. It will not do to lay too much stress on this one case, for the patient might have recovered spontaneously. Still, during the first forty-eight hours of the treatment, which was commenced with Aconite and Belladonna, the spasms were more numerous and violent, and the patient much more prostrate. Improvement commenced on the night after the acid was begun. I cannot suggest any differential indications for this medicine.

Whether, in addition to one or other of the remedies now described, "auxiliaries" should be used in the treatment of this terrible disease, is a fair question. The application of ice along the spine, and the division or stretching of the nerve-trunk connecting any wound that may be present with the cord, seem eminently rational procedures. Homœopathy has nothing to say against them.

I would add that the sources of the experience cited above seem to render it necessary that, if we would emulate its success, we should give tolerably large doses of whichever of these medicines we select. Jahr, however, states that in the insurrection in Paris in June, 1832, he treated a case with Angustura 30, which soon controlled the convulsions. I presume he means the Angustura spuria; and this, as is well known, is only Nux vomica in another form.

Hydrophobia is the name of the nervous disorder induced when the *trauma* is the bite of a

rabid animal. Here, too, homœopathy has nothing to say against the attempt at removal of the exciting cause. Indeed, the excision of the bitten part is as much the duty of the homœopathic practitioner as of his brother of the old school; and nothing we can offer in the way of prophylaxis or cure supersedes its paramount necessity. But having done this, we can advance to further treatment with larger resources and fairer prospect of success than our brethren of the old school. Our advantage lies in our possession of two active remedies thoroughly homœopathic to the disease: I refer to *Belladonna* and *Stramonium*. I need not argue out the homœopathicity of these drugs to the symptoms of hydrophobia; it is obvious. But what facts have we to offer as to their efficacy?

We have first the large body of tradition coming down from the last century as to the prophylactic virtues of Belladonna. Bayle* records the results of the experience of Münch and his sons. They treated with the medicine 176 persons who had been recently bitten by mad dogs, and not one of these was attacked with the disease. He justly concludes that it is of the utmost importance to repeat their experiments. One in twenty-five is the lowest proportion on estimate of the occurrence of hydrophobia in those bitten, so that at least seven cases of the disease were prevented by the drug. Mr. Youatt, according to Sir Thomas Watson, had great faith in a combination of Belladonna with Scutellaria as a prophylactic of rabies in dogs.† I think that you

* *Bibliothèque de Thérapeutique*, ii. 502.

† It is of course open to suggestion that the Scutellaria played

will feel inclined, upon these facts, and from the analogy of scarlatina, if any one whose life you value has been bitten by a suspected dog, to keep such a one under the influence of Belladonna until the utmost limit of incubation has been reached.

Again, those who trusted to Belladonna as a prophylactic gave it also as a curative remedy when the disease had actually broken out. Bayle relates six cases treated by it, and of these four recovered. Hempel has collected five other cases of supposed cure with Belladonna; and three are recorded by practitioners of our own school in which it was the leading remedy.* Grant that some of these were the effects of fright, it is hardly likely that all should have been; and if Belladonna has cured a single case, it has done more than all that antipathic or allopathic measures have been able to accomplish, and is worthy of repeated trial.

As regards Stramonium, all I know is that it is reputed a specific for the disease in China. I should be inclined to choose it in preference where the general nervous irritability and delirium were extreme, and Belladonna where the throat symptoms showed that the stress of the mischief had fallen on the medulla oblongata and its issuing nerves.

In hydrophobia, as in tetanus, the application of cold to the excited spine (here to its upper portion)

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here the more important part. From the information regarding it given by Dr. Hale in his *New Remedies*, it appears to be a neurotic medicine of some energy, and it was introduced to Mr. Youatt by an American physician (Dr. Spalding) as highly successful in preventing rabies.

* See *Brit. Journ. of Hom.*, vii., 146; viii., 81; xi., 140.

would seem reasonable; I should certainly also give the patient ice to eat, which he can often do. In this as in that disease, also, experience seems in favour of massive doses. It is only in the largest quantities that Belladonna has caused hydrophobic symptoms, and it is from corresponding doses that its remedial power has been most frequently obtained. This is an instance in which Dr. Yeldham's rule of dose (p. 36) may well obtain.

LETTER XVIII.

Diseases of the Nervous System.

The Neuroses.

In this letter I propose to discuss the therapeutics of a group of maladies which, though obviously belonging to the nervous system, are not definitely referable to either of its divisions, and possibly involve both. They are Epilepsy, Chorea, Tremor, Hysteria, and Catalepsy. They form, together with certain other disorders (as migraine, neuralgia, &c.) elsewhere treated of, the group of *neuroses.*

And first, of—

Epilepsy.—Under this name I speak solely of the idiopathic disease. All symptomatic and toxæmic convulsions, however epileptiform in appearance, must here be excluded, if we wish to avoid confusion. In this I follow all writers—Trousseau, van der Kolk, Brown-Séquard, Russell Reynolds, Sieveking, and Radcliffe—who have recently written upon the disease. To supplement these works on the therapeutical side, Homœopathy has many recorded cases of relief and cure, most of which are contained in a collection by Dr. Baertl, which you will find translated in the twenty-second volume of the *British Journal of Homœopathy.* You should also read the two lectures on Epilepsy in Dr. Russell's *Clinical Lectures.*

You may possibly inquire, however, whether it is

worth while going any farther until we know whether homœopathy can do better than in old-school practice is done by the now universally used bromides. I fully considered this question when speaking of the bromide of potassium in my lectures, and came to the conclusion that the large and continued doses of the drug which were necessary to suspend the fits were themselves so prejudicial, that the bromic treatment of epilepsy is not to be adopted save when the frequency of the convulsions is threatening life or reason, and then only as a temporary palliative. My mind is not altered by anything I have read or seen since. Dr. Hammond, who has himself had three cases of death from bromism, and admits the cachexia induced by the large doses necessarily given, considers, nevertheless, that the induction of such a condition is favourable to the eradication of the epileptic tendency, and therefore endeavours to produce it as soon as possible. Strangely enough, however, he goes on to say that one of the bromine compounds—that which it forms with zinc—has in several cases proved exceedingly efficacious in arresting the paroxysms where other bromides had failed, but that bromism is not an attendant upon its administration. He nevertheless considers that the bromine of the compound exercises considerable curative influence. When, moreover, he speaks of prognosis, he says that "recent cases can often be cured, but those which have lasted for several years are rarely brought to a favourable termination." As homœopathy certainly does not speak less encouragingly than this, but rather more, and as it does not need to

poison its patients in the process of curing them, I think you may with a clear conscience keep your hands off the bromides when you have epileptics to treat, and be content to do your best for them according to the method of Hahnemann.

Let us consider what the condition is which in patients afflicted with this disease we have to treat. It is a chronically morbid state of a certain portion of the nerve-centres (generally, if not always, the medulla oblongata), which leads to an irregular production of its force, and occasional explosive discharge of the same. This morbid patch may be an inherited infirmity, or it may be acquired under the influence of depressing emotional or other causes, or from continued excentric irritations. In any case itself is the proximate cause to which our medication must be directed: the paroxysms are only the indication of its presence.

Our available remedies for this condition are of several kinds. There are, first, certain vegetable poisons from whose acute operation epileptic convulsions are apt to occur. These are Hydrocyanic acid; the three umbelliferæ, Œnanthe crocata, Cicuta virosa, and Æthusa cynapium; and Belladonna. Next, we have some mineral substances, whose long continued operation sometimes gives rise to similar phenomena: I speak of copper, lead, and arsenic. Lastly, there are drugs which, though never causing epileptiform paroxysms, have an ascertained relation either to over-excitability of the nervous centres or to their imperfect nutrition. In the first class are Strychnia and its ores (as they may be called)—Nux vomica and Ignatia; in the second we have Calcarea

and Silica. These drugs constitute our anti-epileptic armoury; it is rare that you will have to go beyond them. Let me sketch to you the adaptation of them to epilepsy in its several stages and forms of occurrence.

First, as to the fit itself,—can we do anything to ward it off, when the occurrence of premonitory symptoms gives us time and opportunity? If we can, I think it must be by employing the antipathic rather than the homœopathic method,—though one of the drugs with which we carry it out is peculiar to the school of Hahnemann. I am speaking of *Glonoin*. In lecturing upon that substance, I assigned reasons for believing that it acts immediately upon the medulla oblongata, and thence upon the vaso-motor nerves of the head and face, causing its well-known throbbing and flushing. It thus occupies the same ground and traverses the same path as the epileptic *nisus*, while its influence is precisely contrary thereto; and it acts with almost equal rapidity. It thus answers in all respects to the requirements of an effective antipathic palliative, and ought to be very useful in such a capacity. I suggested its employment here ten years ago *; but have had no sufficient opportunity of testing its efficacy. In the meantime, however, another agent of the same kind has been introduced into the ordinary practice,—*Amyl nitrite*. Drs. Weir Mitchell and Crichton Browne at once perceived its applicability to check the epileptic paroxysm, and have reported very favourably of its employment. Dr. Hammond also praises it, but justly limits its use to those cases in

* See *Manual of Pharmacodynamics*, 1st ed. (1867), p. 289.

which the face ordinarily becomes pale in the very inception of the attack. He has found it, as might be expected, of no curative power whatever when given systematically. The Amyl nitrite should be inhaled: with Glonoin the first decimal dilution may be touched with the tongue.

The treatment we adopt in the interval of the paroxysms, with the view of averting their recurrence, will be somewhat modified according as the disease is recent or of long standing. For epilepsy of recent origin we have two very valuable remedies, which are of little or no power in confirmed cases. These are Ignatia and Hydrocyanic acid.

Ignatia is of such value on account of the frequent origin of epilepsy in emotional disturbance. I have mentioned that it was in use for the disease when thus caused before Hahnemann's time, and that he confirms its usefulness from his experience with small doses,—limiting its sphere, however, to recent cases, or to those in which the fits never occur save from disturbance of this kind. Dr. Baertl relates several instances in which it was curative. It is especially suitable for epilepsy occurring in children, without being inherited by them.

The homœopathicity of *Hydrocyanic acid* to epilepsy was first argued out by Dr. Madden and myself in a paper on this substance contributed to the twentieth volume of the *British Journal of Homœopathy*. I have several times since returned to the subject, and maintained our position, defending it against the only assailant it has had — our late colleague Dr. Russell; * and in a communication to

* See *Manual of Therapeutics*, 1st ed., p. 154.

the proceedings of the World's Convention of 1876, which will be published in its Transactions, I have finally stated the whole matter. You will find there the complete argument for the conclusion that "Hydrocyanic acid is exquisitely homœopathic to the epileptic paroxysm; that its effects as closely and truly resemble that disorder as those of Strychnia resemble tetanus." Of this I think there can be no doubt; but the inference as to its curative power over the disease cannot be made without considerable reservation. In tetanus it is the paroxysm that we have to treat; in epilepsy it is the morbid condition of the nervous centres from which at times paroxysms start. It is not so certain that we can modify this with the drug, which has, moreover (as Dr. Russell justly pointed out), a very evanescent action. Nevertheless, as it will sometimes cure, in a most rapid and striking manner, such recurrent spasmodic attacks as gastrodynia and pertussis, there is no reason why it should not be occasionally remedial in epilepsy. I have cited, in the paper last referred to, several recorded instances of cure by it, even in cases of long standing. I have myself many times obtained great benefit from it here, and, when the disorder was of recent origin, actual cure. In one very interesting case the patient was the subject of angina pectoris also, and both affections yielded to the acid. I have had better results since I gave stronger, more frequent, and more continued doses. It is my present practice to administer from five drops of the 3rd decimal attenuation to three drops of the 1st centesimal four times a day.

In epilepsy of some standing the leading remedies

among homœopathists are Belladonna, Calcarea, and Cuprum.

Belladonna still holds in our affections that high place which it once occupied in the old school until dethroned by the bromides. I have mentioned in my lectures Trousseau's favourable estimate of its powers ; and from Dr. Stillé's article upon the drug it appears that its systematic use was initiated by Débreyne, and consisted in giving daily doses, increasing in quantity up to the maximum of toleration, and continuing this course with occasional relaxations and intermissions for three or four years. From the cases collected by Dr. Baertl and those recorded by Dr. Russell it appears that it can sometimes cure in much smaller and less frequent doses, but that in cases of some standing Calcarea is generally needed to complete the recovery. Bähr justly remarks that "the epileptic Belladonna convulsions are the consequences of an intense intoxication of the organism ; while running their course they may recur several times, but never in the form of a chronic affection, as is the case with Cuprum and Plumbum. Hence the Belladonna convulsions, as we indeed know from experience, correspond rather to eclampsia, which has been very properly designated as acute epilepsy." We shall see, when puerperal and infantile convulsions come before us, how important a place Belladonna holds in their treatment. It is indicated in epilepsy the younger the patient is, and the more sanguine his nervous temperament. It acts (we may suppose) by modifying the irritability and hyperæmia of the medulla oblongata. We can quite follow Dr.

Echeverria, therefore, in expecting good from it in "vertiginous epilepsy"—the *petit-mal* of the French writers. It may be tried in the form of Atropia also before abandonment.

That *Calcarea* has proved not less frequently and more permanently useful is evident from the cases in Dr. Baertl's paper. It is of course especially indicated when the constitutional condition is one for which this great nutrition-modifier is suitable. But it seems often to have acted well when no symptoms of this kind were present, and to be peculiarly suitable for reinforcing and perpetuating the action of Belladonna.

Cuprum, which once had some reputation in the old school as an anti-epileptic, has a high one in ours. Bähr, Jousset, and Bayes concur to give it the first place among our remedies for the disease; and Dr. Baertl cites a number of cures of chronic cases. Dr. Bayes thinks it indicated in proportion to the violence of the convulsions.—The last two medicines have done most in the higher dilutions and rarely repeated doses; and Bähr thinks this practice to be best in the treatment of epilepsy generally.

A few words may be said upon certain other medicines which may in exceptional cases become serviceable.

Argentum nitricum has a well-known traditional reputation. Dr. Gray, of New York, says that it is often curative — without the need of inducing cyanosis in the process — in cases arising from moral causes, as impassioned lay preaching. Arsenic has undoubtedly caused epilepsy, but we know nothing of its power to cure it: it would perhaps be

indicated if the paroxysms recurred periodically. Cicuta is credited with some cures, and so also is Cocculus, as I have related in my *Pharmacodynamics.* Opium is said to have cured cases where the fits occurred only in sleep. Plumbum is highly commended to us by Bähr, but rather upon the ground of its homœopathicity than from any experience with it. Silica is recommended in epilepsy when the constitutional condition and concomitant symptoms of the patient are such as to suggest this remedy: it also (like Opium) is indicated by the occurrence of the convulsions during sleep. The latter feature is Dr. Hammond's indication for Strychnia, of whose successful use in Dr. Tyrrell's hands I have spoken in my lectures. Zizia aurea* appears to act as a poison much like Œnanthe and Cicuta. It has cured in Dr. Marcy's hands two genuine cases of epilepsy of some standing. He gave the third decimal dilution.

I need hardly say that in epilepsy, as everywhere, whenever the maxim *tolle causam* is practicable, it ought to be implicitly obeyed. Whether the *causa* be an intestinal parasite, a depression of the cranium, or a syphilitic growth, it must be removed by the measures appropriate for the purpose.

The next neurosis of which I have to speak is the well-known "St. Vitus's dance"—

Chorea.—For therapeutical purposes I think we may speak of three varieties of chorea. The first is that induced by a definite exciting cause, whether mental or material, as a fright or the presence of worms. There is doubtless some fundamental

* See Hale's *New Remedies,* 2nd ed., *sub voce.*

instability of the nervous centres here; but when the cause can be removed or neutralized, the disturbance ceases. In the second, the chorea seems to be an expression on the part of the nervous system of a general diathesis or constitutional condition, as chlorosis, rheumatism, or tubercle. The third form, in our ignorance, we must class as idiopathic.

1. There seems no doubt that chorea, like epilepsy, may arise from a sudden and profound emotional impression, such as fright. Trousseau records two well-marked instances of the kind. In these cases we should expect the same benefit from *Ignatia* as in recent epilepsy thus caused; and the pathogenesis fully favours the expectation. Jahr recommends Causticum where Ignatia is indicated, but proves insufficient. Like epilepsy, again, chorea may be a symptom of the presence of worms in the intestinal canal. I have referred, when lecturing on *Cina*, to a very pretty case in which severe chorea subsided on the expulsion of ascarides consequent upon its administration. It will generally be the appropriate medicine where worms are suspected to lie at the bottom of the symptoms. Another which may fairly be named here is *Spigelia*, whose relation to rheumatism strengthens the indications for its use in chorea.

2. Iron is deservedly a favourite remedy in the old school for chorea; and the frequent co-existence of chlorosis and anæmia with this disorder explains its efficacy. In such cases homœopathy has nothing better to suggest; and you had better give *Ferrum reductum* as if you had a simple case of anæmia before you. On the other hand, Trousseau's state-

ment that chorea is not uncommonly an expression of the tubercular diathesis leads me to call attention to the place of *Iodine* in its treatment. Something very like the twitchings of chorea appears among the phenomena of iodism; and from my observation of the action of this precious medicine on the nervous system in general, I should look for good results from it in cases of this kind. Jousset recommends it in the graver forms of the disease; and there is old school experience in its favour.

But by far the most important diathetic relationship of chorea is that which it bears to rheumatism. I do not mean through the medium of cardiac vegetations, causing embolism; but immediately. Wherever you can trace this relationship, I advise you to depend upon *Actæa racemosa* in its treatment. The cases recorded in the second edition of Dr. Hale's *New Remedies*, and those communicated by Dr. Gibbs Blake to the sixteenth volume of the *Monthly Homœopathic Review*, will encourage you in this course; and will also, I think, lead you not to go much above the mother tincture for the most suitable dose.

3. In the treatment of idiopathic chorea we are in much the same plight as our brethren of the other school; we have so many remedies that we question whether any of them really cure, or whether the disease does not get well of itself. The *Arsenic* and *Zinc* so much relied on by them we also use, adding *Cuprum*. We have also the group of vegetable neurotics, *Belladonna*, *Hyoscyamus*, and *Stramonium*; and *Agaricus*. The last named has perhaps been credited with most cures in our school; and its

recent proving by Professor Zlatarowich shows its perfect homœopathicity to the disorder. The characteristic of the convulsive movements of this drug mentioned by Mr. Clifton,* that they cease during sleep, is an almost invariable feature of chorea. While with this medicine and Cuprum we may combat the ordinary cases of the disorder, Belladonna, Hyoscyamus, and Stramonium will be more suitable in nervous and delicate children; Zincum where the nervous centres and the general nutrition are much depressed; and Arsenicum in those graver forms of the disease where even life is threatened. As the pathology of such cases seems to be a condition of active hyperæmia at the base of the brain, the *Veratrum viride,* so much commended by Dr. Cooper,† might be a useful adjunct.

Another class of remedies of some repute in chorea are the venomous spiders. The alleged connexion of the convulsive epidemics of the Middle Ages with the bite of the *Tarantula* has yet to be demonstrated; and Dr. Nuñez' proving has not added much to our real knowledge of the subject. His preparation of the spider, however, has gained a good deal of repute among the Spanish and French homœopathists in the treatment of chorea, Dr. Jousset stating that it has given him more successes than any other remedy. While I am referring to authors, I may say that Bähr and Jahr concur in placing Cuprum and Stramonium at the head of anti-choreic remedies. The former employs Stramonium in severe cases till the violence of the

* *Monthly Hom. Review*, xii., 400.

† *Brit. Journ. of Hom.*, xxxiv., 279; xxix., 163.

paroxysms is reduced, and then—or in "chorea minor" from the first—gives Cuprum.

Under the head of—

Tremor, several distinct affections might be included. Trembling is a marked feature of the *sclérose en plaques* of the French pathologists, whether occurring in the brain alone, or in the brain and cord conjointly. There are attacks of convulsive tremor which are connected with epilepsy, differing from it mainly in that there is no loss of consciousness. But over and above these there is an essential tremor which is apt to invade the body,—either beginning in the head and gradually spreading from thence, or primarily involving the hands and associated with paralysis. In the former variety (often called senile tremor, though by no means peculiar to the old) I think *Agaricus* very useful. I once rapidly cured a case of long standing in an old man with drop doses of the mother tincture of this drug; it had the peculiar feature of the twitchings of the arms ceasing when he used them in his work of shoemaking. The other kind of essential tremor is "paralysis agitans," though its English equivalent "shaking palsy" probably applies to both. For this disorder *Mercurius* ought to be useful, as it is strikingly homœopathic; but Dr. Jousset says he has used it and other medicines without benefit. From the other school we have reports in favour of *Hyoscyamus* from Dr. Oulmont, and this is homœopathic enough. Dr. Hammond speaks of obtaining excellent results from galvanism and the bromide of zinc.

Hysteria is the next in order of our neuroses. Here, besides the all-important mental and moral treatment, we can do a good deal by medicines,—thus advancing a step beyond the old school, which, according to its latest expositor, knows "not one single drug which exerts any specific action on the disease."* We have such a drug in our *Ignatia*. Besides removing many of the pains and spasmodic phenomena occasionally present, its continued use in varying dilutions will almost certainly modify favourably that morbid impressionability—emotional, sensory, and reflex—in which so much of hysteria consists. With *Moschus*, moreover, we can sometimes arrest and always shorten the hysteric paroxysm. It should be given in the lower dilutions of the tincture, as its odour has much to do with its rapid action.

These are the medicines on which experience has taught me to rely. Jousset, however, considers *Tarantula* of at least equal value with Ignatia, especially when hysteria assumes the convulsive form. Bähr has a very full and detailed article upon the disease, mainly taken from Hartmann, and gives indications for a nnmber of remedies, as Nux moschata, Valerian, Secale, Aurum, Pulsatilla, Conium, Cocculus, Asafœtida, Sepia, &c. One would have been glad of some practical recommendations for special hysterical affections. One of these is vomiting, which is often very obstinate; but it will sometimes give way to Kreasote. Hysterical pains in the joints will often yield to Ignatia or Chamomilla, or—if of longer standing—to Argentum. For apho-

* Dr. Russell Reynolds, in his *System of Medicine*, ii., 327.

nia, paralysis, and anæsthesia occurring in connection with hysteria, we have generally to call in the aid of electricity.

Catalepsy is so rare a disease that there is little likelihood of the question of its best homœopathic treatment being brought before you. Nevertheless, it is well to remind you of the perfect picture of its phenomena occasionally presented by susceptible persons under the influence of *Cannabis Indica.*

LETTER XIX.

Diseases of the Nervous System.

Local Nervous Affections.

Having now completed the consideration of the general disorders of the nervous system, I shall devote this letter to those which are of a more localized character. I shall speak of neuralgia, of local paralysis, and of local spasms.

Neuralgia.—Of the homœopathic treatment of this painful malady I am able to give you a most favourable account. Without the blistering and hypodermic morphia, or even the electricity, which are at present the main resources of the old school, you need seldom fail to effect a rapid cure of the ordinary varieties of the disease, and even the intractable "tic-douloureux" will sometimes yield to your remedies. If you need further encouragement than my assertion affords, let me ask you to read the cases of the disease recorded by Dr. Quin in the fourth, by Dr. Morgan in the thirteenth, and by myself in the twenty-second volume of the *British Journal of Homœopathy.*

In my lectures on the Materia Medica I have endeavoured to characterize the sphere and kind of action of our most noted anti-neuralgics. I would ask you to read what I have written there about Aconite, Arsenic, Belladonna, Colocynth, Phosphorus, Spigelia, and

Sulphur in this relation; and will here, without repeating myself, take up the subject from the side of the disease, and endeavour to apportion our remedies to its several forms and varieties.

The primary classification to be made of them relates to the history of the malady,—whether it is recent or of long standing, inherited or acquired, and whether its subject be young and impressionable, or sufficiently advanced in life to be undergoing degenerative changes. A neuralgia of recent origin in any one yet on the sunny side of the grand climacteric requires such remedies as Aconite, Belladonna, Colocynth, and Spigelia: it is pretty sure to be more or less rheumatic or inflammatory in origin. But when a patient inherits a morbid nervous system; when neuralgia sets in with him to all appearance spontaneously, and settles in time into a chronic and obstinate misery; or when it begins late in life,—you will have to resort to deeper acting remedies, like Arsenic, Phosphorus, and Sulphur. You have degeneration to deal with, and must select your remedies accordingly.

Let us now pass in review the local varieties of neuralgia, with the object of seeing what has been or may be done for their treatment.

1. Neuralgiæ of the trigeminal nerve (prosopalgia) are among the most frequent we are called upon to treat. Many of these affect its supra-orbital branch alone. The sympathetic neuralgia of gastric disorder generally attacks this nerve (some persons cannot swallow an ice without being attacked by it); it then finds its remedy in *Kali bichromicum*. The *Hahnemann Materia Medica* contains two cases cured

by it in the 6th and 12th dilutions. "Brow-ague," again, is a supra-orbital neuralgia, and when truly malarious finds its best remedy in *Quinine*, which may also prove serviceable in the disorder otherwise occurring, Dr. Anstie agreeing with Valleix as to the doubtful value of this remedy in non-malarious neuralgia, except "the ophthalmic form." And the following case shows that infinitesimal doses of the drug may suffice for the cure, which could hardly be unless it were homœopathic to the condition.

Mrs. Des V——, æt. about 50, consulted me on Dec. 12th, 1867. About a week previously she had had a chill, the immediate effect of which was a cold in the head. With this her appetite had gone off; and in a day or two a pain had set in above the left eye, which, after wavering about for a little, had become a periodical supra-orbital neuralgia. For the last three days the pain had come on daily at noon, and continued till between four and five p.m. It shot from the supra-orbital foramen up the scalp on the same side, and one spot over the parietal bone was especially painful, and tender to the touch. The eye did not become bloodshot during the atttack, nor did it water, but the eyelids quivered much. The distribution of the supra-orbital nerve readily accounts for all these phenomena.

I found the appetite quite absent, a clammy taste in the mouth, and the tongue rather thickly coated with a greyish fur. The urine was loaded with lithates, but the bowels were normal. No other symptoms worthy of note were ascertainable. I prescribed *Kali bichromicum* 6, a drop three times a day.

Dec. 14. The tongue was cleaner and the appetite better, but the attacks of pain had recurred without diminution or variation. Continue *Kali bichrom.*

Dec. 16. The gastric symptoms are now quite removed, but there is no real change in the neuralgia. The periodicity of the paroxysms and the lithate-loaded urine

were the only symptoms upon which I could found my choice of a remedy. They led me to *Quinine*, which I prescribed in the 3rd centesimal dilution, a drop four times a day.

Dec. 18. Since beginning the *Quinine* there has been hardly any pain worth mentioning, but during the usual hours of attack there has been an occasional slight stab in the brow and quivering of the eyelid. Continue.

Dec. 21. No supra-orbital nerve symptoms have appeared these three days. The urine is much clearer.*

In *right* supra-orbital neuralgia, especially in connection with hepatic disorder, you may do well to bethink yourself of *Chelidonium*, which indeed its prover, Dr. Buchmann, extols as sovereign for most superficial affections of this nature.† *Nux vomica* also is appropriate here, and is commended by Jousset even when malaria is the exciting cause.

Neuralgia of the superior and inferior maxillary branches of the fifth (often including the ophthalmic) is met with under two forms, the one recent and readily curable, the other chronic and very intractable. A good number of remedies have gained repute in the former; and possibly some of them may be applicable to the latter. I will therefore give the indications for each in order.

Aconite is invaluable in quite recent cases, where the phenomena are congestive or rheumatic in character. Dr. Morgan's first case well illustrates its efficacy. It would be followed, in the congestive variety, by Belladonna; in the rheumatic, by Spigelia, Colocynth, Pulsatilla, or Rhododendron.

* Abridged from report in *Brit. Journ. of Hom.*, xxvi., 131.

† See vol. xxv. of the same journal, p. 30; and vol. xx., p. 47.

Belladonna.—In sub-acute cases, even of some standing, where in each attack of pain the face flushes up (especially, sometimes only, on the side affected), the cheeks being hot and the eyes red and watering, this medicine will give the utmost satisfaction. My own cases concur with Dr. Morgan's in bearing out this statement.

Colocynth is recommended where the disorder has arisen from catarrhal exposure, and in rheumatico-gouty subjects. The pain is tearing; aggravated by touch or movement of the facial muscles; relieved by warmth and rest.

Spigelia, in Bähr's opinion, "deserves the first place in the list of remedies for prosopalgia." The indications are those of Colocynth (*i. e.*, the "rheumatic" character), with anxiety at the heart and great restlessness. The pain, too, is as much jerking as tearing. Jahr adds periodical recurrence as a characteristic.

I confess that I have no successful experience with the last two remedies in rheumatic prosopalgia. I have always got on, if Aconite has been insufficient, with *Rhododendron* and *Pulsatilla.* The first has answered well in recent cases, where the whole half of the face seems to ache; in one such case, where it failed, Kalmia succeeded, as recommended by Dr. Bayes. The latter comes in where the disorder is of longer standing, and the pains are of the character so graphically described by Hahnemann—"as if a nerve were put upon the stretch and then let loose again suddenly, causing a painful jerk." The other characteristics of Pulsatilla are also usually present.

Verbascum, Mezereum, Platina, and *China* find also

an occasional place in the treatment of prosopalgia. The pain of the two former is seated in the supra-orbital foramen, and is a stupefying pressure. Dr. Cretin thinks highly of Verbascum (in the mother tincture): its pains, he says, are readily excited, the face is red, and there are acid eructations. Syphilitic or mercurial influence would especially suggest Mezereum. Platina and China are exactly antithetic in one important particular, viz., that the pain of the former is accompanied by numbness, while with the latter the face is so sensitive that the least touch aggravates.

Last, though not least, but greatest, comes *Arsenicum*. In purely nervous prosopalgia (as from influenza, malaria, or simple debility) this remedy stands *facile princeps*. I have fully given the indications for it in my *Pharmacodynamics*. I may add here Bähr's testimony to its efficacy. "Arsenicum," he writes, "quiets nervous pains better than any other medicine. Its effect is rapid, and sometimes rivals a powerful dose of opium. It is characteristic of Arsenic to exert this soothing influence only" (I should rather say "especially") "in the case of pains that become worse at the approach of night, reach their climax about midnight, and are accompanied by an extraordinary degree of nervous restlessness." I quite agree with this author in preferring the higher dilutions of Arsenic (and, indeed, of most other anti-neuralgics, save Aconite and Belladonna) to the lower.

It is mainly by such use of Arsenic that the true *tic-douloureux*—the "epileptiform neuralgia" of Trousseau—can be (when it ever can) removed out of

the category of incurable disorders. Several of the cases recorded by Dr. Quin were unmistakeably of this nature—in the first the neuralgia had actually superseded epilepsy; and all were of some standing. Arsenicum, in high dilutions (30—39), was his chief remedy, though it was sometimes powerfully reinforced by Belladonna. The cases are too long to cite, but their attentive perusal will well repay you. The other medicines deserving of consideration in this frightful malady are *Sulphur* and *Phosphorus*. Although none of Dr. Cooper's recorded cases of cure by the former drug can be referred to this category, yet some of them were severe and obstinate enough to suggest its further trial; and in a case I have myself treated it has so far effected a cure that the patient suffers very little as long as she continues to take it. The mother tincture (tinctura fortissima of the Pharmacopœia) is the form in which its victories have been achieved. Very similar remarks may be made about Phosphorus. None of the cases contained in Mr. Ashburton Thompson's book, or of those cited from the medical literature of both schools in the article upon the subject which commences the thirty-second volume of the *British Journal of Homœopathy*, were of true *tic-douloureux*, but many were of very violent and chronic character. The relation of Phosphorus to nerve degeneration would make it specially applicable to this form of neuralgia. It has hitherto done most in tolerably substantial doses; but Dr. Jousset speaks of having had success with it in a case of the kind in the medium attenuations. I should add that this writer mentions cures effected by him with two curious medicines—Thuja and Coccus cacti—in alternation, giving the third dilution of each.

2. Sub-occipital neuralgia has no special therapeutics of its own; intercostal neuralgia will be discussed under the head of Pleurodynia; and the various visceral neuralgiæ will come before us in connection with the organs they affect. I have, therefore, here only to speak of the malady as it is seen in the limbs.

Neuralgia affecting the arms—"brachialgia," as it may be called—is not, I think, a very common affection. You will bear in mind Mr. James Salter's observations, cited by Anstie, of its frequent dependence on carious teeth; and will not neglect *tollere causam* in such cases. Where it cannot be traced to such origin you will find some indications in Jousset (who seems to have seen the affection often) for Bryonia, Rhus, Mercurius, Nux vomica, Pulsatilla, and Sulphur. All he says from direct experience, however, is that he has cured a patient who suffered cruelly at night and when at rest with the third dilution of Veratrum album.

Neuralgia of the lower extremities may attack the crural nerve, but this is a rare occurrence. Pain along the course of this nerve is nearly always, I think, sympathetic of ovarian irritation. The seat of pain in neuralgia affecting the leg is nearly always the great sciatic: we have to deal with "sciatica." There are two principal forms under which this malady is encountered,—the purely nervous, seated in the nerve itself or its origin; and the thecal, where the sheath is the part affected.

(*a*) Pure sciatica, like prosopalgia, differs in character according to the age of the patient, as Anstie has well shown. In young persons of nervous

temperament, *Chamomilla* will often suffice for the cure. The pain is worse at night, and the sufferer complains of it as intolerable: it is of a drawing or tearing character, and accompanied by a paralytic or numb sensation. Sometimes *Ignatia* is preferable, as in a case recorded by Dr. H. Nankivell in the fifteenth volume of the *Monthly Homœopathic Review* (p. 30). Great restlessness, so that the patient must walk about to relieve the pain, is the chief indication for it. In persons more advanced in life, and subjected to fatigue, exposure, or constant sedentariness (whence pressure on the nerve), we have a more severe form of the malady (though it must be said that Dr. Nankivell's patient was fifty years old, and of sedentary habits) Here, in recent cases, *Colocynth* has always justified in my hands the high repute it has in sciatica. Dr. Jousset says it is especially useful when the pain is cramp-like, and there is a sense of constriction round the haunch. But when the affection is of longer standing I have been disappointed with this medicine, and have fallen back with success on *Arsenicum*, which Bähr and Jousset concur with me in commending. Case xxviii in my series is a capital instance of its virtue. Here sciatica of eleven months' standing yielded, after the failure of Colocynth, to one day's administration of Arsenicum 30. I may mention that this man died two years later of cardiac disease, but had no return of his neuralgia. In chronic and obstinate cases you may think of Lycopodium, as recommended by Bähr, or of Plumbum, with which, writes Dr. Jousset, "I have succeeded in an utterly rebellious case. I employed the 12th and 30th dilutions." Sulphur and

Phosphorus, also, as mentioned under prosopalgia, must not be lost sight of.

(*b.*) Thecal sciatica (shown to be such by the tenderness on pressure which is present) is sometimes syphilitic, and then yields to the usual treatment for the diathesis. Far more frequently, however, it is rheumatic. When the affection is recent it yields readily to *Aconite*, which I have always given here in the 1st decimal dilution. In more chronic cases *Rhus* will rarely fail to relieve, as my thirtieth case shows: of this remedy I prefer the higher dilutions. Sometimes, as in rheumatism occurring elsewhere, Bryonia may replace it. Dr. Jousset speaks of having obtained "very fine results from it in the second and first triturations, even in chronic cases, and where atrophy of the limb was present." He does not say if the characteristic increase of pain by movement was observed.

Under the head of—

Local Spasms, I purpose to speak of several forms of involuntary muscular contraction, tonic and clonic, which, although localized, will not come under consideration among the disorders of particular organs.

1. The most common of these are the well-known "cramps" of the calves. Seen at their highest intensity in cholera, they are symptomatic of other forms of intestinal irritation, or may result merely from fatigue. In the latter case *Arnica* is the medicine. In the former, the *Cuprum* which is so valuable for the cramps of cholera may occasionally be indicated, but I have generally found *Nux vomica*

as curative as it is homœopathic. Jousset says that he always succeeds in these cases with Cuprum 12; but suggests the wearing of plates of the metal on the legs when the affection is obstinate.

2. A more general and continued form of cramp of the extremities has been described by Trousseau and others under the name of "tetany." The kind of contractions here present, and the numbness, tingling, and formication with which they begin, forcibly remind us of the pathogenetic effects of two medicines, *Aconite* and *Secale*. The facts which lead Trousseau to consider the affection of a rheumatic nature, the occasional presence of febrile symptoms, and the benefit observed from bloodletting, all point to Aconite as the most important remedy. That tetany occurs so frequently among nursing or pregnant women confirms the indications for Secale, and would lead us to choose it for such patients when no decided Aconite symptoms were present. The similarity of the symptoms of tetany and of ergotism has been pointed out by Dr. Moxon; and Bauer actually applies the name to the phenomena induced by eating the spurred rye.* It is quite in accordance with these facts that Dr. Jousset recommends *Solanum nigrum* for the present malady; for it has been chosen, on the ground of the similarity of its effects, as the best remedy for ergotism, and has proved of much benefit in its treatment.

3. In the facial muscles we meet with clonic spasm in the complaint known as "tic non-douloureux," or "histrionic spasm of the face." In young persons it is a kind of local chorea, and *Hyoscyamus*

* See Ziemssen's *Cyclopædia*, xi., 368.

is useful in its treatment. In adults it is a very intractable disorder, being probably deeper seated: "its treatment," writes Erb, "is one of the most thankless problems of medical practice." I have only seen one case of it, in a woman close upon sixty: the affection had been increasing upon her for four years. There was a history of much painful emotional depression, and of violent headache on the right side of the head, the facial spasm being on the left. She had a tendency to stagger on walking. Some of the concomitant symptoms led me to give Argentum nitricum; and under this medicine, in the third and third decimal dilutions, the spasms had entirely left her after about five months' treatment, and she was much stronger and firmer on the legs.

4. "Trismus" is the tonic spasm of the masticatory muscles. Excluding its appearance as a part of tetanus, it arises either from rheumatic causes, when *Aconite* will help; or as a symptom of hysteria, when the indications for *Ignatia* will be plain.

5. "Torticollis," in its clonic form, is as yet unknown to our therapeutics. I suspect that it is nearly always of central origin, and should be disposed to try the continued use of such medicines as Nux vomica, Belladonna, and Mercurius. In its tonic form it may be of "rheumatic" origin; and in recent cases has always yielded in my hands to *Aconite.*

6. "Writer's cramp" is the the last of these local spasms that I shall specify. It is included by Dr. Russell Reynolds with the disorders pathologically similar to it in the following definition, "A chronic disease, characterized by the occurrence of spasm when the attempt is made to execute a special and

complicated movement, the result of previous education; such spasm not following muscular actions of the affected part when the special movement is not required." Of this disorder also we have no experience. Dr. Reynolds knows of no help for it save perfect rest; and I can only suggest the administration of Arnica as a possible auxiliary, if the symptoms are traceable to over-exertion. This, however, is by no means always the case. The continuous galvanic current, as recommended by Dr. Poore,* is probably its best remedy; but a case has lately been recorded in which the affection—occurring in a piano-forte player—yielded to moderate doses of the tincture of Gelseminum.

After local spasms would naturally come local paralyses; but I find that nearly all affections of this kind will be more naturally treated of in connexion with the organs—as the eye, bladder, and rectum—which are their seat. The only exception is—

Facial Palsy, of whose therapeutics a few words must be said in this place. I am speaking of course of the peripheral form of the malady. It is so frequently of "rheumatic" origin, and owning inflammatory swelling of the nerve-sheath as its pathological basis, that *Aconite* should always be given in recent cases. When of longer standing, there is a general consensus as to the value of *Causticum;* and its administration need not exclude the faradisation of the paralyzed muscles.

* See *Practitioner*, ix., 65, 129.

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ACCORDING TO THE METHOD OF HAHNEMANN.

BY

RICHARD HUGHES,

L.R.C.P., EDIN.,

LECTURER ON MATERIA MEDICA AND THERAPEUTICS IN THE LONDON SCHOOL OF HOMŒOPATHY.

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CONTENTS.

PAGE

LETTER XX.—DISEASES OF THE EYE.
The Ocular Appendages and Conjunctiva 1

LETTER XXI.—DISEASES OF THE EYE.
The Sclera, Cornea, Iris, Choroid, Retina, Lens, and Ocular Muscles . . . 16

LETTER XXII.—DISEASES OF THE EAR . . 33

LETTER XXIII.—DISEASES OF THE DIGESTIVE ORGANS.
The Mouth and Throat 54

LETTER XXIV.—DISEASES OF THE DIGESTIVE ORGANS.
The Stomach 67

LETTER XXV.—DISEASES OF THE DIGESTIVE ORGANS.
The Intestines 87

LETTER XXVI.—DISEASES OF THE DIGESTIVE ORGANS.
The Intestines (continued) . . . 101

LETTER XXVII.—DISEASES OF THE DIGESTIVE ORGANS.
The Pancreas and Liver . . . 122

LETTER XXVIII.—DISEASES OF THE RESPIRATORY ORGANS.
The Nose and Larynx 135

PAGE

LETTER XXIX.—DISEASES OF THE RESPIRATORY ORGANS.

The Bronchial Tubes 151

LETTER XXX.—DISEASES OF THE RESPIRATORY ORGANS.

The Lungs 165

LETTER XXXI.—DISEASES OF THE RESPIRATORY ORGANS.

The Lungs, Pleura, Diaphragm, and Thoracic Walls 178

LETTER XXXII.—DISEASES OF THE CIRCULATORY SYSTEM.

The Heart 196

LETTER XXXIII.—DISEASES OF THE CIRCULATORY SYSTEM.

The Arteries, Veins, Lymphatics, and Blood-glands 212

LETTER XXXIV.—DISEASES OF THE URINARY ORGANS.

The Kidneys 225

LETTER XXXV.—DISEASES OF THE URINARY ORGANS.

The Kidneys (continued) 240

LETTER XXXVI.—DISEASES OF THE URINARY ORGANS.

The Kidneys, Bladder, and Urethra . 251

LETTER XXXVII.—DISEASES OF THE MALE SEXUAL ORGANS 261

PAGE

LETTER XXXVIII.—DISEASES OF THE FEMALE SEXUAL SYSTEM.
The Ovaries and Menstruation . . 276

LETTER XXXIX.—DISEASES OF THE FEMALE SEXUAL SYSTEM.
The Uterus 294

LETTER XL.—DISEASES OF THE FEMALE SEXUAL SYSTEM.
The Peri-uterus, Vagina and Vulva, and Mammæ 311

LETTER XLI.—DISEASES OF THE FEMALE SEXUAL SYSTEM.
Pregnancy and Parturition . . . 321

LETTER XLII.—DISEASES OF THE FEMALE SEXUAL SYSTEM.
The Puerperal State and the Critical Age 339

LETTER XLIII.—DISEASES OF THE SKIN . 354

LETTER XLIV.—DISEASES OF THE SKIN (*continued*) 364

LETTER XLV.—DISEASES OF THE LOCOMOTIVE ORGANS—CASUALTIES 375

LETTER XLVI.—DISEASES OF CHILDREN . 391

LETTER XLVII.—DISEASES OF CHILDREN (*continued*) 412

LETTER XLVIII.—SUPPLEMENTARY . . 429

LETTER XX.

DISEASES OF THE EYE.

We begin to-day the consideration of the diseases of the eye. Our literary sources of information as to the homœopathic treatment of these maladies have hitherto been very limited. Until lately I could only have referred you to two of any wide-reaching character. These were—1st, a series of papers on the various forms of ophthalmia by Dr. Dudgeon, in the sixth and seventh volumes of the *British Journal of Homœopathy;* and 2nd, a *Treatise on Diseases of the Eye*, by Dr. Peters, founded on Rückert's collection of cases. This last includes the non-inflammatory affections of the eye,—cataract &c., and also the morbid states of the ocular appendages; but its pathology is necessarily of an imperfect character, owing to the time at which most of the cases gathered by Rückert were treated. But we have now two special treatises on ocular disorders from physicians of our school. Dr. Angell, of Boston, has given us a volume *On Diseases of the Eye*, in which the latest knowledge of ophthalmology is associated with an account of the homœopathic treatment of the various maladies it includes; and the deficiencies which undoubtedly exist in the latter constituent of his work have been largely supplied in the *Ophthalmic Therapeutics* of Drs. Allen and Norton. These gentlemen are attached

to the New York Ophthalmic Hospital, which several years ago was placed by its managers under homœopathic treatment, and whose results have been eminently satisfactory. Their book contains the fruit of their observations at this institution; and is especially rich in the symptomatology of the subject.

The outline of the subject I shall give you here will commence with the diseases of the appendages of the eyes. And, first, of the lids.

Inflammation of the Eyelids, when acute, requires different remedies according to its precise seat. Thus, when it affects the skin and cellular tissue outside the lid (blepharitis), it is of an erysipelatous character, and demands the remedies for that disorder—Belladonna, Rhus, or Apis, according to the indications I have given when treating of erysipelas itself. When it invades the lining mucous membrane (conjunctivitis palpebrarum), it yields to the remedies for catarrhal ophthalmia. But its distinctive form is that assumed when it is seated at the edges of the lids (ophthalmia tarsi). I have generally found *Hepar sulphuris* very effectual here; but Dr. Angell relies upon *Mercurius*. They are both truly homœopathic. In severe cases, Dr. Angell rccommends an ointment of a grain or two of the red or white precipitate to a drachm of lard to be applied to the tarsal borders at night.

A peculiar form of inflammation of the lids is "stye." I must agree with Hartmann that its progress may generally be arrested by a few doses of *Pulsatilla*. Should there be a disposition to frequent recurrence of these little troubles, it seems

agreed that *Staphisagria* is commonly the best remedy to obviate it. Other authors, however, speak of Sulphur, Thuja, Graphites, and Phosphorus as useful for this purpose; and Drs. Allen and Norton think nothing so good for it as Pulsatilla itself.

Inflammation of the lids most frequently comes before us as a chronic process, forming, if at the edges, "lippitudo," if inside, granular lids and "pannus" or vascular cornea. The former I think still best treated in many instances with Hepar sulphuris. I have lately had a case in an infant of six months, in which this condition had lasted nearly since birth. It disappeared in three days under Hepar 6. If Mercurius is required, the red oxide seems the most suitable form. Other remedies to be considered are Alumina, Calcarea, Graphites, Petroleum, and Sulphur, for which minute indications are given by Drs. Allen and Norton. They say that the remedy which comes nearest to being a specific in this disease is *Graphites*, and recommend its local as well as internal administration. Chronic conjunctivitis palpebrarum is generally, if not always, a sequel of an acute "granular ophthalmia." Were it not so, it might yield to the remedies I shall have to mention under chronic conjunctivitis of the eye; or to some of those indicated by Allen and Norton in their article on "trachomatous conjunctivitis," of which I may mention Alumina, Aurum, Natrum muriaticum, and Thuja. But chronic granulation seems almost extra-vital; and is, I fear, amenable only to local and mechanical treatment. Dr. Angell gives some cases illustrating the good effect of pressure and the occasional application of irritants; of

which latter Dr. Liebold esteems burnt alum most highly.

Spasmodic and Paralytic Affections of the Eyelids, causing the phenomena known as ectropium, entropium, lagophthalmos, blepharospasm, and ptosis, must be carefully traced to their causes if we desire to treat them successfully. They will then come under other headings of this part of our subject. For idiopathic blepharospasm, Jahr recommends *Hyoscyamus*, and Allen and Norton *Agaricus*.* I can only speak here of apparently idiopathic paralysis of the orbicularis and levator palpebræ superioris muscles. Either, if of central origin, requires treatment accordingly; but otherwise might yield, the former to *Causticum*, the latter to the same medicine, or to *Gelseminum* or *Conium*.

Nictitation, that troublesome quivering of the lids popularly known as "live blood," will often yield to *Pulsatilla*, or, in very nervous subjects, *Ignatia*. "It is occasionally," says Dr. Angell, "an indication of defective refraction of the eye, and is then cured by supplying the patient with the proper spectacles."

Tumours of the Eyelids.—Sebaceous tumours have disappeared under the action of high dilutions of *Calcarea carbonica*.† Of "chalazion," or Meibomian cyst, Dr. Angell writes—"Occasionally I have succeeded in curing them promptly by administering *Mercurius* internally, and permitting the application night and morning to the external face of the tumours of an unguent of four or six grains

* For the last medicine, see testimonies in *Hahn. Monthly*, xii., 390.

† *Annals*, i., 272.

of red precipitate to the ounce of lard." In tarsal tumours projecting like a condyloma, *Thuja* is very useful.

I will now say a word or two about the diseases of the lachrymal apparatus. Many of these of course require mechanical treatment: I shall only speak of what may be done by homœopathic remedies.

Inflammation of the Lachrymal Sac was once rapidly cured, in Dr. Dudgeon's hands, by *Silica* 6;* and I have myself had a very similar case.

Fistula lachrymalis is also reported to have been cured by the same medicine;† in other cases by Calcarea, Fluoric acid, Natrum muriaticum, and Causticum. Some of the cases so named were simply obstructions of the nasal duct, with stillicidium lachrymarum. However, the rationale of treatment is one and the same. Restore the mucous membrane of the duct to its norm by medicines; and the tears will flow through their natural channel, and the fistulous opening, if any, will close. Dr. Roche reports a good case, in which this was evidently accomplished by Mercurius corrosivus and Sulphur;‡ and of the latter remedy Jahr writes—"I have not yet treated a single case where *Sulphur* did not render eminent service; in many cases this remedy alone effected a cure." One would hardly have supposed, however, that "many cases" of this affection would have come under the care of a general practitioner, even during "forty years' practice."

* *Brit. Journ. of Hom.*, xiii., 135.
† *Ibid.*, xxvii., 567. *Amer. Hom. Rev.*, v., 390.
‡ *Monthly Hom. Rev.*, xiv., 503.

With these few hints upon the treatment of the diseases of the ocular appendages, I pass to the consideration of the affections of the conjunctiva,—the ophthalmiæ proper.

Conjunctivitis simplex, catarrhal ophthalmia, the common "cold in the eye," yields readily (when acute) to homœopathic treatment, without the need of any local application. The following are Dr. Dudgeon's detailed instructions as to the choice of its remedies:—

"When the affection is recent, and the symptoms are, dry itching or smarting sensation in the eyes and lids; feeling as if something had got into the eye; frequent winking, and occasional discharge of tears, the conjunctiva being partially or uniformly injected; little or no mucus secreted; the conjunctiva of the lids being comparatively redder than that of the ball; a dose or two of *Sulphur*, in almost any dilution, usually suffices to effect a rapid cure. When, in the commencement of the disease, there is great dry burning feeling, with frontal headache, and symptoms of congestion of the head, *Belladonna*, preceded or not by *Aconite*, will often be found of use. If the flow of tears is considerable, and even of an acrid character, with corresponding watery discharge from the nose, sneezing, and other indications of coryza, *Euphrasia* is the remedy indicated. Where, along with copious flow of tears, there is much smarting and burning pain, the tears being particularly acrid and corrosive, or if there is chemosis or œdematous condition of the lids, *Arsenicum* will be found useful. If at the outset of the disease there is considerable mucous discharge,

Chamomilla should be borne in mind. Where the mucous secretion is excessive, the injection considerable, and the caruncula particularly inflamed and enlarged, *Argentum nitricum* will, I imagine, prove specific. When the meibomian glands seem much affected, and the edges of the lids red and swollen, the secretion forming during sleep yellow crusts on the ciliæ, *Mercurius solubilis* or *Hepar sulphuris* will be given with advantage. When the evening exacerbations, which are usually present, are very well-marked, *Pulsatilla* will be found useful."

I give these directions in case of need, and because the characteristics of the remedies in ophthalmia generally are so clearly given. But I doubt much if Dr. Dudgeon has ever had occasion to use more than three or four of these medicines in simple conjunctivitis. For myself, I have always got on with Euphrasia or Belladonna; though I think that, if the patient be of unhealthy constitution, a dose of Sulphur should initiate and may conclude the treatment. Euphrasia is preferable where there is much lachrymation, Belladonna where the ocular surface is dry.

I may add that Bähr thinks Aconite, if given early, capable of curing nearly every case single-handed. He gives indications, besides the remedies already mentioned, for Euphorbium and Rhus; and says, that "when locally applied, Euphrasia often has a very excellent effect, even after its internal administration had proved absolutely useless." Jahr appears to use Arsenicum and Euphrasia most frequently; but agrees in beginning the treatment of nearly every ocular inflammation with Aconite.

Jousset thinks with me as to Euphrasia being the principal remedy for catarrhal ophthalmia.

It is in the chronic form that we are most frequently called upon to treat this affection. The common practice is to do so by applying local irritants, as the nitrate of silver and the sulphates of zinc and copper. This is true homœopathy, though of the crudest sort. Dr. Liebold has well shown that these substances are no mere "astringents," but such as, when applied to a healthy conjunctiva, inflame it;* and I am far from denying that their application may sometimes be the best plan to follow. But I would urge upon you to try internal remedies thoroughly before you resort to this less desirable mode of proceeding. The Argentum nitricum itself is one of these. The specific irritant influence of this medicine on the conjunctiva was strikingly displayed in Dr. Müller's beautiful proving; and it is recommended by Allen and Norton when the conjunctiva is scarlet red and the papillæ hypertrophied. Mercurius corrosivus and Kali bichromicum, also, are here as in most chronic mucous inflammations of curative power; but *Arsenicum*, in this instance, surpasses either. In simple chronic conjunctivitis, I would advise you to try no other treatment until you have given this great medicine a full opportunity of doing good.

I may also mention Sulphur as a valuable ally in unhealthy subjects, and cite what Bähr says of Staphisagria: "with this remedy we have cured several cases of very obstinate chronic catarrh, with

* See *Transactions of Amer. Inst. of Hom.* for 1867.

considerable swelling of the lids, after others had entirely failed."

Leaving now the simple conjunctivitis, we come to its purulent form, of which we have three varieties—ophthalmia neonatorum, Egyptian ophthalmia or purulent conjunctivitis, and gonorrhœal ophthalmia. Of the first I shall speak among the diseases of children; the two latter will come before us here.

Purulent Conjunctivitis.—Of this disease I can speak only from the experience of others. Dr. Peters states that he and a colleague "treated over forty cases of purulent ophthalmia in children, at the Home of the Friendless, without the loss of a single eye, although three or four cases proved exceedingly intractable." Mild local applications were employed; but I suppose that the unusual success must be ascribed to the internal medication, which consisted, in most cases, of *Hepar sulphuris* night and morning, and *Rhus* every two to eight hours, according to the severity of the symptoms. Both were given in the attenuations from the first to the third. Drs. Allen and Norton, while allowing the occasional value of these medicines, speak of *Argentum nitricum* as "the remedy, *par excellence*, for all forms of purulent ophthalmia. We have witnessed," they say, "the most intense chemosis with strangulated vessels, most profuse purulent discharge and commencing haziness of the cornea, with a tendency to slough, subside rapidly under this remedy, internally administered. We have yet," they add, "to see the first case go on to destruction of the cornea." They give the thirtieth

potency; and, while believing that there is no need of cauterisation, think that a weak lotion of the drug, applied externally, aids in the cure. It is due to Dr. Dudgeon to say, that he was the first (in the papers I have mentioned) to point out the specific action of nitrate of silver upon the conjunctiva, and to recommend its internal administration where hitherto it had been known only as a caustic.

Should you need additional help, I may mention that Dr. Jousset treats all his cases of purulent ophthalmia by injecting into the eye, every two hours, a solution of twenty drops of the first attenuation of Mercurius corrosivus in a hundred grammes (about two ounces) of water. Dr. Dekeersmaecker, of Mons, who is giving much attention to ophthalmic practice, states that he adopts this mode of treatment in every case, and with very encouraging success.

Gonorrhœal Ophthalmia.—I think it very important to distinguish between two forms of this disease. In the one it is a constitutional effect of the virus, analogous to gonorrhœal rheumatism, with which it is frequently associated: both eyes are here affected simultaneously. In the other, it is the result of accidental contact with the discharge; and attacks, at least at the outset, one eye only.

The former variety will, there is good reason to believe, yield to internal treatment alone. "In all such cases," writes Jahr, "I first give *Aconite*, with a view of moderating the inflammation; after which, if the discharge still continues, *Nitric acid* completes the cure, or perhaps *Pulsatilla*, if the discharge had suddenly stopped." But the other

kind of gonorrhœal ophthalmia is so strictly local a disease, that if ever local treatment is to be relied upon, it is here. You may begin with what Bähr recommends, viz.: *Mercurius corrosivus* internally and externally; and, if all goes well, *Hepar sulphuris*, in the same manner, to complete the cure. But so rapidly does the mischief spread, that, unless after twenty-four hours of treatment it is declining rather than advancing, I would advise you no longer to delay the local and pretty strong application of nitrate of silver, giving it internally at the same time. In so acting, you may comfort yourself with the admission of Watson. "Mr. Guthrie," he says, "considers this to be a local disease of a peculiar character; and, acting upon the aphorism of John Hunter (an aphorism, however, which requires some qualification), that two diseases or actions cannot go on in a part at the same time, he proposes to set up in the inflamed conjunctiva a new action which shall supersede the original disease, and create another that is more manageable. In this point of view *Mr. Guthrie's* ratio medendi *agrees with that of Hahnemann*, about which there has been so absurd a noise made of late years."* The strength of the solution, according to Dr. Angell, should be from one to fifteen grains to the ounce, according to the severity of the symptoms.

I need hardly say, that in all forms of purulent conjunctivitis the removal of the matter which col-

* Dr. Dudgeon, indeed, considers that, even when thus locally applied, *Argentum nitricum* acts specifically; and that no mere irritant, without affinity for the inflamed tissue, would have the same effect.

lects, and the prevention of its re-accumulation by frequent ablution, is attended to by homœopathic practitioners as carefully as by others.

As it is the conjunctiva which is chiefly affected in that curious form of ophthalmia which so often arises spontaneously in scrofulous subjects, I shall go on next to speak of this malady.

Strumous Ophthalmia is one of the most annoying diseases we are called upon to treat, the frequent relapses causing repeated disappointments. Nevertheless, the treatment I shall sketch out for you is sure ultimately to succeed, though whether it contrasts favourably or not with that of the prevalent school I am unable to say. It is, at any rate, pleasanter. Dr. Angell, usually so partial to local applications, finds them nearly always unnecessary in this disease; and this looks like a comparative verdict in favour of homœopathic treatment.

You must first take into account the constitution of your patient, and give him accordingly, besides attending to his hygiene, a course of *Sulphur* or *Calcarea*. This I regard as indispensable in all cases. Sulphur is most suitable when the ophthalmia is the only sign of scrofulous taint, or when the latter shows itself chiefly in unhealthiness of the skin. As subjective symptoms, Drs. Allen and Norton give a sharp and pricking character of the pains in the eye, and an intolerance of the parts for water. Calcarea is better when the diathesis is strongly marked, especially by enlargement of the lymphatic glands: our authors add that, when it is indicated, there is a general aggravation of the symptoms during damp

weather, or from the least cold, to which the patient is very susceptible. A course of one or both of these medicines, with the occasional aid of the shorter-acting remedies for inflammation and photophobia, will sometimes be sufficient to effect a cure.

In most cases, however, the employment of the more intensely operating local remedies will be required. I speak especially of the irritant salts of *Mercury*,—the bichloride, the biniodide, and the nitrate. Drs. Böcker and Kidd have satisfactorily illustrated the value of corrosive sublimate in strumous ophthalmia;* Dr. Angell speaks highly of the biniodide; and Drs. Gray and Liebold concur, from large experience, in praising the nitrate, which they use both internally and externally.† The lower potencies of all have been those employed. The only rival of Mercurius here is *Hepar sulphuris*. Numerous cases illustrating the action of this medicine will be found in Peters' *Treatise*. It is one in which I myself have great confidence when numerous and repeated ulcers form.

There are two somewhat exceptional medicines now to be mentioned, which often play an important part in the treatment of strumous ophthalmia. There are forms occasionally assumed by this disease which have led some pathologists to set it down as an eruptive disorder, and others to class it among the neuroses. When the former seem right, when the ophthalmia appears but a part of a general eczema of the face, then *Rhus* will generally prove the best medicine, though Graphites, as indicated by

* *Brit. Journ. of Hom.*, vols. iii. and xxii.

† Angell, p. 113; Allen and Norton, p. 195.

Drs. Allen and Norton, must also be considered. When, on the other hand, the inflammation seems too fugacious to be real, and the nervous element in the case is predominant, *Arsenicum* will do what no other medicine can. You will find ample illustrations of these statements in the cases furnished by Dudgeon and Peters.

In whatever way you are treating strumous ophthalmia, you will find it useful to employ intercurrent remedies to check inflammatory exacerbations and to relieve photophobia. For the former purpose *Belladonna* or *Euphrasia* will serve, the one where the mucous membrane is dry, the other when there is much acrid lachrymation and discharge. For photophobia, *Conium* is singularly efficacious when there is little visible inflammation, as in the Arsenicum cases; and Dr. Angell speaks highly of *Tartar emetic*, which would work well with Rhus. But where (as often happens) the dread of light is connected with the intensity of the mischief in the cornea, I think that you will best relieve it by acting on that tissue of the eye with *Apis*. Dr. Jousset, who has much confidence in this remedy in strumous ophthalmia, lays stress on the importance of having it prepared directly from the bee-virus, having been disappointed when using a trituration of the entire insect. He premises Ipecacuanha when much conjunctivitis is present, and finds Aurum muriaticum very useful to complete the restoration of the cornea to its integrity.

Bähr and Jahr, whose treatment is much the same as that which I have given above, concur in recommending *Nitric acid* in protracted and obstinate

cases, and Dr. Goullon, in his treatise on Scrofula, cites evidence to the same effect.

Drs. Allen and Norton treat of strumous ophthalmia under the title of "phlyctenular conjunctivitis." I have preferred to give prominence to the diathetic relationship of the disease; and, moreover, I am disposed to think that the local lesion described by their name may arise entirely apart from scrofula. I will, therefore, speak here of

Phlyctenular Conjunctivitis as an independent disease. It seems so generally agreed that the local application of Calomel is specific here, and it is so harmless a measure, that there seems little else to be done. Dr. Lawrence Newton says that he has more than once signally failed to disperse the vesicles without it. Dr. Angell, who strongly advises it, recommends Tartar emetic for the photophobia, and Chamomilla for the ciliary neuralgia often present.

Pterygium is the last of the affections of the conjunctiva of which I have to speak. Generally supposed to be amenable to surgical treatment alone, homœopathy has found internal medicines capable of curing it. The remedy which has most frequently succeeded in this country has been *Ratanhia*, as I have shown when speaking of that medicine; but on the other side of the Atlantic they seem to have most confidence in *Zincum*.

LETTER XXI.

DISEASES OF THE EYE (*continued*).

We have now considered the morbid states of the conjunctival covering of the eye, with its prolongations. Our attention must next be directed to those of the constituent elements of the eyeball itself.

We will first take the diseases affecting its fibrous investment, the *sclera* and the *cornea*.

Scleritis constitutes, I think, the most common form of "rheumatic ophthalmia." It is the inflammation which, in subjects without rheumatic taint, follows exposure to cold winds; and shows itself by severe pain in and around the ball, with straight-lined and crimson injection of the surface, —thus both in sensation and appearance differentiated from catarrhal conjunctivitis.* In this affection we have two excellent remedies in *Aconite* and *Spigelia*. Aconite acts here so well, not only because the constitution sympathises with the local mischief, but because the sclera is one of the few tissues which it has the pathogenetic power of inflaming. I advise you to depend upon it at first alone, and my experience indicates the lowest dilutions as most

* I believe that this affection would now be regarded as seated in the sub-conjunctival tissue, inflammation of the sclera itself being accounted very rare, and its hyperæmia occurring in patches. But the description I have given above will enable the disorder treated of to be plainly recognised.

serviceable. But if, when its action seems exhausted, further help is required, I think you will get it from Spigelia. The pains indicating this remedy are of a stitching character, whereas those of Aconite are more diffused.

Inflammation of the cornea, or

Keratitis, may be simple, scrofulous, or syphilitic; and, again, indolent or suppurative. The medicines which help us to modify favourably inflamed states of the cornea are Apis, Arsenicum, Hepar sulphuris, Mercurius corrosivus, and Aurum muriaticum.

Apis is, I think, specific in simple diffuse keratitis. It is also of great value, as I have said, when the phlyctenulæ of strumous ophthalmia invade this tissue.

Arsenicum is strongly recommended by Dr. Angell when ulceration threatens, especially when (as is generally the case) the patient is feeble and cachectic. More indolent ulcerations may often be met satisfactorily by Sulphur or Calcarea, if the constitutional condition indicating these remedies is present.

Hepar sulphuris is the medicine to be depended upon in suppurative keratitis, and in abscess of the cornea (onyx).

Mercurius corrosivus is of much value in the interstitial keratitis of the subjects of hereditary syphilis; but Drs. Allen and Norton speak still more favourably of the action of *Aurum muriaticum.**

* See a good case in point by Mr. Clifton, in *Monthly Hom. Review*, xxi., 528.

The lower potencies of all these corneal remedies seem to be required.

Corneal Opacities may arise from interstitial deposit of lymph (nebula, albugo), or from the cicatrization of an ulcer (leucoma). The latter is probably incurable. The former will often disappear under the continued use of the medicine which cured the original inflammation, especially when this has been corrosive sublimate. Some cases from the pen of the late Dr. Ozanne, illustrating its virtues here, may be read in the third volume of the *Annals;* and Druitt states that "Gooch used to cure opacities of the cornea, even of long standing, with full doses of the drug." But we shall sometimes do better with such medicines as *Calcarea*, *Cannabis*, and *Causticum*. Cases showing the power of these remedies are related in Peters' treatise. The second is most in repute, and there is some reason to believe that it has caused the affection.

I come now to the diseases of the uveal tract, the vascular coat of the eye. This includes the iris, the ciliary body, and the choroid; which may be affected separately, or together, so that we may have iritis, cyclitis, and choroiditis, and also irido-cyclitis and irido-choroiditis. A new class of remedies will now come into action, distinct from those on which we have drawn for affections of the mucous and fibrous tissues of the eye. But it must be remembered that, besides pigmentary and muscular elements, we have in the iris a serous membrane with which to deal, in the form of the capsule of the aqueous humour, the

membrane of Desmours. I apprehend that not only in the so-called "keratitis punctata," where its corneal portion is attacked, but also in syphilitic and rheumatic iritis, this membrane is the primary seat of the inflammation, and that from it the lymph is exuded. Hence iritis having such causation may be a different thing from the same affection when traumatically induced, or when occurring as an extension of choroiditis.

With this preface, let us proceed to speak of

Iritis, in its simple, rheumatic, and syphilitic forms.

Simple iritis, hardly going beyond hyperæmia, may occur from over-use of the eye, when it is often continuous with a similar condition in the choroid, and is aided by the Santonine I shall recommend for that. Of the traumatic form I have seen two well-marked cases, and both yielded very rapidly and completely to *Belladonna*, of which two drops of the first dilution were given every two hours. The traumatic iritis which is apt to supervene after the extraction of cataract is said to yield nicely to Aconite and Arnica.

Rheumatic iritis is the severer form of "rheumatic ophthalmia," and its painful, damaging, and recurring character is well known. *Mercurius*, in some form (most frequently the corrosive sublimate), is commonly relied upon by homœopathists in the treatment of this affection: "its various combinations," Drs. Allen and Norton say, "are our sheet-anchor in the treatment of all forms of iritis." I must confess, however, that my own observations have disappointed me as to its possessing any great

power over the disease, though I may have been impatient. At any rate, I think that better results may be obtained from *Euphrasia*, followed by *Kali bichromicum*. Bryonia, also, ought to be serviceable; but I have no experience with it.

In syphilitic iritis mercury is of still greater renown. But I think it has yet to be proved that it exerts any control over the progress of this affection save at the cost of inducing its physiological effects on the system. That, in some cases, the gain may be worth the cost, I do not deny; but there is no doubt that syphilitic iritis may often get well without mercurialisation, and I think that in most cases we may safely treat it with other remedies. I am, myself, so well satisfied with *Clematis*, that I am accustomed to trust in it in all cases, and it has not hitherto disappointed me.

But, whatever medicine we are giving internally, there is no doubt that we must apply Atropia locally to dilate the pupil. It is mainly a mechanical proceeding. We want to hold the iris away from the capsule of the lens, lest it should adhere there; and to prevent the contraction of the pupil, which might become permanent. To effect this by a mydriatic is surely open to no objection. But since, in all probability, Atropia dilates the pupil by stimulation of the sympathetic nerves of the part, it must also contract the blood-vessels, and, in this way, help to subdue the inflammation. It also keeps the iridal muscle at rest, and perhaps abates the ciliary pain. But this last indication may be better carried out by the intercurrent use (in highish dilution) of medicines indicated by the subjective

sensations complained of, as Spigelia, Colocynth, and Chamomilla.*

I have nothing to say about mydriasis, as it is nearly always a symptom of some deep or distant mischief. I pass on, therefore, to affections of the *choroid.*

Choroidal congestion is, I think, the condition of the eyes in sufferers from over-work of the organs, when it is not one simply of asthenopia from muscular fatigue. Ruta and Rhododendron have been recommended for it in past times; but we have, I think, a much more potent remedy for it in *Santonine.*

Choroiditis may be simple (serous), disseminated, or suppurative.

Simple choroiditis has been caused and cured by Ipecacuanha; and Arsenicum has once at least proved capable of removing it.† But *Belladonna* and *Gelseminum*, in recent cases, with *Phosphorus* in those of longer standing, are Drs. Allen and Norton's recommendations; and they seem borne out by the known action of the drugs. Photopsia and chromopsia are present in cases indicating the first and last of these remedies; congestive headaches in those calling for the first. The Gelseminum condition is less active. Prunus spinosa—a little-known remedy—is recommended by these authors when pain is severe, of a crushing or pressing-asunder kind.

Disseminated choroiditis seems generally connected with syphilis. It is natural, therefore, to

* See *Brit. Journ. of Hom.*, xxvii., 467. † *Ibid.*, xxii., 568.

treat it with *Mercurius* and *Kali iodatum*. Both, however, have proved useful in the non-syphilitic form; and the latter is regarded by Dr. Angell as having quite a specific action on the choroid. Drs. Allen and Norton give a good case of non-syphilitic disseminated choroiditis cured by it in the first centesimal dilution.

Suppurative choroiditis, often called "panophthalmitis," is a very serious disease. If there is any remedy on which dependence can be placed in it, it is *Rhus*. I know of a case in which the malady supervened upon pyæmic infection from dissecting wound; but by the use (mainly) of this medicine both eyes have been saved, and very tolerable sight regained.

It is in this place that I must consider the treatment of the obscure but very interesting malady known as

Glaucoma.—The benefit of iridectomy (or sclerotomy) in very acute glaucoma is so undoubted, and the danger of prolonged tension of the globe so great, that I cannot think any one justified in neglecting it in favour of medicinal measures. But when a premonitory stage exists, and we can catch the patient in it; or when glaucoma is chronic in character, and the occasional inflammatory exacerbations leave intervals of complete remission, I think we can do a good deal by homœopathic remedies.

The first of these is *Belladonna*. It is a significant thing that all oculists warn against the local employment of Atropia in glaucoma; and of late von Graefe, Derby, and Soelberg Wells have mentioned instances in which its imprudent use has

actually caused the disease. The case cited as symptom 473 of the pathogenesis of Belladonna in the *Hahnemann Materia Medica* appears to have been one of the kind. On the other hand, Dr. Anstie entertains no doubt of his having several times checked incipient glaucoma by the subcutaneous injection of Atropia; and shows that the disease often occurs in connection with neuralgia of the trigeminus, like erysipelas and herpes of the face. Drs. Allen and Norton say that Belladonna is of great value in relieving the severe pains of glaucoma, especially when accompanied with much local circulatory disturbance.

The second is *Phosphorus*. Hahnemann mentions glaucoma as one of the morbid conditions for which this drug is indicated. The name was given, in his day, to the bluish-green appearance of the fundus sometimes (not always) seen in this disease. In an article on "Phosphorus in Neuralgia," in the thirty-second volume of the *British Journal of Homœopathy*, you will find several cases in which the medicine, administered on account of the pains present, restored soundness and vision to undoubtedly glaucomatous eyes.

Again, a good deal of information as to what drugs can do in glaucoma may be obtained from the German experience of the homœopathic treatment of "arthritic ophthalmia," many recorded instances of which are unquestionable examples of the former disease. The cases cited by Peters show that Arsenicum, Colocynth, and Spigelia, given according to symptomatic indications, have often proved of great benefit in the atrocious neuralgic pains of the

malady; while Cocculus and Sulphur have met it successfully in even more advanced stages. An analysis of these cases by a competent oculist, so as to determine the exact operation of the medicines employed, would be very useful.

Lastly, I would remind you of what I have said about the "excessive tension" and horizontal hemiopia noted by the provers of *Aurum*. Drs. Allen and Norton have shown that when the latter symptom (the upper half of bodies being invisible) is present in chronic affections of the eye, the drug is always more or less beneficial; and I do not see why glaucoma should not be among them, though a chronic choroido-retinitis would be a more common cause.

I have now to speak of the diseases of the nervous elements of the eyeball—the *retina* and the *optic nerve*.

Retinal hyperæmia "frequently depends," as Drs. Allen and Norton say, "upon some anomaly in the accommodation or refraction of the eye, which should be corrected by suitable glasses, after which the retina resumes its normal condition." If this cause is absent, it usually depends either on over-use of the eyes, when *Santonine* (with rest) will be of service; on cardiac disorder, where Dr. Angell finds *Cactus* of great benefit; or on menstrual suppression, in which case it will often yield to *Pulsatilla*. Sudden blindness, from exposure to cold, probably results from retinal congestion, and may be rapidly cured by Aconite, as shown by two cases related by Dr. Hirsch.*

* See *Brit. Journ. of Hom.*, xxxiii., 172.

Retinal hæmorrhage, when occurring as a separate affection, must be treated like sanguineous effusions elsewhere. *Lachesis* is the remedy which seems to have done most in favouring re-absorption.

Retinitis may be simple, albuminuric, or syphilitic. For the first, if recent, I should advise *Belladonna;* if of longer standing, *Mercurius* or *Plumbum.* With Mercurius there is a special sensitiveness of the eyes to the glare of a fire. In albuminuric retinitis, besides the treatment for the renal disease, *Mercurius corrosivus* is of repute; but Belladonna will often be required. In the syphilitic form *Kali iodatum* will be the best remedy, and has to us the additional recommendation of having caused (as has Iodine itself) a corresponding affection.

Detachment of the Retina, when recent, may frequently be remedied by medicines, of which *Gelseminum* is the chief. *Aurum* and *Digitalis,* moreover, both of which cause the obscurity of the upper half of objects present here, have been found beneficial.

Retinal hyperæsthesia, occurring without ophthalmoscopic evidence of change in the fundus, finds its best remedies in *Nux vomica* (or Strychnia), *Conium,* and *Macrotin.* The last is strongly recommended by Dr. Angell.

I might speak next of "retinal anæsthesia"—meaning by that name failure of vision occurring without any obvious cause. But, as this trouble may arise from other conditions of the retina than simple anæsthesia—as anæmia from embolism of

the arteria centralis—I prefer to speak of it by its old name of amaurosis, or

Amblyopia.—When blindness, partial or complete, is not traceable to retinitis, or to that optic neuritis which is secondary to gross mischief within the brain, it seems always due to an anæmic and atonic state of the optic nerve and its expansion. When this occurs as a part of general debility from loss of blood or other exhausting discharge, it will sometimes yield to the *China* which, with suitable diet and hygiene, recruits the general strength. But more frequently it will persist and require treatment as a substantive malady, when *Phosphorus* will generally be found its most helpful remedy. The amaurosis which is apt to supervene upon excessive smoking should direct attention to Tabacum in this malady when otherwise induced. The condition set up appears to be one of white atrophy of the retina without precedent neuritis; and the patient sees worse in the evening. There is also an alcoholic amaurosis, in which the sight is better in the subdued light of the evening, and there is sometimes pain in the eyes. A more irritable condition is manifest here; and hence, and from the well-known antidotal relation it bears to alcohol, we can quite understand how Drs. Allen and Norton say of *Nux vomica*, that "the results following its use are often marvellous."

I must speak here of a few other derangements of vision.

Hemiopia, if not dependent on serious ocular or intra-cranial changes, may yield to the medicines which have been known to produce it. These are,

Aurum and Digitalis, when the upper half of objects is invisible; and Cyclamen, Lithium carbonicum, and Lycopodium, when the right half is obscured. Drs. Allen and Norton (from whom I take this list) add as possible remedies for vertical hemiopia, either half being invisible, Bovista, Calcarea, Lobelia, Muriatic acid, Natrum muriaticum, Quinia, and Viola odorata.

Hemeralopia, or night-blindness, has been several times cured with *Belladonna*, and *Lycopodium* is spoken of very highly for it. I would also suggest Tabacum in non-smokers. It is sometimes merely a symptom of pigmentary degeneration of the retina, and sometimes one of the features of scurvy.

I have now gone through the coats of the eye; and have only to speak of the diseases of its media and of its muscles.

Of the media of the eye, the *crystalline lens* is subject to the important disease known as

Cataract.—You may be surprised at my including this disease in a treatise on Medicine, as it is ordinarily supposed to be amenable to surgical measures only. But it is difficult to see why it should be beyond the reach of medicines. Grant that in aged persons a hard lenticular cataract is merely, like ossified arteries, an evidence of senile decay. But this is one variety only of the disease. Capsular cataract is nearly always the result of inflammation, and corresponds pathologically with opacity of the cornea. Both capsular and lenticular cataracts have been known to form within a few days, or even in a

single night. They have followed retrocedent gout, suppression of the menses, of cutaneous eruptions, and of habitual perspiration of the feet.* Morbid conditions so characterised ought to be amenable to specific remedies; and homœopathic literature already witnesses that such remedies are in existence.

A paper by Dr. Malan in the fifth volume of the *British Journal of Homœopathy*, and the section in Peters' *Treatise*, contain all the cases of homœopathic cure or improvement of cataract with which I am acquainted. Some of these are of dubious value; but even when they are eliminated, the power of *Sulphur*, *Silica*, *Cannabis*, *Pulsatilla*, and *Calcarea* must remain unquestioned. Silica has been most frequently successful: it should be especially thought of when suppressed perspiration of the feet seems to have been the exciting cause. Sulphur ranks next: its value is obviously best marked when the trouble dates from repercussion of a cutaneous eruption. Cannabis, and perhaps Euphrasia, would be suitable when the cataract was capsular—the result of inflammatory action. Should we catch such a cataract in the act of formation—*i.e.*, in the inflammatory stage—it seems probable, from one of Peters' cases, that Belladonna might be relied upon to disperse it. Pulsatilla was a reputed remedy for cataract in the hands of Störck. It acted very satisfactorily in one of Peters' cases where a chronic catarrhal ophthalmia calling for it was present; and would be specially indicated where suppression of the menses

* I do not speak of diabetic cataracts, as there is reason to suppose that these are of purely physical origin.

was the exciting cause. Calcarea* would naturally be thought of in strumous subjects, as in the following case:—

"A farmer, æt. 51, of small stature, and with light-brown hair, had suffered for the last few weeks with impaired sight; the patient had formerly been troubled with scrofula.

"The patient sees with the right eye only those objects which are above him, and with the left only those which are at his side; but in all other directions everything appears as dark as night to him. Partial opacities of the crystalline lenses were clearly observable; the one in the right occupied the larger, and that in the left the smaller half of the pupil.

"*Cannabis* 2, three drops daily in water for three weeks, was without benefit. *Calcarea* 3, six doses; at first one dose a day for two days, afterwards one dose every week. Before the last dose had been taken, the patient had entirely recovered his sight" (Peters, p. 224).

There is a form of cataract known as "traumatic," and it is said to have been occasionally cured by *Conium*. A case of this kind is mentioned by Dr. Bayes. It is true that the pathology of this affection shows that spontaneous recovery is at least a probable issue. The aqueous humour, rushing in through the ruptured capsule, at first renders the lens opaque; but, unless the rent closes, will ultimately dissolve it and so clear the vision. In Dr.

* Mackenzie states that cataract is a common disease in all countries where wine is so cheap as to be the habitual beverage of the lower orders. Has this anything to do with the lime and flint so commonly found in natural wines?

Bayes' case, however, blindness had continued for eighteen years.

I add a note furnished me by my friend Dr. Madden, who had unusual experience in the treatment of this disease.

"In the early stage, where vision is but clouded, and streaks only of opacity are seen by the ophthalmoscope, a check to further deposit may very often be expected. If there is nothing more than smokiness of the lens, it may clear away entirely. The medicines I have found of most service are Mercurius, Calcarea, and Phosphorus, all in the higher dilutions." Drs. Allen and Norton give a similar prognosis; and add to the list of promising remedies Causticum, Magnesia carbonica, and Sepia.

Of the other media of the eye I have nothing to say; so I pass to the affections of its *muscles*.

Weakness of the ocular muscles gives us that aching on using, and that dazzling of vision after concentrating it for a short time upon near objects, which is called

Asthenopia.—I think that it is in this affection that *Ruta* has gained its reputation. Drs. Allen and Norton concur in recommending it here, and rank it as next in frequency of indication to *Natrum muriaticum*. The latter they consider most suitable when the external muscles are affected, causing aching on moving the eye in any direction (Arnica also may be useful here). The former they prefer when the weakness is rather in the ciliary muscle, constituting "accommodative asthenopia." In bad cases the remedies for

Paralysis of the Ocular Muscles may come into play. These are Causticum and Rhus; Gelseminum and Conium; and Phosphorus. *Causticum* and *Rhus* are most suitable when the paralysis is of "rheumatic" origin; the former (Drs. Allen and Norton think) being preferable when the patient has been exposed to dry cold, the latter when the cold has been conjoined with damp. *Gelseminum* and *Conium* correspond to simple paralysis of the ocular muscles, without any definite cause: the first ought to be specially useful when the sixth nerve, supplying the external rectus, is at fault. *Phosphorus* has proved curative in more pronounced forms of the malady, as from spermatorrhœa or sexual excess. Where a syphilitic origin is suspected, Iodide of potassium, in substantial doses, seems necessary.

For paralysis of the accommodation Atropia would be exquisitely homœopathic; but Argentum nitricum has proved curative,* and in this affection as occurring after diphtheria I find Gelseminum very effective.

Spasm of the ocular muscles is rarely seen save in the lids, where I have already spoken of it. But the fact that spasm of the ciliary muscle is a leading element in acquired

Myopia has led Dr. Woodyatt, of Chicago, to a very pretty piece of homœopathic therapeutics. You will remember that *Physostigma* (the Calabar bean) temporarily causes short sight by stimulating the accommodating apparatus, just as Atropia sets up presbyopia for a time by paralysing it. He has

* *Brit. Journ. of Hom.*, xxxii., 739. *United States Med. Investigator*, vi., 539.

accordingly given this medicine, in the second and third decimal dilutions, in a number of cases of acquired myopia, and with most satisfactory results.*

Strabismus, when paralytic, must be treated accordingly; when dependent on ametropia, must be corrected by suitable glasses. But it not uncommonly comes before us in children as a sympathetic disturbance, as a relic of convulsions or a symptom of helminthiasis. In the former case Belladonna, Hyoscyamus, and Cicuta; in the latter Spigelia, Cina, and Cyclamen have gained successes.

* See *United States Med. Investigator*, v., 390, and vi., 44.

LETTER XXII.

DISEASES OF THE EAR.

I enter to-day upon the consideration of the maladies affecting the organ of hearing. The homœopathic literature of these affections has been very scanty hitherto. I had hoped that Dr. Houghton, who is surgeon to the aural department of the New York Ophthalmic Hospital, would by this time have been able to give us a treatise upon his specialty answering to that of Drs. Allen and Norton on diseases of the eye, in which case I should have had little to do beyond reviewing his work in detail, with such comments and additions as my own knowledge could supply. As it is, there are no more valuable contributions to the subject than the occasional papers on otiatrics which this gentleman has written in the various American journals. To these I shall refer as I go on. The German literature of the subject has been well summed up in a series of papers by Dr. Goullon, jun., in the *Internationale Homöopathische Presse* for 1876, which have been translated in the *British Journal of Homœopathy* for the same year. There are some English contributions on the subject from Dr. Dudgeon, Mr. Cutmore, and Dr. Cooper. The clinical lectures of the last-named on inflammation of the ear, delivered at the London School of Homœopathy in 1877-8, are announced as shortly to be published, and will,

doubtless, contain valuable matter; although those which have hitherto seen the light in the pages of the *Homœopathic World* have given less attention to the medicinal therapeutics of the subject than would have been expected from Dr. Cooper's previous reputation in this sphere of investigation.

There is a good deal of light to be thrown on the comparative obscurity of aural therapeutics by a consideration of the homologies of the eye and the ear. The morbid states of the former organ, and the medicines which influence its several component parts, are so well known, that they become stepping-stones of no little trustworthiness on our road through the darker regions of the latter. I must detain you, therefore, for a little while, with an outline of this subject; and I venture to think that the time we shall spend on it will not be lost.

First, let us compare the organs of the two senses of sight and hearing as to their healthy structure and function.

Starting *ab initio*, we find at the base of the brain two sets of ganglia, themselves independent centres, but intimately connected by branching fibres with the gray matter of the cerebral hemispheres. These are the *corpora quadrigemina* and the *auditory ganglia* respectively—the former being connected with the sense of sight, and the latter with that of sound, either as their ultimate recipients or (as now seems more probable) as their immediate transmitters to localised centres in the cortex cerebri. To obtain the impressions which they thus perceive or convey, they send to the outer world feelers—the *optic* and the *auditory nerves*.

Each, on passing beyond the cranium, expands into a receiving surface: the optic nerve becomes the *retina*, and the auditory nerve spreads itself out upon the walls of the *labyrinth*.

So far the correspondence is obvious; but let us proceed from behind forwards. Immediately in front of the auditory expansion lies the serous-like *membrane of the labyrinth*, enclosing the *liquor cotunnii*. The importance of this fluid in transmitting the sonorous vibrations needs no comment. What has the eye answering to this? Why, immediately in front of the retina lies the *vitreous humour*, contained in the meshes of the *hyaloid membrane*. The different consistence of the two media precisely corresponds to the difference between the two kinds of undulations they are designed to transmit.

Next, we observe that the waves of sound which set the labyrinthine fluid vibrating are communicated to it through a chain of *ossicles*. The last of these (stapes) is separated from the vestibule of the labyrinth only by the membrane of the fenestra ovalis, on which it rests. In like manner, also, the light which has reached the vitreous humour has come to it last through the *lens*, which, parted only by its proper capsule,* impinges upon the hyaloid membrane. I am anticipating somewhat; but I cannot

* The posterior capsule of the lens, therefore, corresponds with the membranous septum of the fenestra ovalis. It is interesting accordingly to notice how a branch from the central artery of the retina penetrates the vitreous humour to supply the neighbouring surface of the capsule, as though recognising the fellowship of the two membranes.

resist pointing out the morbid homologies of these two structures. Whatever ancillary office they occupy in relation to the nervous expansions beyond, it is certain that these are able, in cases of necessity, to dispense with their services. Let the ossicles be disconnected, or even destroyed by disease—let the lens be extracted by the surgeon, and hearing and sight will still be preserved. It is otherwise, however, when these media, retaining their place, become incapable of transmitting their messages. If the lens be rendered opaque by cataract, or the stapes be anchylosed to the margin of the fenestra, there is little left that the ear can hear or the eye can see.

Let us go forward. The outer extremity of the chain of ossicles is connected with the *membrana tympani*. This membrane is stretched across the passage along which sound makes its way, the transmission of which it regulates by the antagonist action of its two muscles—the tensor and laxator tympani. It thus performs for the ear the office which, in the eye, is discharged by the *iris*. The latter is, indeed, itself muscular, and its two sets of fibres dilate or contract, as is required, its central aperture through which the light-rays pass. I hardly know whether to lay any stress on the presence, in each of these membranes, of a circular and a radiating layer of fibres. In the membrana tympani both sets are attached to the malleus, but at different parts. The tendons of the two muscles are also inserted into distinct points of this bone. A study of the action of the muscles might possibly show that each acted upon one of the layers of fibre. But a more important question relates to the nerv-

ous supply of the two structures. The ciliary nerves, which control the movements of the iris, all proceed from the ophthalmic ganglion; but experiment has proved that the filaments which supply the circular fibres (contractor pupillæ) come from the third nerve, while those which go to the radiating fibres are from the sympathetic system. In the ear the chorda tympani supplies the laxator tympani; while the tensor tympani receives a branch from the otic ganglion. It is quite possible that here also it would be found that sympathetic filaments from the ganglion supply the latter muscle, while the former is under the influence of the cerebro-spinal fibres, probably from the facial, which the chorda tympani unquestionably contains.

So far the parallel has been indubitable. But now we encounter a difficulty. This is not raised, however, by the cornea. The cornea really belongs to the iris, although it projects forwards, that it may gather together the luminous rays. It is the pane of glass, so to speak, which fills the window of the pupil. If the sclerotic, instead of curving forward, were to dip down vertically into the curtain of the iris, having the transparent cornea for its centre, the correspondence with the membrana tympani, with its central fibrous layer, would be complete. The trouble arises at the next step we take. In the eye we come upon mucous membrane, the conjunctiva. In the ear our next tissue is the skin of the external meatus. It may be said, skin and mucous membrane are essentially identical, differing only according to situation, whether external or internal; they are even capable of transformation the one into the

other. But the awkward fact is that the ear does possess a true mucous membrane, prolonged from that of the pharynx through the Eustachian tube, lining the tympanic cavity and enveloping its ossicles, and finally terminating in the mastoid cells. Does this answer to the ocular conjunctiva? I think not. To do so, the latter ought to lie, not where it does, but between the cornea and the vitreous humour, lining the walls of the chamber, reflected off at the margin of the lens to cover this in, and finally prolonged into the ethmoid cells, whose neighbourhood to the eye reminds so much of that of the mastoid cells to the ear. The closed "capsule of the aqueous humour," if such an entity be anything more than hypothetical, fills this place; but neither in structure, function, nor connexions is it a mucous membrane.

I conclude, therefore, that the eye has nothing truly answering to the mucous membrane of the tympanum; and that the conjunctiva finds its homologue in the dermic layer of the membrana tympani. Its communication by the lachrymal and nasal ducts with the mucous membrane of the nose is merely a provision for carrying off the *tears*, of which the *cerumen* of the auditory passage is the representative. Nor is the *meatus* without its homologous structure. We have only to imagine the *orbit* deepened and narrowed and rather bent, and the eyeball pressed back as far as it will go, and we should have to use a speculum to ascertain the state of the conjunctiva and cornea, as now we use it to explore the membrana tympani.

Last, the *eyelids* and the *auricle* are undoubted

homologues. Each consists of cartilage, covered with skin and cellular tissue. Each belongs to the meatus of the organ, though the one stands at its outer, the other at its inner extremity. To each it belongs to guard the passage which they cover, for which purpose they are moved by their appropriate muscles,—in their movements also subserving the purposes of expression. Both orbicular and auricular muscles are accordingly supplied by the facial nerve—the nerve of emotional expression. In the lower animals, as is well known, the auricular muscles have sufficient power to direct the ears towards the point from which the sound proceeds. In the eye this duty is performed by the recti and obliqui muscles of the eyeball.

I now proceed to consider the various diseases which affect the ear. In doing so, I shall mainly follow the classification of Toynbee, though availing myself freely of the additional researches of von Tröltsch.

The *auricle*, like the eyelid, when attacked with inflammation, usually has it in the erysipelatous form. I shall therefore speak of

Erysipelas aurium.—Here, also, as in its homologous part, the choice lies between *Belladonna*, *Rhus*, and *Apis;* though it is rare to see the pale-red and œdematous condition which indicates the last remedy.

Sometimes, however, the dermatitis has such a character as to lead us to call it

Eczema aurium.—This affection, when recent, will often subside pretty rapidly under the general remedies for eczema, as Rhus, Croton, and Meze-

reum. But it more frequently comes under treatment as a chronic affection, when, as you know, it is liable to extend into the meatus, and to cause deafness by blocking up the passage with exfoliated epidermis. Mr. Cutmore has contributed two good cases of this affection to the twentieth volume of the *British Journal of Homœopathy*. The curative effect of Arsenicum and Clematis in the first case was very marked. When eczema affects the back of the auricle and the adjacent mastoid surface, it is a most obstinate affection. Muriatic acid, Graphites, or Oleander may do something for it; but it rarely gets well without some local application, such as glycerine of tannin. Dr. Houghton speaks well of Petroleum, locally and internally.

I have now to speak of the numerous diseases which attack the *external meatus*. I do not include among these mechanical obstruction, whether from foreign bodies, or from accumulated cerumen; since with us, as with all, the remedy here is the syringe. I cannot say that we have any medicine which checks the over-activity of the ceruminous glands, on which the accumulation referred to may possibly depend; if we have, it seems to be Conium. Mr. Cutmore thinks we have in Spongia an excellent remedy for the opposite condition, viz.: where there is a total deficiency of wax.

Otitis externa, when acute, has in my experience assumed two different forms, requiring different remedies. The former is the "inflammation of the connective tissue" of Kramer,* confined

* See *Brit. Journ. of Hom.*, xxi., 243.

to the outer half of the meatus, whose orifice becomes an almost imperceptible slit. Here *Belladonna* is generally indicated (though Dr. Jousset prefers Pulsatilla and Mercurius); and, with the aid of a moist heat continuously applied, will effect resolution as speedily as possible. In the other form the mischief is in the dermis itself, and chiefly in the deeper part of the meatus, where there is no connective tissue. The extreme sensibility of the dermis in this place makes the inflammation a horribly painful one; and when (as often happens) it spreads to the membrana tympani, distressing head-symptoms occur. Of this latter complication more anon. It is to this form of inflammation of the meatus, I think, that Dr. Bayes' experience belongs, with which my own entirely coincides: "in otitis, of which I have seen many severe cases, *Aconite*, 1st decimal, has proved rapidly curative, in 2- to 5- drop doses every hour or two hours until the pain is relieved. I have never seen the higher dilutions of Aconite, nor Pulsatilla or Chamomilla, of any marked service in the maddening pain of acute otitis, while Aconite, 1st dec., has acted admirably."*

Chronic cases of this disease consist sometimes in the repeated recurrence of the acute attacks. Dr. Dudgeon mentions one such case, in which the tendency was checked by the persistent use of Nitric acid 3. Not uncommonly the recurring trouble comes in the shape of boils. I think you will find the usual treatment of boils sufficient here, viz., repeated doses of *Belladonna* 1 at the time, and *Sulphur* to check the recurrence; though Dr. Houghton speaks of

* *Applied Homœopathy*, p. 45.

having obtained better results from Picric acid for the latter purpose. Chronic inflammation of the meatus, when continuous, may be with or without discharge. The latter is too much of a local affection for internal medicines to do much; and although you may administer Arsenicum, Graphites, or Mercurius corrosivus with possible advantage, I think you will do best by the local application of nitrate of silver, say gr. j to the ounce. So Mr. Cutmore also advises. The more common form, accompanied with discharge, constitutes in most cases what we call

Otorrhœa.—I think it is practical still to treat of this symptom as a disease, though it doubtless depends upon more than one pathological condition. The important point is that, when chronic, it is nearly always connected with impaired general health on the part of the patient, and requires constitutional treatment accordingly. The two leading forms of otorrhœa are, 1st, that dependent on primary chronic inflammation of the dermis of the external meatus and membrana tympani; 2nd, that symptomatic of catarrh of the tympanic mucous membrane. In the former of these the dermis becomes a kind of mucous membrane, suffers a "catarrhal" inflammation, and pours out a milky discharge. Besides daily syringing (which, however, should be gentle), or cleansing with cotton, you will often get very good results in these cases from medicines like Mercurius, Hepar sulphuris, and Nitric acid; but, if these fail you, you will do well to fall back upon Sulphur, Calcarea, or Silica, according to your patient's constitutional symptoms.

The second form of otorrhœa belongs to the

affections of the middle ear (though it may occur without perforation of the membrana tympani), in which category I shall consider it.

Polypus aurium is a frequent accompaniment of otorrhœa. The different forms assumed by the growths will affect the appropriate surgical treatment for their removal, if such should be deemed necessary. But I know at present of no relation between them and the medicines required for the otorrhœa, with the removal of which they will generally spontaneously disappear. A case in point, in which Mercurius was the remedy, is given by Dr. Dudgeon.* The polypus appears to have been of the "raspberry cellular" kind of Toynbee. Another instance in which such a polypus has disappeared under internal treatment I have myself recorded in the thirteenth volume of the *Monthly Homœopathic Review*. The remedy was *Thuja*. There must be some reason why polypi appear under these different forms; and some day we may discover the link between them and the kinds of otorrhœa from which they arise, and ultimately (it may be) affix to each its appropriate medicine.

Exostoses of the external meatus are described by Mr. Toynbee as of no infrequent occurrence. He connects them with the rheumatic and gouty diatheses, and reports much benefit from the local application of iodine, and the internal use of iodide of potassium. I know nothing about their homœopathic treatment.

Of the affections of the *membrana tympani* it is

* *Brit. Journ. of Hom.*, xxi., 248.

needless to say much. The outer dermic layer belongs to the external meatus, in whose diseases and their treatment it shares. Its inner mucous membrane is part of the tympanic cavity. Relaxation of the membrane appears always connected with a morbid state of the middle ear, and is curable by the remedies which influence the mucous membrane. The only part peculiar to this membrane is its fibrous layer; and when the symptoms point to this as the seat of inflammation, I would suggest *Bryonia* and perhaps *Aconite* as its most likely remedies. The evening exacerbations of this malady remind one forcibly of rheumatic ophthalmia, of which it is obviously the homologue.

The *Eustachian tube* contributes its quota to aural disease by frequently suffering closure of its faucial orifice. This is the familiar

Throat-deafness.—I assume your acquaintance with all that is now known respecting the physiology of the Eustachian tube, and with the various mechanical expedients (inflation by Pollitzer's method, or through the catheter) adopted to obviate its closure. When you have ascertained its want of patency, and the dependence of this upon an unhealthy state of the faucial mucous membrane, you will naturally turn to the remedies we have for modifying the latter condition. Mr. Toynbee has some good remarks upon the merely palliative action of mechanical measures and topical applications here. "There arises a *third* suggestion," he writes, "to ascertain the signification of this thickened mucous membrane, to make out what nature may be

endeavouring to effect by thickening it. And if the patient be a child, perchance it may be that nature, through this thickened membrane, is endeavouring to rid itself of the scrofula taint; or, if the patient be a middle-aged man, it may be that nature through this thickened membrane is endeavouring to rid herself of the gout poison. And if we address ourselves to the assistance of nature, we shall, so to speak, ward off the necessity of her thickening the membrane; this will then return to its natural state, the Eustachian tube will be opened by its muscles, and the deafness disappear, in this case permanently."

This is the principle of our treatment of such cases. When the affection is recent—the relic of a catarrh—*Pulsatilla* will generally do all that is required to make the relief given by inflation permanent. In more chronic cases I have generally obtained such excellent results from *Iodine* (which I have given in the third decimal dilution) that I have felt it unnecessary to resort to any other remedy; but I would mention Petroleum, Graphites, and Manganum as medicines which have been found useful, and which are quite suited to the disorder. Dr. Jousset says he has had the best results from Sepia. In the gouty cases of which Mr. Toynbee speaks, Sulphur, and perhaps Hamamelis, ought to be useful.

The following case will illustrate what Iodine can do in this affection, even without mechanical aid or local applications. Miss L., æt. twenty-one, has always been somewhat deaf with the left ear. Her throat has been unhealthy for years past, the tonsils being large, and secreting much cheesy matter. In March,

1869, she had an attack of acute tonsillitis which was subdued without proceeding to suppuration by Baryta carbonica. A hoarse cough succeeded this attack, for which, on May 21st, I was asked to prescribe. She then told me that since the quinsy her right ear had been gradually becoming deaf like the left. She got Hepar sulphuris for the cough, and I did not see her again until June 7th, when an attendance began upon her sister, which lasted some weeks; and during this time I was able to treat Miss L. steadily for the deafness, which had now become so great as entirely to exclude her from the conversation of the room. An examination with the ear-speculum showed that there was nothing wrong with the tympanum or external meatus; and the whole history of the case pointed to the Eustachian mucous membrane as the seat of the obstructive mischief. A week of Pulsatilla 2 having produced no effect, I put her upon Iodine, third decimal, two drops three times a day. In a few days a snap was felt in the ear, and the hearing for some hours became acute, but then the deafness returned, though not to its former degree. Another similar report was followed by like results; and in the course of three or four weeks the hearing of the right ear became perfect. Nor was this all, but the left ear, with which she had been deaf as long as she could remember, became much more sensitive to sound.

Mr. Toynbee draws a distinction between the "thickened" and the "relaxed" mucous membrane of the throat in these cases; and future observation may determine the relation between such varieties and the medicines I have mentioned.

Obstruction of the Eustachian tube at the tympanic orifice really belongs to the affections of the *middle ear*, to which I now turn. The pathological importance of this portion of the organ of hearing arises from its being lined by that offset of the pharyngeal mucous membrane which, passing through the Eustachian tube, ends finally in the mastoid cells. The readiness of this membrane to take on inflammation under the influence of cold or of the exanthemata—especially when, as in scarlatina, the throat itself is affected—makes its morbid states of frequent occurrence and prime importance.

Congestion, or sub-acute inflammation, of the tympanic mucous membrane appears to be, in most cases, the substratum of

Otalgia.—There is, doubtless, a truly neuralgic ear-ache, at any rate as sympathetic of carious teeth, when *Chamomilla* will at least give temporary relief. But this is rare as compared with the sub-inflammatory form. It is here that *Pulsatilla* plays another of its great parts in affections of the middle ear. Remembering that you are using it against a real lesion, and not a mere morbid sensation, you will not leave it off too soon when the pain is relieved. The membrane is apt to get permanently thickened by repeated attacks, whose consequences are only partially removed.

Fully-developed inflammation of the tympanic mucous membrane I will speak of as

Tympanitis.—This is the "otitis interna" of the older authors; and Hartmann is very strong upon the usefulness of *Pulsatilla* in checking its progress. He makes an exception only on behalf of *Bella-*

donna when consensual cerebral symptoms show the tendency of the inflammation to be inwards rather than outwards; and Professor Rafael Molin, of Vienna, endorses the choice of this medicine.* Dr. Houghton's experience is quite in favour of Pulsatilla: in a paper on the "Therapeutics of Suppurative Inflammation of the Middle Ear," published in the twelfth volume of the *Hahnemannian Monthly*, he says that it is more frequently indicated in acute suppuration than any other remedy. It is still more effective when the inflammation is catarrhal, and it is rare that any other remedy is here required. But in the suppurative form it often needs reinforcement. Dr. Houghton's remarks upon the value of *Aconite*, *Capsicum*, and *Mercurius* here deserve attentive consideration. The second-named seems especially valuable when the mastoid cells are involved, and may sometimes dispense with the free incision down to the bone recommended by most aurists, to which, however, you must always be prepared to resort in case of head symptoms of grave character supervening.

It is in the treatment of *acute* inflammation of the middle ear that homœopathy, by means of its specifically-acting medicines, is at so great advantage. When this condition comes before us in the chronic stage, it has yet to be proved that we can do as well by our attenuated internal remedies as the aurists of the old school with their local astringents and caustics. Dr. Searle, of Brooklyn, who has lately summed up our position as regards ophthalmology and otology,† thinks that we can rarely dispense

* See *Brit. Journ. of Hom.*, xxxiv., 141. † *Ibid*, xxxv., 281.

with such aids. More especially is this so in chronic aural catarrh. There is generally inspissated mucus here in the tympanic cavity; and nothing seems better calculated to dissolve and dislodge it than the warm alkaline applications ordinarily employed. In chronic suppuration of the middle ear, with perforation of the membrana tympani, injections for cleansing purposes, as in purulent ophthalmia, are obviously necessary; but I think that they need not always be of an astringent character. There is sufficient evidence of the value of such medicines as Calcarea, Hepar sulphuris, Lycopodium, Mercurius, Nitric acid, Silica, and Sulphur here to lead to their thorough trial when indicated; and there is nothing to prevent their being locally applied also, as in the eye. This would be more satisfactory practice than drying up the mucous membrane with zinc or lead. Besides these well-known remedies, attention should be given to two unusual ones—Elaps corallinus and Tellurium. The former is suitable when much naso-pharyngeal catarrh co-exists; the latter when the discharge is thin, acrid, and of disagreeable odour. When the still more offensive smell characteristic of necrosed bone is present, or when there is caries of the mastoid process, besides Mercurius and Nitric acid Aurum is indicated.

The remaining affections of the tympanum come before us rather in connection with deafness than as substantive affections; and under that heading therefore I will consider them.

In speaking of

Deafness, I am brought into the region of the

internal ear. But I propose to take here a comprehensive view of this affection, as regards its treatment by medicines.

It is obvious that hardness of hearing may be a concomitant of many of the aural disorders already mentioned; and in this case it may be expected to subside with their cure. But, on the other hand, it often comes before us without association with inflammation, discharge, pain, or obstruction of either the meatus externus or the Eustachian tube. We must here enquire into the exciting cause, which may have come from without or from within.

1. Of the external exciting causes of deafness the two most obvious are concussion and cold. When the former has operated, the most hopeful remedy is *Quinine.* The deafness confessedly caused by large doses of this medicine appears to me to be brought about by an action on the auditory nerve very much resembling that of concussion; and it is probably to such an affection that Dr. Brown-Séquard refers when he naïvely remarks, that it is curious that some forms of deafness should be curable by Quinine, which so often causes it. Mr. Dalby thinks that in some of these cases (especially when the concussion arises from a blow) there may be some effusion of blood within the labyrinth; in which case you will think of Arnica. When exposure to cold has been the exciting cause, we have a congestion present; and Aconite in quite recent cases, *Belladonna* in those of longer standing, may be expected to prove of good service. Dr. Goullon cites some cases illustrating the power of the latter remedy.

2. When no such origin can be ascertained, the

next inquiry to be made is whether the deafness has followed upon any illness (such as the continued fever of which it is a well-known concomitant), or can be traced to mental or bodily exhaustion. In these circumstances, and when the absence of substantive change leads you to set down the deafness as "nervous,"* you will often get excellent results from *Phosphoric acid*, to which Anacardium and Ambra may be useful adjuncts. Dr. Jousset speaks well of the serpent-venoms—Lachesis, Naja, and Elaps. When the deficiency is one of hearkening rather than of hearing, when noise is audible enough but the patient cannot distinguish the sounds of speech, a paralytic state of the muscular apparatus of audition may be diagnosed, and *Causticum* given with advantage.

3. In the absence of such indications as these, we must fall back upon the patient's diathesis. If he is scrofulous, it may be that he has the hypertrophy of the mucous membrane of the tympanum described by Toynbee, causing the drum of the ear to resist the passage of the sound-waves. Here Calcarea may be given with every hope of benefit. It would appear that this condition may also be set up by the suppression of an eruption on the scalp, as in a case recorded by Dr. C. Dunham,† in which a complete cure was effected by Mezereum, as being the remedy most homœopathic to the eruption itself. If the patient is rheumatic or gouty, or the subject of rheumatoid arthritis, a graver prognosis must be given.

* The deafness apt to follow cerebro-spinal meningitis is said to be due to suppuration within the labyrinth. Dr. Searle has succeeded in checking an incipient case; *Silica* was his chief remedy.

† See *Amer. Hom. Review*, vol. ii.

There may be here, Mr. Toynbee says, either rigidity of the tympanic membrane, or anchylosis of the ossicles, especially of the base of the stapes to the fenestra ovalis. The former he considers "*the* cause of deafness in advancing years." If any good can be done under such circumstances, it might be by Sulphur or Kali iodatum. Lastly, there is a syphilitic deafness, which may either appear in the course of the secondary stage of the acquired disease, or in the subjects of its inherited influence. In the one case it will subside with the symptoms it accompanies; in the other it is rebellious to the most potent anti-syphilitics of the ordinary practice, and we have no experience of our own to offer.

I have lastly to speak of

Tinnitus aurium.—This affection also, like deafness, may be caused by substantive disorders of the organ of hearing, especially those which excite undue pressure on the fenestra ovalis, and so on the labyrinth. It requires no special treatment here. But "it undoubtedly exists at other times," says Mr. Dalby, "without any apparent cause either manifested during life or on examination after death. In such cases," he continues, "we must be content at present to admit our ignorance of the cause, consoling ourselves with the reflection that the confession of ignorance is the first step to knowledge." Homœopathy, by its method which, passing by *tolle causam*, operates only on the lines of *similia similibus*, ought to enable us to do more here. It must be confessed, however, that no special contributions to the treatment of tinnitus, *per se*, have been made hereby. The *Carbon sulfuratum* is the only substance I have

been able to mention in my *Pharmacodynamics* as having both caused and cured the trouble. A study of the many drugs reported to have produced noises in the ears, and the reference of each to its proper symptomatic and pathological category, would be a work of much value.

A special form of tinnitus, in which it is associated not with deafness only but also with vertigo, is known by the name of its first identifier as "Meniére's disease." Such success as has been gained in its treatment has been obtained from homœopathic indication, though not always in the hands of those who recognise the principle. In France Quinine has been given with benefit;* and in England Dr. Gowers has obtained good results from the salicylate of soda, which has been observed to cause noises in the ears, deafness, and giddiness, when given in full doses for acute rheumatism.† Dr. M'Clatchey, from our own ranks, has turned the last-mentioned facts to good account, giving the salicylate, in two-grain doses every three hours, to a case of the kind which had resisted ordinary remedies. Almost immediate relief was obtained; and within a week the whole train of troublesome symptoms had disappeared, leaving normal hearing.‡

* See *L'Art Médical*, xlii., 287.

† *British Med. Journal*, April 21, 1877.

‡ *Hahn. Monthly*, xiii., 87.

LETTER XXIII.

DISEASES OF THE DIGESTIVE ORGANS.

The Mouth and Throat.

This is a very inclusive title; but it enables us to carry our thoughts along the whole alimentary canal, from the mouth to the anus, taking in also the glands associated with it in function. We begin to-day with the affections of the mouth and its contents.

And first, of the *mouth* itself. Most of the forms of stomatitis are diseases of children, and will come for consideration under this heading. But there is one variety of it which occurs quite as frequently in the adult, and may appear epidemically. It is the "putrid sore mouth," ulcerative stomatitis, or

Stomacace.—Now this is the kind of inflammation of the mouth which is set up by mercury; and, correspondingly, when it occurs as an idiopathic affection, *Mercurius* is the homœopathist's main remedy. Should this metal itself have been the exciting cause (mercurial stomatitis), *Nitric acid* or (better still) *Kali chloricum* should be given. The latter drug is now regarded in the old school as specific in stomacace, whether of mercurial origin or not; but its commenders rarely allude to its power of causing the inflammation and ulceration of the mouth which it cures, which I have recorded on the excellent authority of Mr. Hutchinson.*

* *Pharmacodynamics*, sub voce.

Ulcers of the Mouth, when recent, are generally readily curable by a few doses of Mercurius, followed if necessary by Nitric acid; but here also you will remember Kali chloricum as a possible alternative. When chronic and recurring, I have found them very intractable.

The *lips* present little for medicinal treatment, since herpes labialis and hypertrophy of the upper lip are symptomatic affections only. I may mention that the presence of the former in intermittent fever is supposed (*cæteris paribus*) to call for Natrum muriaticum, and that of the latter in scrofula to indicate Sepia. Cancer of the lips, which is always of the epithelial variety, and proportionately less intractable, has (as I have mentioned when speaking of the disease in general) been cured by Arsenic.

The *tongue* is the seat of acute inflammation, of ulceration, of syphilis, and of cancer.

Glossitis.—This rapid and formidable disease is completely under the control of homœopathic remedies, without the need of the incisions or leeches considered indispensable in the old school. A case of Dr. Guinness's, in the fifth volume of the *British Journal of Homœopathy*, illustrates my statement. The remedies were *Belladonna* 3 alternated every hour with *Mercurius* 5. The description of the patient, twenty-four hours after the initial rigor, is as follows:—"the whole tongue was 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, headache, pulse 100, full. * * * The surface of the tongue 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." Swallowing and speaking were almost impossible through the pain thereby occasioned. Improvement began almost immediately; and in forty-eight hours hardly a trace of the illness remained. The homœopathicity of the Mercurius here is indubitable; but in so frankly inflammatory an affection it will generally need reinforcement by Belladonna or Aconite.

There is an acute œdema of the tongue which is rather urticarious than inflammatory. It is due to the ingestion of some offending article of diet; and, if the time has passed for an emetic, might be treated with advantage by *Apis*.

It should also be stated that if glossitis is the effect of a burn or scald, Cantharis will be its most suitable remedy.

Ulcers of the Tongue require and yield to the same treatment as that of ulcers of the mouth, with which they are pathologically identical.* I think, however, that Muriatic is preferable to Nitric acid here. A very obstinate form of ulceration of the tongue is one that appears at the tip, and frequently recurs after healing. If the application of caustic is ever necessary it is to these troublesome and painful little sores.

* "Ulcers of the tongue resulting from the action of Mercury are usually associated with similar ulcerations of the gums" (Aitken).

Syphilis of the Tongue often appears in the form of ulceration, when there will rarely be need to depart from the *Mercurius* or *Nitric acid*, or both, already recommended for simple ulcers. The bichromate (or chromate) or even hydriodate of potash should be borne in mind in severe or obstinate cases. Another form of syphilis of the tongue is a sort of chronic inflammation, with deep fissures and hypertrophied papillæ. The description given by Mr. Langston Parker of the condition of tongue produced in some persons by the long-continued use of iodide of potassium is so like this, that you will feel yourself thoroughly homœopathic in prescribing it. This is also the local manifestation of syphilis in which Dr. Laurie found *Fluoric acid* so beneficial—a bit of experience which I have myself followed with marked advantage.

Cancer of the Tongue, being also invariably epithelial, ought to be somewhat under medicinal control. I have cited, when speaking of Kali cyanatum, a case recorded by the late Dr. Petroz, in which this drug, in doses of the hundredth of a grain, seems to have cured it; and Dr. Cooper thinks he has checked the disease in its initial stage with Muriatic acid.* Jahr speaks almost too confidently:—"carcinomatous ulcers require above every other remedy Arsenicum and Silicea; both these remedies cure such ulcers with tolerable speed, provided they have not spread too far."

I have next to speak of troubles arising from the

* *United States Medical and Surgical Journal*, ix., 268.

teeth. Reserving morbid dentition till I come to the diseases of children, I shall speak here of toothache from its various causes, and of gumboil.

Toothache.—There are four leading forms under which toothache appears; and under these heads I think we may class most of the medicines of real use in its treatment.

First, there is the ache which accompanies caries of the teeth. If there is any exposure of the pulp, "stopping" of some kind is of course essential. But with or without this procedure, you will generally (at least that is my experience) earn the thanks of your patient if you give him *Kreasote* in the 12th dilution to take frequently until he is relieved, and then continue it twice a day or so as a prophylactic. Jahr speaks as highly of *Chamomilla* 30, by a single dose of which (he says) he has removed the toothache of a number of persons, the tooth subsequently decaying without a return of the pain.

Next, there is the burning, throbbing misery of inflammation of the dental pulp. Here, I think, you will find *Belladonna* specific; and this also has served me best in the medium and higher dilutions.

Thirdly, there is a "rheumatic" toothache, apparently situated in the periosteum of the jaws, but produced by cold, and without tendency to gumboil. This is what is commonly called "face-ache." *Pulsatilla* is the remedy most frequently effectual here; but Bryonia, Mercurius, or Chamomilla may be required, and I am myself rather partial to Rhododendron.

Lastly, toothache may be neuralgic. To give im-

mediate relief, try Chamomilla where the patient's nerves seem unable to endure the pain, *Coffea* where there is much temporary relief from the application of cold, Aconite (not too low) where neither of these special indications is present. But rely on anti-neuralgic treatment, as described in the section on that disease, for permanent cure.

An excellent Toothache Repertory is given by Jahr, to which you will do well to refer for more minute symptomatic indications.

By the familiar name of

Gumboil, I understand an inflammation of the alveolar and neighbouring periosteum, tending speedily to abscess. It is generally, if not always, caused by the irritation of a tooth so far gone from its original righteousness as to be incapable of restoration ; and hence the remedy must be extraction of the offender. But when the inflammation is actually set up, and yet taken early, I think I can promise you that you may cut it short by repeated doses of the first dilution of Aconite and Belladonna. In circumstances, moreover, where from any cause extraction is undesirable, *Phosphorus* seems to exert a marked effect in subduing the irritation, and preventing the recurrence of the abscesses.

The *salivary glands* are so closely connected with the mouth that their morbid conditions must fall to be considered here.

Inflammation of the parotid gland may occur in connection with typhus, scarlatina, or other acute infections. I have mentioned its treatment when speaking of the two diseases named. But it is best

known as the primary and principal feature of the curious epidemic and contagious affection we call

Mumps.—It is possible that patients affected with this malady would get well as rapidly without as with any medicine. Nevertheless, I think that they suffer less if they are kept on *Mercurius* throughout, with Aconite if they be feverish. In the so-called metastasis to the testicles or mammæ, *Pulsatilla* is of decided benefit.

Salivation, when occurring as part of the mercurial sore-mouth, now (happily) rarely met with, will demand such antidotes to the metal as *Iodium* and *Nitric acid* rather than the chlorate of potash. In idiopathic salivation these medicines, and *Mercurius* itself, are obviously indicated; and have been known to cure. Hartmann and Jahr speak highly of Dulcamara in cases where the affection seems to have been caused by cold; and Jousset gives indications for Pulsatilla, Euphorbium, and Sulphur. The alkaloids pilocarpia and muscaria are found to be such powerful sialogogues that they ought to be useful in some forms of ptyalism: perhaps, as they act through the nerves regulating the secretion, they may help us when the affection is sympathetic, as in pregnancy. Dr. Jousset says that he already owes several successes in salivation to the former drug.

Ranula must be mentioned here, though it is doubtful whether the forms of it which have been found curable by medicine are connected with Wharton's duct. A swelling having all the characters of ranula may arise from dilatation of a mucous follicle or bursa. But however this may be, Jahr

and Kafka speak of success with *Mercurius*, and the latter of similar results from *Calcarea;* while Dr. Gibbs Blake reports a case cured by *Thuja*, and refers to four others.*

Angina Ludovici is the inflammation, threatening abscess and gangrene, of the cellular tissue investing the salivary glands which was first described by the physician after whom it is named. Bähr describes it as "parotitis maligna." The only homœopathic experience with it known to me as on record is that of Schweickert, who found the ordinary remedies useless in his first case, but cured the next three with Anthracine, a preparation made from the pus of malignant pustule. I have myself seen one case, occurring in connection with syphilitic angina; it made a good recovery under Bryonia and Hepar sulphuris.

The next division of the alimentary canal is the *throat.* This is indeed a pathological, rather than an anatomical or physiological entity, comprising as it does parts so diverse from one another and so blended with their neighbours as the soft palate with the uvula, the tonsils, and the pharynx. The throat, thus understood, is liable to be involved in erysipelas and variola, and presents special phenomena under the influence of scarlatina and syphilis; it is often also invaded by aphthæ. The treatment of these affections has been or will be discussed under their appropriate heads. I shall here consider catarrhal angina; quinsy and enlargements of the tonsils; and chronic pharyngitis.

* *Monthly Hom. Review*, xiii., 583.

Angina Faucium.—The mucous membrane of the throat is frequently inflamed from the usual causes of catarrh. This is quite a distinct affection from true quinsy (amygdalitis), with which it is often confounded. It shows itself under several forms. The membrane may be highly inflamed, without much swelling. Here *Belladonna* displays those wonderful powers which have given it such repute in throat affections, and which are now being re-discovered in the old school of medicine. You have probably already tested its value; but you may confirm your faith by consulting the authorities collected by Dr. Imbert-Gourbeyre in the fourteenth volume of the *British Journal of Homœopathy*. You will there see, moreover, that it occasionally needs the aid of Aconite, when there is much excitement of the general circulation and elevation of temperature.

The presence of ulcers is no contra-indication to this treatment by Belladonna, with or without Aconite, if they are on an inflamed base and very painful. It is only when the inflammation is of a low grade, with tendency to general ulceration, that *Mercurius* is preferable. For one case in which I see indications for its use, I see twenty in which Belladonna is the true simile; and I do not remember a single one which seemed to call for the routine alternation of the two.

There is yet another form of acute sore-throat. When you examine the fauces, you find general œdema of the sub-mucous cellular tissues covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate. It looks almost as if a

bee had flown in and stung the patient there. I am repeating what I have already said under the head of *Apis* when I tell you that you will find this medicine invaluable here.

Less common forms of sore-throat are the rheumatic, the pultaceous, and the nervous. The first, characterised by much pain and stiffness of the external muscles, calls for *Aconite*, and rarely requires any other medicine. The second, in which whitish patches (often supposed to be diphtheritic) form on the mucous membrane, may require Belladonna or Apis, according to the character of the subjacent inflammation. I have never had to give Mercurius for it, but have sometimes prescribed *Phytolacca* with advantage. For the third, where the pain (generally of an aching character) is out of all proportion to the inflammation present, I cannot speak too highly of *Lachesis*.

Gangrenous or malignant sore-throat I apprehend to be always connected with scarlatina, and I must refer you to my remarks on that malady for suggestions as to its remedies.

Quinsy.—By this popular term, which I employ here in preference to the amygdalitis or cynanche tonsillaris of the nosologies, I mean inflammation of the parenchyma of the tonsils, threatening suppuration. Aconite and Belladonna may be of use here also,—the former when there is much sthenic fever, the latter where the faucial mucous membrane is involved, and there is headache and flushing of the face. *Mercurius* plays a more important part; and I have cited testimonials from Hartmann (not Hahnemann, as it is wrongly printed), Ringer, and

Imbert-Gourbeyre to its merits. It should be given in repeated doses of a low trituration of M. solubilis or dulcis. By this remedy the tendency to the formation of pus may often be averted. But a still more effectual remedy for this purpose is *Baryta carbonica*, in the 6th or 12th attenuation. If you can begin the treatment of quinsy pretty early by this medicine, suppuration need hardly ever follow. If, however, it should seem inevitable, Hepar sulphuris should be substituted.

For chronically

Enlarged Tonsils the medicinal treatment will differ somewhat according as they are the result of repeated attacks of inflammation or of primary hypertrophy. In the former case *Baryta* will still be useful (the carbonate, the muriate, and especially the iodide have been employed); and *Mercurius iodatus* is commended by Dr. Cooper, in a valuable note on the affection which you will find in the *Monthly Homœopathic Review* for 1867. Where a simple hypertrophy is present, scrofula is nearly always the cause; and the anti-strumous remedies should be relied upon for treatment. Of these *Calcarea* is the most important here, and in the form of the phosphate (as recommended by Dr. Cooper) or the iodide (praised by Vehsemeyer) has done great things. Dr. Jousset reports one case cured by Iodine itself (3rd trituration).

It must be acknowledged, however, that the treatment of chronically enlarged tonsils is tedious in the extreme; and the question of the adoption of surgical measures in cases where their presence is doing harm must receive unprejudiced consideration.

Chronic pharyngitis.—By this name I denote the follicular or granular angina of professional, the "clergyman's sore-throat" of popular nomenclature. Some preparation of *Mercurius* has generally been relied upon in homœopathic practice for the treatment of this affection. Cinnabar has cured it; but since Dr. G. W. Cook, in America, and Dr. Black, in England, published their experience with the iodide, Mercury has mostly been given in this form, as you may see from a discussion on the subject at the British Homœopathic Society, initiated by Dr. Edward Blake.* The lower triturations seem most in favour. You will see that Antimonium tartaricum and Kali bichromicum also are commended.

While with medicines such as these you are exerting an alterative effect upon the morbid mucous membrane of the throat, you may do a good deal with intercurrent remedies to relieve the subjective symptoms which are nearly always present. *Lachesis* is the chief of these, as I have mentioned when speaking of it. Another is *Capsicum*, which is very useful when the throat is red and hot, and much dry cough is present.

Where a chronic sore-throat is obviously the expression of an unhealthy state of the general system (gouty, hæmorrhoidal, or herpetic), *Sulphur* is its best remedy; and Belladonna may be given with advantage intercurrently, as recommended by Dr. Jousset. There are also other medicines which occasionally find place in the treatment of chronic morbid conditions of the faucial mucous membrane,

* *Brit. Journ. of Hom.*, xxxii., 287.

among which I may mention Acidum oxalicum, Æsculus, Alumina, Arum, and Ignatia. The indications for each are those mentioned in my *Pharmacodynamics*. Alumina should be especially useful in the "rarefing dry catarrh" described by Wendt.* Dr. Dyce Brown, in an article on "Follicular Pharyngitis" in the *Monthly Homœopathic Review* of last year (1877), gives indications and recommendations regarding Æsculus, Hepar sulphuris, Lachesis, and Kali bichromicum; and in the same number of the journal Mr. Clifton relates a series of recent cases occurring within a few days of one another, in which the first-named medicine proved the specific remedy.

A very few words need be said on the affections of the *œsophagus*. Inflammation of this canal is of very rare occurrence, save from the swallowing of corrosive substances. There is a case of it in Dr. Hale's *New Remedies, sub voce* Gelseminum, and apparently induced by that drug. Phosphorus was here the curative remedy, after Arsenicum had failed. In spasmodic stricture of the œsophagus (appropriately called by Jousset "œsophagismus") Ignatia would be the most obvious medicine; but I have more than once obtained such excellent results from *Naja* as to be inclined to count it the principal remedy for the affection.

* Ziemssen's *Cyclopædia*, vol. vii.

LETTER XXIV.

DISEASES OF THE DIGESTIVE ORGANS.

The Stomach.

I now come to the *stomach.* This much-abused though long-suffering organ so frequently brings patients to us for help, that you will expect me to give you the fullest possible information as to the powers and the remedies of homœopathy in its ailments. I will endeavour to do so to the best of my ability. After much pondering as to the best plan of arranging my materials, I have decided upon the following order. First, I will speak of the treatment of the organic affections of the stomach—inflammation, ulcer, and cancer. Then I will tell you what we can do for its nervous derangements. Last, I will discuss the remedies for the various forms and elements of dyspepsia.

And, first, of

Gastritis.—There is no doubt that acute gastritis, in the strictest sense of the term ("croupous" form of the Germans), is, except as a consequence of irritant poisoning, hardly ever seen. I must agree with Dr. Wilson Fox,* however, that "acute gastric catarrh" is a very common affection. It is usually the result of the introduction of offending substances into the stomach; but sometimes arises from

* In Russell Reynolds' *System of Medicine,* vol. ii.

climatic or even epidemic influences. An account of a number of cases apparently springing from the last-named cause is given by Dr. Yeldham in the sixteenth volume of the *British Journal of Homœopathy.*

Now when gastritis is caused by cold, I must go with Jahr and Hempel in thinking Aconite perfectly appropriate to it; at any rate, as an initial remedy. But when its force is spent, and in all other forms of the disease, there is one medicine, and one only, on which I advise you to rely. The presence of decided symptoms of gastric inflammation should always to your mind indicate *Arsenicum.* Do not give it in too low a potency; the 6th or 12th will, I think, serve you best. Its homœopathicity to the morbid condition present I need not argue. With the aid of suitable diet, and perhaps a cold compress to the epigastrium, you will need no other treatment.

The following case will exhibit its action, and show the powerlessness of Aconite over the local affection. It was contributed by Dr. James Laurie to the tenth volume of the *British Journal of Homœopathy.*

"The next case was that of a man between thirty and forty years of age, of a pale and sickly constitution, and whose body was much emaciated. He stated that he had been suffering for a number of years from a severe stomach-complaint, that he had consulted a number of medical men, and had taken a variety of medicines with little or no benefit. He had just returned from the country, where he had been ordered by his former medical attendant for the benefit of a change of air, but was obliged to return home on account of the acute and severe pain in the stomach. His pulse was 105, full and bounding; tongue

parched, with a broad red stripe in the centre; intense thirst; skin hot; bowels confined; urine scanty. I gave Aconitum, 1st dilution, ten drops to a tumbler of cold water, a tablespoonful every hour and a half; and ordered a dose of Castor oil to relieve the bowels. On calling in the evening the patient was not relieved; pulse 115; fever much higher; and pain very severe. I ordered the Aconitum to be taken every half hour. Next morning I found that he had passed a very restless night. The bowels had acted freely. His pulse was, however, now reduced to 90, and the fever was almost entirely gone, though the pain at the pit of the stomach continued as intense as ever. He stated that he could compare it to nothing but a burning furnace within. I recollected that this was a leading symptom of Arsenic, and put ten drops of the 6th dilution of *Arsenicum* into a wineglassful of water, a teaspoonful to be taken every six hours. The first spoonful gave immediate relief; the patient fell into a profound sleep for four hours; the second dose had a similar effect, and the next day the man was quite well, and required no further attendance. Nor, to the best of my knowledge, had he any return of the complaint which had so long affected him."

I know that indications are given in our books for many other medicines in this affection—as Nux vomica, Bryonia, Pulsatilla, and Ipecacuanha. Pathogenesy also would suggest the possible place of Mercurius corrosivus, Kali bichromicum, and Tartar emetic in its treatment. It is but right that I should mention these; but I repeat that you will seldom, if ever, want any medicine but Arsenicum.

It is almost the same with chronic gastritis, at least in that form of it in which the tongue is clean,

red, and glazed.* Only here, if your patient should not respond quickly to the higher dilutions I have named, you will do well to go down to the third (or even second) decimal. *Mercurius corrosivus* is another important medicine here; it is recommended by Dr. Pemberton Dudley (in the same two attenuations) when distension and soreness of the epigastrium are prominent. *Kali bichromicum* comes in (as I have described) when on the ground of the reddened mucous membrane there is formed (as seen on the tongue) a rough yellowish fur. *Iodium*, also, should be well considered; and proved curative in a case occurring in a child, and accompanied (which is rare) by bulimia.†

No better medicines than these can be given as long as the inflammation is an endogastritis only. But there are cases of some standing in which thickening of the sub-mucous tissues occurs, so that the pylorus becomes narrowed, and dilatation of the stomach results. Dr. Jousset has lately shown that we possess in *Nux vomica* a heroic remedy for this condition, which (owing to the pyloric induration) is sometimes mistaken for scirrhus.‡ If it should be insufficient, I should suggest the trial of *Phosphorus*, whose power of setting up a "chronic indurative gastritis, with thickening," we have seen.

There is another chronic disease of the gastric mucous membrane in which the latter medicine may be of service. It is a degeneration of the peptic

* See two excellent cases in the first (p. 71) and the fourth (p. 255) volumes of the *Brit. Journ. of Hom.*

† See *Annals*, i., 293,

‡ *L'Art Médical*, xli., 241.

glands, which from the hæmorrhages which accompany it, and the marked cachexia it induces, may often be set down as of malignant nature. Such a condition I apprehend to have been present in the case reported by Dr. Bolle as cancer of the stomach, and which you will find related in the twelfth volume of the *British Journal of Homœopathy*. The curative power of Phosphorus in this (at any rate very serious) disease is manifest.

Lastly, there is that chronic gastric *catarrh, par excellence*, where the tongue is much coated, and much thick mucus (not glairy, as with Nux vomica) is formed and vomited. Unfortunately, this condition is frequently symptomatic of organic disease elsewhere, and defies all treatment. The most promising medicine in its treatment is, I think, *Hydrastis.**

I have now to speak of

Ulcer of the Stomach, by which I mean the round, perforating ulcer of Cruveilhier, of non-inflammatory origin.

The almost certain way in which this ulcer heals under rest, unirritating diet, and hot or cold compresses to the epigastrium, makes its medicinal treatment of comparatively little importance. Nevertheless, the cases recorded in our literature seem to show that by Arsenicum, Kali bichromicum, Argentum nitricum, and the sulphate of Atropia, useful help may be rendered;† and these, or other stomach medicines, should be administered in

* See case in *Annals*, iv., 541.

† See *Brit. Journ. of Hom.*, iv., 379; xv., 238; xxiv., 657; *Annals*, v., 411; *Monthly Hom. Review*, xix., 680.

conjunction with the general treatment according to the symptoms present. Pathogenesy bears out Dr. Pope's suggestion, that Arsenic would be most appropriate when the ulcer is at the pyloric, Kali bichromicum when at the cardiac end of the stomach.

A more important question is, whether we can do anything to arrest the tendency of this ulceration to recur. If we can, I think it must be with *Uranium nitricum*. Dr. Edward Blake's experiments with this substance show it to have a specific power of ulcerating the pyloric mucous membrane in animals, and there is no reason why it should not check the tendency to the same morbid process in the human subject. Dr. Drysdale has shown it to be helpful in healing an existing ulcer;* and it would be still more valuable if it were proved to check the formation of fresh ones. Where the tendency to ulcer of the stomach seems connected (as it often is) with a chlorotic condition, *Argentum nitricum* becomes its most suitable remedy.

Again, we must ask what homœopathy can do in the *accidents* of gastric ulcer, hæmorrhage and perforation. The former is rarely prolonged enough to call for any other treatment but that of the ulcer. But if such should be required, the remedies I shall speak of when I come to hæmatemesis—notably Ipecacuanha and Hamamelis—will probably avail. As to perforation, the question is whether we are justified in omitting the usual treatment by opium. "The only favourable recorded terminations to this event," says Dr. Wilson Fox, "are those

* *Brit. Journ. of Hom.*, xxvii., 307.

in which the opiate treatment was pursued." Perforation occurred in two of the cases to which I have referred—Dr. Holland's in the fourth, and Dr. Kafka's in the fifteenth volume of the *British Journal of Homœopathy*. In the former, the patient rallied from the immediate collapse under Arsenicum 30; but the medicine was not continued, the same symptoms returned a few hours afterwards, and she died nineteen hours after she was first attacked. No peritonitis was found *post mortem*. In the second case this inflammation was set up; but was controlled by Belladonna, and the patient recovered. This is sufficient, I think, to justify a fair trial of our ordinary remedies in perforation, according to its consequences; but wider experience is necessary ere we can estimate their comparative usefulness.

Next, of

Cancer of the Stomach.—Can we modify the hopeless prognosis which comes from Old Medicine when she recognises this disease? I have only probabilities to offer you in the affirmative; but, such as they are, they would inspire me with more hope for gastric than for any other form of internal cancer.

Of the two cases recorded in the *British Journal of Homœopathy* as supposed examples of this disease, I have already given reasons for relegating one (Dr. Bolle's) to another category. The second, by Dr. Veith Meyer, may be read in the thirteenth volume. The patient was desperately ill; and her age (45) favoured the carcinomatous interpretation of her symptoms, which embraced nearly every feature of the disease, including an undoubted tu-

mour. She made a complete recovery under Arsenicum and Calcarea, with Belladonna and Chamomilla for subjective symptoms.

I have then to remind you of the testimonies I have collected from Friedreich and Nussbaum in the old school, and Fischer in our own, as to the value of Cundurango, and the case I have mentioned under Hydrastis.* I think all these are sufficient to show that we may undertake the treatment of any supposed gastric cancer with reasonable grounds for hope. Suppose all these cases to have been wrongly diagnosed: they were, nevertheless, instances of cure of a painful and menacing morbid condition, against which ordinary remedial means were unavailing. The patient committed to our care as the victim of scirrhus may not be demonstrably so affected; but for all practical purposes he is so, and a cure will be valued accordingly.

Even where recovery is impossible, homœopathic remedies can often palliate more effectively than the coarse expedients of the old school. Kreasote (I mean in attenuated form) is often very beneficial in vomiting; and medicines selected on the ground of the similarity of the pains they excite to those present in the patient may do better for his ease than morphia.

The neuroses of the stomach may be classed under the general heading of gastrodynia, cardialgia, or

Gastralgia.—It is especially in the treatment of this affection that *Nux vomica* has won its eminent place in the treatment of disorders of the

* See also *Annals*, iv., 542.

stomach.* You will of course look out for the well-known indications for the drug—the occurrence of the symptoms in intellectual workers, and in those addicted to wine and coffee; the co-existence of constipation; and so on. The only one of these to which I attach much importance is that the sufferer shall be tolerably robust and wiry—not a delicate youth or female. I venture to say that in nine-tenths of such patients Nux vomica, in almost any dilution, will cure their gastrodynia. The remainder may require a minute comparison of their symptoms with the Materia Medica, especially with those of Bismuth, Cocculus, Veratrum, and Plumbum. The Hydrocyanic acid which is (or was) so great a favourite in the old school for this affection I also have found very useful where there is a distressing sense of "sinking" complained of, and where the pain is temporarily relieved by food.† I think the symptoms in these cases referable to the solar plexus; and have found other disturbances of this great ganglionic centre amenable to the same medicine.

There is another form of cardialgia, which presents itself in delicate women, and in individuals of the same type in the opposite sex. This assumes the character of hyperæsthesia or neuralgia,—that already described partaking more of spasm. The neuralgic variety—which is by far the most common—is often sympathetic, especially of ovario-uterine disturbance,

* It is interesting to note that the late Dr. Anstie gives the same high place in this disease to Strychnia.

† Dr. V. Meyer says of the Nux cardialgia that it is "only caused by partaking of solid food."

and may then yield to the remedies for the primary disorder. Its own remedies are all taken from the class of metals. Bismuth, Zinc, Argentum, Cuprum, even Manganese, have been used with good results; but my favourite medicine is *Arsenicum*. With this drug, in all dilutions from 3x to 30, I have performed some of the most satisfactory cures I can recall in the subjects of this malady.* The hyperæsthetic variety, in which the stomach immediately resents by pain and vomiting the introduction of food, is usually associated with hysteria, or spinal irritation, or both. Dr. Kafka gives two cases of the kind in which a cure took place under the sulphate of Atropia, in doses of the 180th of a grain.†

There is a general agreement among our therapeutists as to the efficacy of homœopathic treatment in this disorder, and as to the supreme value of Nux vomica and Arsenicum. Jahr adds Ignatia as a useful medicine when the character of the symptoms indicates Nux, but the patient is of the female sex.

I have thought it better to speak of the various forms of dyspepsia in a distinct category. The German writers—whether of the old or the new school—consider them as merely so many symptoms of chronic gastric catarrh. But I must maintain that digestion may become difficult, painful, or otherwise perverted from its norm without any inflammatory action having occurred; and the numerous forms it takes require special study and treatment. In this I am in accordance with Dr. Jousset.

* See *Brit. Journ. of Hom.*, xxxi., 367.

† *Ibid.*, xv., 242.

The difficulty of classifying the disorders of the stomach is especially felt here. The late Dr. Marston, in a very practical series of "Notes of Cases of Indigestion," published in the *Monthly Homœopathic Review* for 1867-8, has adopted the plan of running through the list of medicines of service in dyspepsia, indicating the special place and value of each; and I am not sure but that this method is the best. You would hardly be content with it, however; and I must still keep disease in the fore-front, and hang on my medicines to its several forms. I will speak, then, first of acute indigestion; then of chronic indigestion in general; next, of the special elements of the latter—pain, acidity, heartburn, water-brash, and flatulence—each of which sometimes comes before us for treatment as a substantive malady; and, last, of vomiting, with hæmatemesis as an appendix.

Acute Indigestion may be simply the result of the ingestion of improper food. I hope that here your homœopathic convictions will not be felt as a bar to your resorting to the common-sense remedy of promoting vomiting by the most suitable and least injurious means. Hahnemann, however, has justly pointed out * that this derangement of the stomach is usually of "dynamic" origin, "caused by mental disturbance (grief, terror, anger), a chill, exertion of the body or mind immediately after eating, often after even a moderate meal." Here, he argues, emetics are out of place; while a single dose of the suitable homœopathic remedy will remove the symptoms in a couple of hours. He mentions *Pulsatilla*

* *Organon* (Dudgeon's translation), p. 9.

as most frequently called for, its indications being "constant disgusting eructations with the taste of the undigested food, generally accompanied by depression of spirits, cold hands and feet, &c."

When the quantity or quality of the ingesta themselves has been the sole discoverable exciting cause, Pulsatilla is still useful if the indigestion has arisen from taking fat or other rich food. The prominence of mucous derangement—white tongue, nausea with little vomiting, passive diarrhœa, and absence of much pain—is the symptomatic indication for the drug. When, however, the indigestible substance is such on account either of its bulk, or of its hardness and insolubility, as cheese, white of eggs, and such-like, *Nux vomica* comes into play. Its symptoms are those of violent pain and expulsive action: it is the nervo-muscular apparatus which is here at fault.* *Arsenicum* is recommended by Teste as the specific remedy for the disturbance of the stomach caused by sour fruits and vegetables, and (Jousset adds) ices.

Chronic Dyspepsia generally comes before us as a more or less complex condition; and requires the full resources of diet and hygiene to be brought into play for its aid. But over and above these we have medicines of the utmost value in its treatment. If you have read Dr. Chambers' pleasant volume on "The Indigestions," and have noted his suggestion of the impotence of our remedies in this disease, let me recommend you to weigh especially Dr. Marston's cases, which were published in reply. I cannot refer

* "Foreign bodies usually appear to cause pain through exciting spasm of the muscular coats" (Wilson Fox, *loc. cit.*).

you, moreover, to a better account of the place and action of our chief anti-dyspeptic remedies, though some valuable additions are made by Dr. Jousset, in the forty-first volume of *L'Art Médical* (p. 251), and by Mr. Clifton in the seventeenth volume of the *Monthly Homœopathic Review* (p. 150). I will sketch them in outline here.

Of *Nux vomica* I have spoken fully when lecturing on that drug. To the symptoms there mentioned as indicating it, I would add craving for food with speedy satiety; and among the subjects of its influence would include those who take alcohol largely. In the "pituitous dyspepsia," with vomiting of glairy mucus, to which these persons are subject, Nux is an excellent remedy. When the symptoms are those of slow digestion (bradydyspepsia), Dr. Jousset recommends its alternation with Graphites, the one before, the other after a meal.

Pulsatilla expends its influence upon the mucous membrane. The mucus is increased; hence slow digestion, fermentation of the food, acidity, heartburn, foul eructations, bad taste, and nausea. Rich and fat foods are instinctively avoided. The bowels tend to looseness. It is the dyspepsia of persons of soft fibre and feeble circulation. Other symptomatic indications may be found in my *Pharmacodynamics*.

Bryonia is less frequently indicated than either of the two great remedies now described. Its indigestion is more directly the consequence of an unsuitable diet than of constitutional derangement. I have already, when lecturing upon this drug, cited Trinks' graphic description of the cases to which it

is suitable. With this Dr. Marston's experience fully coincides. The sense of *pressure* after food, even as if a heavy stone lay in the stomach, bitter taste and vomiting, and the tenderness of the epigastrium to touch and on movement, especially when making a false step, with water-brash and constipation,—are characteristic symptoms for Bryonia. I think Dr. Marston has made a very happy suggestion when he points to the muscular coat of the stomach as the part mainly at fault in these cases. The liver is probably also involved.

Lycopodium, though not mentioned by Dr. Marston, I regard as far superior to any other of the medicines he has used, save only these three. It is in the thoroughly atonic dyspepsia of weakly subjects, where the digestion is delayed through deficient glandular secretion and muscular energy; where there is so little nervous force to spare for digestion that during its process an irresistible drowsiness comes on, and the sleeper wakes exhausted; and where from like causes flatulence collects in abundance, and the bowels are utterly torpid, that Lycopodium displays its powers. Farinaceous food is especially ill borne. I have related in my *Pharmacodynamics* a typical case illustrating the action of this medicine. A copious deposit of lithates in the urine is another indication for its choice; as also is a sense of repletion after taking but a few mouthfuls.

Carbo vegetabilis is often a capital medicine for the chronic dyspepsia of old people. Much flatulence, acidity, and heart-burn are usually present, and often frontal headache and giddiness, but rarely constipation.

Sulphur and *Calcarea* are said by Dr. Marston to be often required in obstinate cases and in dyscratic subjects. The former helps forward the action of Nux; the latter that of Pulsatilla. Sulphur is especially suitable to the bilious and sanguine temperament, and where there is a tendency to constipation and hæmorrhoids, and to retarded and scanty catamenia. Calcarea suits children, females, and persons of phlegmatic temperament or scrofulous diathesis; and is indicated by the presence of acidity, and the tendency to looseness of bowels and to menorrhagia.

These are all the medicines I need speak of for chronic dyspepsia; though Mr. Clifton gives indications for Chelidonium, Hydrastis, and Sepia, and Dr. Jousset for China. I believe that a thorough knowledge of their distinctive action will enable you to dispense with all others; and I hope you will do as well as Dr. Marston, who cured even his dispensary patients in the proportion of 77 per cent.

And now as to the treatment of the different elements of indigestion which I have enumerated.

Pain after food may signify either organic disease of the stomach,—inflammation, ulcer, or cancer; or one of its neuroses—the spasmodic, neuralgic, or hyperæsthetic forms of gastrodynia. The treatment of these I have already discussed. But there is another not unfrequent variety, in which the pain comes on directly the food is swallowed and continues during the whole process of digestion, but is unattended with vomiting, which I cannot refer to any of these morbid states. In some of these cases the patient's history and general condition have dis-

closed a rheumatic tendency, which may easily be conceived of as affecting the muscular coat of the stomach. Here I have found *Bryonia* of much service. In others the same muscular coat seems affected with debility, so that its contractions are attended with pain and soreness. Here, besides the obvious tonic measures, *Arnica* may be given with decided advantage.

Acidity.—Dr. Chambers has very forcibly pointed out how this trouble may arise from deficient vitality of the stomach, allowing the saccharine and fatty elements of the food to undergo acid fermentation. But I think he is led away by his theory when he rejects the possibility of hyper-secretion of gastric juice, as if it were an excess of vitality, which is impossible. One of his own school, the late Dr. Inman, has taken much pains to prove that excessive secretion always implies a depressed condition of the secernent organ or of the general system. And I cannot but think, with Dr. Wilson Fox, that acidity —as with an empty stomach—often depends on hyper-secretion. It is a symptom not easy to remove. Something may be done by careful dieting; something by giving lemon-juice, as Dr. Kidd advises in his capital paper on this agent,* two hours after meals. On the whole, I find *Calcarea* the most useful medicine. Phosphorus, Kali carbonicum, and Sulphuric acid also are recommended, the last by Hahnemann himself. I need hardly tell you that the favourite alkaline palliatives of the old school are quite inadmissible, except as a very rare temporary expedient.

* See *Brit. Journ. of Hom.*, xxi., 37.

Heartburn is another troublesome symptom of indigestion;—troublesome to bear, and troublesome to cure. When obviously connected with acidity, the treatment of that affection may be all that is required. Where no symptoms of excess of acid are present, Dr. Chambers suggests that heartburn arises from hyperæsthesia of the gastric nerves. It would then be felt soon after a meal, and not, as in the other form, three or four hours later. The medicines from which I have derived most benefit in this affection are *Pulsatilla* and *Capsicum*,—the latter at the time of suffering, the former taken regularly. Dr. Drury recommends Ammonium carbonicum.

Water-brash is much more under control, but is proportionately rarely met with. I have seldom failed to remove it pretty rapidly with *Lycopodium;* and, where this has not hit the mark, *Nux vomica* has succeeded. Bryonia, too, has water-brash so well marked in its pathogenesis (including the contractive pain at the lower end of the œsophagus so often felt in connection with it), that it must not be forgotten. I think that the "water-brash" of sour or foul-tasting fluid mentioned by Dr. Marston as curable by Pulsatilla is an eructation from the stomach rather than true water-brash. Dr. Bayes recommends Veratrum in cases where there is much pain after food, with coldness of hands and feet.

Flatulence, like acidity, may result from disengagement of gas from decomposing food, and so yield to the treatment called for by the primary disorder. It may also arise from a bad habit of swallowing much air with the food. But I cannot help

thinking, with Dr. Inman, that the intestine has a property, when in a weakened state, of forming gaseous accumulations. Whence, otherwise, the tympanites of peritoneal inflammation, where there is nothing but the paralysed state of the muscular fibre to account for it?

We have two excellent medicines for this trouble, *Carbo vegetabilis* and *Lycopodium*. Both are suited to the general and intestinal adynamia usually present where excessive flatulence is complained of. The former I think preferable where the stomach and small intestines are the seat of distension, which often keeps the patient awake at night (as observed by Drs. Chambers and Bayes): the bowels are natural, or tend to diarrhœa. The flatulence calling for Lycopodium seems to be situated in the colon, and is nearly always accompanied by constipation. Dr. Bayes adds that it is incarcerated; while for flatulence frequently breaking up through the œsophagus he recommends *Argentum nitricum*, an experience I have often confirmed. Carbolic acid and Nux moschata are also to be considered.

The last of the diseases of the stomach of which I shall speak is

Vomiting.—I need not tell you that this is a very common symptom of organic disease of the stomach, of its neuroses, and of its dyspepsiæ. Nor need I remind you how frequently it is sympathetic of mischief elsewhere,—of disease of brain, ears, heart, lungs, or kidneys, of abdominal tumours, even of the presence of the gravid uterus. In all these cases the main treatment must be addressed to the

primary diseases, of which I have spoken or shall speak in their place. But even in disease elsewhere, especially when chronic, you will often want a medicine for the vomiting itself; and this you will often find in *Kreasote*. We owe the settlement of the distinctive place of this medicine to Dr. Hilbers; and it is no inconsiderable debt. More recently, *Apomorphia* has come to occupy a similar place, as I have mentioned in my *Pharmacodynamics*.

The grand remedy for gastric vomiting is *Ipecacuanha*. You will remember the indications for its use I arrived at when lecturing upon it,—the presence of a moderate mucous irritation causing, by reflex excitation, disproportionate muscular expulsive action in the part. This we constantly have in gastric cases; and wherever in these vomiting is a prominent symptom, you must think of Ipecacuanha.

The vomiting of sea-sickness is not greatly under control of medicine given at the time, though I, in common with others, have derived considerable benefit from *Petroleum*. Apomorphia may find place here.* *Cocculus*, however, has been found so beneficial in checking the tendency to the same kind of sickness which affects some people from riding in a carriage, that it might fairly be tried as a prophylactic against the *mal de mer*.

Hæmatemesis, whether signifying ulcer or cancer, or portal congestion, must be stopped at once. *Ipecacuanha* is very good here also; so is *Hamamelis*. I have generally given the two in rapid alternation; but it would be better practice to administer one or the other singly. Ipecacuanha, as

* See *Monthly Hom. Review*, xx., 766.

of long-established reputation, deserves the preference. When you have checked the hæmorrhage for the time, then you can see about removing the cause. If the hæmorrhage be the result of mechanical injury, you will of course give *Arnica*.

The power our medicines have over hæmorrhage is curious, but it is undoubted. Although quite prepared to use the hæmostatics of the old school in case of need, just as I should put a ligature around a superficial artery which had been wounded, yet I have never had occasion to resort to them. This is a point on which a beginner naturally needs encouragement, and I am glad to be able to give it you.

LETTER XXV.

DISEASES OF THE DIGESTIVE ORGANS.

The Intestines.

I must now pass from the stomach to the *bowels*, and treat of the diseases affecting them, beginning with those of an inflammatory character.

Enteritis.—By this name I mean an inflammation beginning in the intestinal mucous membrane; and either limited thereto, or involving the other coats of the bowel. This gives us one division of the subject, viz.: muco-enteritis and enteritis. Then again the affection takes a special form according to the portion of the tract affected; and so we have to distinguish for treatment duodenitis, typhlitis, and proctitis. I will endeavour to give you some therapeutic hints as to each of these.

1. *Muco-enteritis* has for its two most common forms inflammatory diarrhœa (the acute intestinal catarrh of the German authors) and the "gastric remittent fever" of young children. Both these will be considered in their proper place. I have here to speak only of muco-enteritis as it occurs in adults, usually in a chronic form, generally associated with gastritis, and evidenced by the pathognomonic "beefy" tongue. It is not a hopeful disease. *Arsenicum* will do more for it than anything: then

come *Mercurius corrosivus* and *Oxalic acid.* I think, also, that you will do well to call hydropathy to your aid, in the form of a continual abdominal compress.

2. True *enteritis*, distinguished from muco-enteritis by its severe peritonitis-like pain and its constipation, would be admirably met by *Mercurius corrosivus* or *Colocynth* if in the large intestine. The latter would be preferable to the former if there were much colic, and if the rectum were involved. *Aconite* might advantageously precede or be alternated with either. In true enteritis of the small intestine, however, I cannot indicate a remedy with precision. Podophyllum is the only poison which inflames the mucous membrane of this portion of the tract; and I have no evidence of its action reaching down to the peritoneum. I should trust to Aconite rather than to any other medicine; and Hartmann speaks in strong terms of its sufficiency in all cases of true enteritis. Of intestinal inflammation occurring in connection with hernia, internal strangulation, obstruction, and intus-susception, I shall speak farther on.

3. *Duodenitis* usually comes before us as the basis of a form of dyspepsia, acute or chronic. In the former the catarrhal process is apt to extend along the biliary ducts, and to cause jaundice. Here *Podophyllum* will be found specific. Nor will it fail to help in chronic duodenitis, though I think you will sometimes have to fall back upon *Arsenicum*. *Kali bichromicum*, which acts so specifically upon this part of the intestine, is most valuable in the "duodenal dyspepsia" of authors, where its bitter taste of food,

thickly-coated whitey-brown tongue, and pale stools are present.*

4. *Typhlitis* is the term, more correct than self-luminous, by which we must designate inflammation of the cæcum. There is an acute case of this disease, by Dr. Black, cured by *Lachesis* 6, in the fifth volume of the *British Journal of Homœopathy;* and a chronic case by the same physician, in the ninth volume, cured by *Arsenicum* 3. I think you cannot do better than follow Dr. Black's example should you have the disease to treat—which, by the way, Leube in our latest text-book declares to require the most potent antiphlogistic measures! Of peri-typhlitis, where the surrounding cellular tissue is chiefly involved, we have cases by Drs. Trinks and Ker, in neither of which does the medicinal treatment appear to have effected much. I should follow Bähr in recommending *Mercurius* here.

5. Proctitis, in its acute form, would require *Podophyllum* or *Aloes*—the latter in preference when the tenesmus was great. Chronic proctitis is nearly always associated with ulceration within the rectum;

* It is not my province in these pages to speak of diet; but I must mention here the obvious indication in duodenal disorder of giving the part rest by making the food mainly animal, so that the stomach may deal with it. In a case of this kind occurring in a cobbler (qy.? from the pressure of his last), his (old-school) attendant had kept him for eleven weeks almost entirely upon farinaceous diet. No improvement whatever ensued, and he came to see what homœopathy could do for him. He got *Arsenicum*, 3rd dec., and was ordered an animal diet. The pain subsided in a few days; and the only return he had of it (I kept him under observation for three or four weeks) was after partaking of rabbit-pie, and eating the crust rather freely with the meat.

but, whether with or without this condition, is wonderfully amenable to the influence of *Phosphorus*, as I have mentioned when lecturing upon that medicine. For acute peri-proctitis threatening abscess and fistula, I should recommend Mercurius, as in peri-typhlitis.

Ulceration of the Bowels also requires its medicinal treatment to be modified according to the portion of intestine affected. When occurring in the duodenum, it appears to be of the same non-inflammatory character which we have seen in the round ulcer of the stomach. It is, as you know, especially apt to follow upon burns of the surface. *Kali bichromicum* has been found curative here; and Uranium nitricum must not be forgotten. The former medicine will often do great things for chronic catarrhal ulceration of either small or large intestine, as in some excellent cases communicated by Dr. Hilbers to Dr. Drysdale's article on it in the *Hahnemann Materia Medica*. *Mercurius corrosivus*, however, is no less in place here; and *Sulphur* is in considerable repute. "If there are signs of ulceration in the intestines," writes Bähr, "we have to think in the first place of Sulphur."

In the ileum ulceration constitutes the well-known lesion of typhoid fever; in both ileum and colon obtains to a large extent in phthisis pulmonalis and tabes mesenterica; and in the colon accompanies the dysenteric process. Of all these in their place. I will only add here that, when ulceration is seated in the rectum, you may hope for good results from *Phosphorus*.

Intestinal Cancer.—Of this affection we have,

alas! neither record nor promise holding out any hope of benefit to be obtained from specific medication. We shall at least refrain from aggravating our patient's suffering by purgatives; and if opium in full doses promotes his well-being, as Dr. Habershon's cases seem to show,* we may not refuse him the benefit of it.

Hæmorrhage from the Bowels, when not resulting from ulcer or cancer, or occurring as a portion of purpura, is (I suppose) Nature's rough way of relieving portal congestion. You will of course attend to the cause of the engorgement, which may be hepatic, splenic, pulmonary, or cardiac. But the hæmorrhage itself, whatever be its origin, needs active remedies; and these I think you will find (as in the corresponding affection of the stomach) in *Ipecacuanha* and *Hamamelis.*

Colic (enteralgia or enterodynia) is to the intestine what gastralgia is to the stomach. It is rarely, however (at least to my thinking), neuralgic; but is ordinarily seated in the muscular coat of the bowel, which may be irritated by worms or unsuitable ingesta, over-distended or fretted into spasm by flatulence, or rheumatically affected by cold. Its remedies must be chosen accordingly. For worm-colic *Cina* is excellent. For pains in the bowels induced by indigestible food *Nux vomica* is as useful as in corresponding symptoms in the stomach. Flatulence may cause pain, as I have said, either by over-distending some portion of the intestinal tube, or by inducing spasm. *Belladonna* has been commended here, and

* *On Diseases of the Intestines.*

is said to be especially indicated when the transverse colon is so puffed out as to project like a pad. I have myself, however, more confidence in *Chamomilla*, which in this affection I prefer in the mother-tincture. When colic is distinctly traceable to cold (and under these circumstances it is especially apt to occur during the warm days and cold nights of autumn, as Bähr points out) there is no remedy so effectual as *Colocynth*, though we may follow Hempel in premising a few doses of Aconite.

With such remedies you will rarely fail to relieve the paroxysms of colic. But you will often have to treat cases where the attacks are liable to recur on the least provocation. If it is to variations in diet that the intestines are so morbidly sensitive, a course of Nux vomica will be very helpful; and it does hardly less for habitual "spasms," *i.e.*, flatulent colic. Here, however, Lycopodium reinforces it, as checking the excessive production of wind. For recurring rheumatic colic *Veratrum album* is often curative, as Hahnemann has taught us.*

There is another form of chronic enteralgia which seems to own no such exciting causes, and which we can only consider a neurosis of the abdominal nerves. For this *Plumbum* is, as its pathogenetic effects would suggest, a most excellent remedy. You would not, moreover, pass by this great medicine even in an acute case where its characteristic symptoms of constipation, retracted abdomen, and scanty urine were present.

When lead itself is the cause of colic, *Opium* seems not so much anodyne as specific, for it soon

* *Lesser Writings*, p. 605 (Dudgeon's translation).

gives relief even in the attenuated doses used in our school. Cases illustrative of this statement may be found in the third volume of the *British Journal of Homœopathy* (p. 213), and the fourth volume of the *Annals* (p. 287).* There is of course no reason why warm baths and enemata should not expedite your patient's solacement.

I have said nothing of *Dioscorea* in the treatment of colic, because I really do not know to which of the categories of the affection to refer it. The "bilious colic," for which it was first recommended, would seem to be the pain attending the passage of gall-stones, which is not in question here. However, as the drug caused decided umbilical pain in its provers, it is probable that it will find a place in the treatment of true colic; and it may well be held in reserve for a nonplus. Mr. Clifton thinks that it is flatulent colic which calls for it,† and others describe its pains as recurring at regular intervals, and often associated with similar sufferings in other parts.

I next proceed to speak of the morbid fluxes of the intestines. Of these, cholera has already come before us among General Diseases, and "cholera infantum" will have to be considered among the diseases of children. We shall treat in this place only of diarrhœa and dysentery. And, first, of

Diarrhœa.—I have not to speak now of this malady as it occurs in children, nor of its appearance as a complication of general disorders, as fevers, or

* See also *L'Art Médical*, xliv., 338.

† *Monthly Hom. Review*, xxi., 473.

as a symptom of intestinal disease, as ulceration. I shall confine my remarks to those cases in which diarrhœa, acute or chronic, comes before us for treatment as a substantive ailment.

In suggesting medicines for its various forms, I must guard you against supposing that I mean that these are the only, or even the best remedies you can use. No pathogenetic effect of drugs is more common than purging; and it is probable that every substance in nature which, by specific affinity, and not merely by local irritation, causes diarrhœa, has some corresponding variety of the idiopathic disorder for which it is a remedy better than any other. Indeed, you cannot do better than refresh your memory from time to time as to the characteristics of the action of your former friends, the cathartics, if you would be thoroughly fitted to deal with diarrhœa. But in a work like this such minute detail is impossible. I can only tell you what medicines myself and others have found most useful in the leading forms which the malady presents.

1. Unquestionably the most frequent cause of acute diarrhœa is elevation of the temperature. All through the summer we are being called upon to treat it. In my own experience the history of the malady and of its treatment has been in most years as follows. In June and July there has been a simple increase in the fluidity, frequency, and quantity of the stools, with griping pains more or less severe in the abdomen. The medicine I have found specific for such a diarrhœa has been *China*, in the 1st dilution. Giving a drop or two at once,

and repeating the dose after each relaxed motion, it is rare that more than two or three administrations are requisite. The pain yields almost immediately. Sometimes the stools are more watery, and expelled with more violence, but with less griping; and the whole attack is ushered in by a sudden attack of vomiting. Here *Veratrum* acts even better than China; and may itself be superseded by *Croton* if the stools are very sudden and copious, streaming from the patient as if propelled from a hydrant. As we get into August and September, vomiting and purging go together throughout the attack, and the ejecta are largely admixed with bile. This is the diarrhœa which in its severer forms is known as "cholera nostras." I believe its specific remedy to be the *Iris versicolor*, which I give in drop doses of the 1st dilution every hour or so.

I have been obliged to put my own experience in summer diarrhœa prominently forward, as it is too common a disorder for cases of it to appear in print. So far as I know of the practice of my colleagues, China and Veratrum are with them as with me its leading remedies; and Dr. Lade has published* results similar to those I have myself obtained with Iris in English cholera. As regards authors, more stress seems to be laid on co-existing gastric troubles than my observations in this country would warrant, so that Ipecacuanha and Pulsatilla play a prominent part among the medicines recommended. Dulcamara, moreover, seems highly esteemed when alterations in temperature are the exciting cause.

2. Acute diarrhœa from improper food is of

* See *Monthly Hom. Review*, x., 28.

course but a further manifestation of acute dyspepsia, and requires the same treatment—with Nux vomica, Pulsatilla, or Colocynth (the latter taking the place of Arsenicum) according to the nature of the offending ingesta, and temporary starvation.

3. Diarrhœa from noxious effluvia is probably salutary, and at any rate requires no other treatment than the *Baptisia* you will give to prevent or remove any other results in the system at large.

4. Inflammatory diarrhœa is a kind of intestinal coryza, and is a step in the advance from simple diarrhœa to muco-enteritis and dysentery. Aconite alone is often sufficient to arrest it; but, if necessary, may be reinforced by Bryonia when the weather is dry, Dulcamara if it is damp.

5. Chronic diarrhœa is generally a symptom of some deeper mischief, intestinal or general. But cases do occur which are diarrhœa and nothing more. Of this nature is the "white flux" of the Indian and the "camp diarrhœa" of the European and American soldier,—the result of continued heat on the one hand, of bad diet, exposure, and fœtid exhalations on the other. I cannot say whether improved hygienic conditions are as indispensable as they are desirable for these patients. I can only tell you that we have in China and *Arsenicum* two most valuable medicines for them. China is most suitable where the affection is simple, passive, and painless; Arsenicum where the intestinal alterations seem more deeply seated. A friend of mine in the Peninsular and Oriental Company's service had several opportunities of treating soldiers invalided for chronic diarrhœa with this medicine; and he tells me that one of his

colleagues said to him—"Well; I know nothing of homœopathy, but I certainly believe in Arsenic for chronic diarrhœa." I give China in the first centesimal dilution, Arsenic in the third decimal trituration.

In another form of chronic diarrhœa the persistence of the complaint—probably acute in its origin—seems dependent upon nervous debility. *Phosphorus* and *Phosphoric acid* take the place of Arsenicum and China here, having the same differential indications. Sometimes, when the diarrhœa occurs only early in the morning, it will be well to substitute a medicine having this feature among its characteristics. Such are Sulphur, Podophyllum, Apis, Aloes, Nuphar lutea, and Rumex crispus: the indications for each you will find in my *Pharmacodynamics* under the several medicines.

I have next to speak of

Dysentery.—It seems very doubtful whether true dysentery is ever seen in its acute stage in this country, save under exceptional circumstances, as in the Millbank prison epidemic of 1847. By true dysentery, I mean a specific febrile disease, caused by malarious emanations, and having the same relation to the solitary glands of the large intestine as typhoid fever has to the agminated glands of the small. The nearest approaches to the disease we have in England are 1st. Dysenteric diarrhœa, where a flux primarily fæcal becomes sanguineo-mucous, attended with tormina and tenesmus. 2nd. Muco-enteritis of the colon and rectum. In both these conditions *Mercurius corrosivus* is our great remedy. Hahne-

mann was the first to recommend it, saying (in 1830) "A very small part of a drop of the 15th, better of the 30th, dilution I have found almost specifically curative in the common autumnal dysentery, giving only one dose: the efficacy of homœopathic treatment is here most satisfactorily displayed." It is evident, indeed, that in the corrosive sublimate we have an exact simillimum to all the essential features of an ordinary attack of dysentery; and all subsequent observers have confirmed Hahnemann's estimate of its value, though generally giving it in lower dilutions and more frequent repetitions. If the temperature is much elevated, and the patient is thirsty and restless, you may premise Aconite; but I think it rarely required.

There are some other remedies occasionally useful in such sporadic dysenteries, of which I must make some mention. Mercury itself has always a dysenteric tendency in its diarrhœa, and is preferred by some practitioners (M. solubilis or vivus) for children, and in the less painful and non-sanguineous form ("dysenteria alba") of adults. On the other hand, when the colic is unusually severe Colocynth may sometimes advantageously reinforce or even replace the corrosive sublimate, and the same may be said of Aloes when the tenesmus is very distressing. The latter remedy, however, is more effectual when the tenesmus continues after the inflammatory symptoms have subsided. When the hæmorrhage is considerable, Arnica and Ipecacuanha deserve consideration: the former, moreover, has considerable power over the tormina, and the tenesmus is somewhat under the control of the latter. Capsicum is praised by

Jousset as the principal remedy for dysentery in its stage of full development: I have no other knowledge of it here. If the mischief is from the first confined to the rectum, and prolapsus occur at every stool, Podophyllin may be a better medicine than any; it certainly is so with children. If you see the case only when it is far advanced, and prostration is extreme, Arsenicum must first be prescribed.

Now I see no reason why these remedies—especially Mercurius corrosivus, Arnica, and Arsenic—should not be found effectual also in epidemic and tropical dysentery. There is a lack of experience on record; save that Bähr mentions an epidemic in 1846, where Dr. Elwert, of Hanover, treated nearly 300 patients without a single death, the old-school mortality being from 10 to 20 per cent. He does not specify the remedies used. In America, where dysentery probably stands midway between ours and that of the tropics, they report very satisfactory results from treatment. I hope that ere long some of our East Indian practitioners will tell us what they do in the affection as seen there.

Three special varieties of acute dysentery must be noted here, as requiring their own remedies. In the scorbutic form there is general assent as to the virtues of Rhus (though Arnica must not be forgotten), and in the malignant or typhoid form to those of Arsenic. When the symptoms intermit and return periodically, you must treat the case as if it were one of ague, *i.e.*, with Cedron or Quinine unless the symptoms point definitely to any other medicine.

And now a word about chronic dysentery, which not unfrequently comes before us for treatment,

especially in returned Anglo-Indians. A capital case is reported in the first volume of the *Annals* of the British Homœopathic Society, as treated at the London Homœopathic Hospital by Dr. Hamilton. Mercurius corrosivus, followed up by Nux vomica and ultimately Phosphoric acid, were the curative medicines,—all in medium dilutions. Cod-liver oil was also given,—the emaciation being great; and milk only allowed for food. I would add *Sulphur* and *Nitric acid* to the list of remedies. Of the former Jahr writes:—"If in spite of all treatment various single symptoms remain, such as tenesmus, slimy discharges with or without pain; or if blood reappears in the discharges from time to time, there is no better remedy than Sulphur, which should be resorted to in every case if the disease, after the first violent outbreak is subdued, threatens to run a protracted course." As regards Nitric acid, we have Rokitansky's statement that "the dysenteric process offers the greatest analogy to the corrosion of the mucous membrane produced by a caustic acid;" and in the present instance we have evidence that the action is not local only. Stillé mentions a case fatal on the eighth day after the ingestion of a teaspoonful of strong Nitric acid, in which the usual lesions were found in the mouth, fauces, œsophagus, and stomach, but the small intestine was sound. The colon, nevertheless, was "intensely and deeply ulcerated."

LETTER XXVI.

DISEASES OF THE DIGESTIVE ORGANS.

The Intestines (continued).

From Diarrhœa and its congeners I pass to the opposite condition of the bowels, and shall begin the present letter by discussing Constipation and some of its offshoots.

The way in which we behave towards constipation, and in regard to the action of the bowels generally, affords one of the most obvious points of difference between the new school and the old. Purgation by various means constitutes at least one half of the ordinary practice of physic; and "aperient medicines" form the staple alike of the apothecary's stock in trade and of the family medicine chest. Conceive, then, the revolution which ensues when Homœopathy is adopted, whether by physician or patient. With fear and trembling at first the treatment of cases is conducted without the customary "unloading of the bowels." But as time goes on we come to see that our patients do all the better without having an artificial diarrhœa added to their other troubles. We find that daily defæcation is by no means an essential of health; that the bowels are a part of the whole organism; that their inaction, if obviously morbid and injurious, is a disease requiring specific treatment, and not an

obstruction to be overcome by temporary expedients. Instead of "clearing out the alimentary canal" with drugs which act like brooms and shovels, we become convinced that Nature is her own scavenger. Remove the morbid condition which hampers the intestinal action, and the bowels will act of themselves. See how it is in acute febrile disorders. The constipation which obtains here is of the same nature as the anorexia on the one hand, and the scanty secretion of urine on the other. You would not dream of whipping up the appetite by bitters, or stimulating the kidneys by diuretics. You know that both the gastric and the renal inaction depend upon the fever, and will depart with it. You have only to apply the same principle to the bowels. If you will just leave them alone, and apply yourself to the fever, they will give you no trouble. Three, ten, fourteen days may pass before they act, but no inconvenience will result; and at last they will be opened as naturally as though they had been so the day before. As it is with fevers, so is it with other diseases, both acute and chronic. The constipation is but one element in the whole morbid condition. It should be taken into account, often into special account. It may guide us to medicines like Sulphur, Nux vomica, and Lycopodium in preference to Calcarea, Pulsatilla, and Carbo. But it would be unscientific to go out of our way to treat it independently,—still more to do so with purgatives. In chronic disease accompanied with constipation the bowels will often begin to act regularly under a medicine having no special relation to the intestines, but which is influencing the whole organism for good.

I am not denying that constipation, both acute and chronic, may come before us as a substantive and primary intestinal disorder. Indeed, it is my object at present to tell you how to treat it when so occurring. Without further preface, then, we will proceed to our subject.

Constipation in its acute form may be said to be present when the bowels become temporarily inactive in consequence of a sudden change from active to sedentary habits, as at the beginning of a sea-voyage, or of the confinement necessitated by a fracture or other accident; also sometimes from change of air, and (in women) from marriage. But this is no disease, generally rights itself, and hardly calls for specific medication. You may give your Nux or Opium if you like; or, if inconvenience is caused, you may let the patient use an enema, or take a seidlitz powder or a dose of castor oil. The temporary trouble is removed by temporary means; and then all will go on as before. But the true disease in which acute constipation occurs as a substantive malady is

Intestinal Obstruction, the ileus or passio iliaca of the old writers. I need not remind you how large an addition to our power of diagnosing this malady has been made by the researches of the late Dr. Brinton. Nor can we do better than follow his guidance in the management of these cases as regards the limitation of the ingesta and the maintenance of rest. We need not, but we are glad to agree with, his injunctions to refrain from purgative medicines. And the use of enemata, of insufflation, of electro-magnetism, and of surgical procedures is

common ground between us; the only difference being that the medicinal remedies we possess make us to a large extent independent of these aids.

For practical purposes, the important diagnosis is between cases of simple obstruction and cases of strangulation, the latter of course including intussusception. That simple obstruction, without special tendency to inflammation, may exist, is I think abundantly evident if we look over any collection of cases of this kind. It has its parallel in incarcerated hernia. If fæcal accumulation can be detected, the explanation is evident; and not less so the indications for treatment. *Opium* is the medicine called for, as sluggishness of the peristaltic action must have preceded the accumulation; and enemata, manipulation, and electro-magnetism are available auxiliaries. Where no such mechanical obstacle exists, I take it that partial spasm or paralysis is at the bottom of these cases. I commend to you here the steady use of *Plumbum*. It has hardly been given with the confidence it merits; but it has played an important part in the treatment of several cases of intestinal obstruction.* As to its perfect homœopathicity I need say nothing.

When the symptoms of obstruction are attended with those of local inflammation, we have to fear intussusception in the child, internal strangulation (more commonly) in the adult. In the former case, the Hippocratic inflation of the intestines with air seems the most reasonable mechanical remedy for the mechanical disturbance; while *Belladonna*,

* See *Brit. Journ. of Hom.*, xvi., 76; xxxi., 376: *Monthly Hom. Review*, ii., 66.

Nux vomica, and *Aconite* may help to correct irregular and excessive peristalsis, and to obviate inflammation. Dr. Morgan's case, in which the two latter remedies proved curative, seems to have been an instance of this form of obstruction in the adult.* If internal strangulation, as by bands, adhesions, &c., external to the intestine, be satisfactorily diagnosed, I can suggest no better medicines, but I could not hope much from their action. If I were myself the sufferer, I do not think I should hesitate to have my abdomen opened with a view to having the strangulation relieved. The chances of recovery from the operation would be materially enhanced by our possession of such remedies as Aconite, Arnica, Belladonna, and Mercurius corrosivus to obviate its evil consequences.

There is pretty general agreement among our therapeutic writers as to the value of the remedies I have mentioned, especially as to Nux vomica and Belladonna. Jousset agrees with me about Plumbum and Opium; but Jahr says that he has never seen any great effect from these medicines, and Bähr denies the homœopathicity of Plumbum because in obstruction of the bowels the abdomen is distended, whereas in lead poisoning it is hard and contracted. Such an objection hardly seems to me to carry weight.

It is obvious that if our medicines can give this help in intestinal obstruction, they should not be less serviceable in

Hernia.—I do not mean that they can cure a

* See *Monthly Hom. Review*, ix., 100.

rupture of any standing; although such an accident in young children, having evident connexion with some constitutional fault, might not unfairly be expected to yield under treatment. Dr. Guernsey says that "the properly selected homœopathic remedy is always sufficient to cure" such cases. Dr. J. F. Baker even goes farther. In some "Lessons from Forty Years' Practice" which he has lately put forth he speaks of having cured in all about twenty cases of hernia in the adult. Lycopodium is his chief medicine against inguinal hernia (especially, he thinks, when occurring on the right side); Nux vomica or Cocculus for the umbilical form.* I was thinking, however, of the accidents of hernia—its incarceration or strangulation. Here it is certain that we may do much with medicines to effect spontaneous reduction, or to turn a previous failure of the taxis into success. In incarceration, *Opium;* in strangulation, *Aconite*, *Belladonna*, and *Nux vomica* have been used with frequent triumphs over the obstruction. Thus, our eminent surgical representative in Berlin, Dr. Mailänder, says:—"Since I have practised homœopathy not a single case of strangulated inguinal hernia has come within my experience, in which spontaneous reduction was not affected within at most four hours when Belladonna 2 and 3, and Nux vomica 3—6, had been administered in frequent alternation." Dr. Baumann confirms from his own experience the value of these remedies, but considers that in *Plumbum* we have yet another remedy which may obviate the necessity

* See *Hahn. Monthly*, July, 1876.

of resort to the knife. He gives two cases of strangulated femoral hernia in which the last medicine proved very effectual.

And now, of

Chronic Constipation.—I have alluded to the frequent occurrence of this condition as one element of the complex morbid states which come before us in practice; and have said that in this case it must only be given its due weight among the other symptoms of the patient. If he improves as a whole under the treatment prescribed, his bowels also will act more easily. But it is hardly credible to old-school practitioners how many patients come to us whose sole or at least central and fundamental malady is constipation itself. The refusal of the bowels to perform their duties spontaneously and naturally is the plague of their lives, and is a source of numerous other troubles. This condition, moreover, can nearly always be traced to the practice of taking aperients whenever the evacuations delay. Nature's work is thus done for her, and a morbid habit set up which at last becomes settled. It would not be easy to estimate the many thousands of persons who—in this country at least—never get an action of the bowels save from purgative medicines. Hence the enormous sale of the patent pills destined to achieve this purpose, and—of late years—of the aperient bitter waters.

Now it cannot be too widely known that Homœopathy has means which, in the great majority of cases, will *cure* this condition, so that the bowels shall resume their normal function henceforth. Of

course every wise physician, whatever his therapeutic creed, will prescribe certain hygienic and regiminal measures adapted to improve the intestinal inaction present. But I can tell you also of some capital medicines for it, out of which you will generally be able to select one which will prove beneficial. These are Sulphur, Hydrastis, Opium, Plumbum, Nux vomica, Lycopodium, Graphites, and Natrum muriaticum.

With *Sulphur* the treatment of chronic constipation may generally be advantageously commenced, if the patient's history is one of bad constitution and frequent ill health; a tendency to piles confirms us in its choice. The bowels will generally improve immediately under its action; but, curiously enough, if it be continued they will almost as certainly relapse into their original condition. This, at least, is my experience. I never persevere with it longer than a week, and then either discontinue all medication, or change to one of the other remedies I shall name. I have always given the 12th dilution.

Hydrastis has, in my hands, been curative of constipation more frequently than any other remedy. It is of most value in constitutions otherwise normal, but whose function of defæcation has been spoiled by the abuse of aperients. The mode of administration I find most effectual is to give a drop of the mother tincture in water once daily before breakfast, and after a week or so gradually to decrease the frequency of the doses.

Opium is of great value in constipation connected with sedentary habits and head work, where there is an absence of the symptoms of which I shall im-

mediately speak as indicating Nux vomica. Its motions are of large size.

Plumbum is invaluable in the more obstinate cases of the kind which indicate Opium, when the lack of intestinal secretion is so great that the stools come away in small, hard balls, and especially when colic and retraction of the abdomen are present. In patients with much rigidity of fibre, Aconite (as Hahnemann himself recommends) may advantageously reinforce Plumbum: you may give one in the morning, the other at night.

Nux vomica is indicated under the same circumstances as those mentioned under Opium, when the patient has the general condition characteristic of the drug, and when—instead of torpor—there is ineffectual urging to stool. The co-existence of dyspepsia and hæmorrhoids are additional indications for this medicine. It often acts well after Sulphur.

Lycopodium is good where much flatulence and other signs of impaired intestinal vitality are present.

Graphites is indicated by large, knotty stools; and by a tendency to cutaneous disorder and (in women) amenorrhœa.

Natrum muriaticum should be given when the patient has the thin, dry state of system and the sallow complexion characteristic of the drug. It will then give every satisfaction.*

Of the remedies last named, Opium and Plumbum seem to have acted well in all potencies, the rest mainly in the higher.

There is a purely rectal constipation—the lower

* See *Annals*, viii., 438, for other indications and examples of its efficacy.

bowel seeming unable to expel its contents—which requires its own special remedies. When it is connected with a congestive condition of the part, as shown in piles, *Collinsonia* is very useful. When it depends on simple paralytic inertia—as from the abuse of enemata—*Veratrum album* and *Alumina* are good medicines.

I am thus led to speak of the morbid states of the lower bowel, so far as they come within the sphere of medicinal treatment. These are hæmorrhoids, fissure, prolapsus, and fistula.

And, first, of

Hæmorrhoids.—Here again it cannot be too widely or too clearly known, that Homœopathy possesses medicines for piles which in the great majority of cases render unnecessary the knife, the ligature, or the application of nitric acid. If it had done nothing else for the art of healing, it might base on this alone its claims to the gratitude of mankind.

I distinguish three conditions under which piles may occur.

1. They may be the expression, in the primary radicles and lowest gravitating point of the abdominal venous system, of impeded circulation higher up. The obstruction may be portal, abdominal, or pelvic. Since all the veins of the intestinal canal pass by the vena portæ through the liver, this latter organ is very often saddled with the main responsibility of piles. I doubt if the reproach is generally merited. There is no disease in which the portal circulation is so obstructed as cirrhosis of the liver; yet this malady is rarely associated with piles. I

incline to think that in most cases of portal obstruction the overloaded veins relieve themselves by diarrhœa and serous effusion, as in cirrhosis, or—more commonly—by intestinal hæmorrhage. I would not deny, however, that the impediment to the circulation of which piles are a symptom does sometimes consist of an engorged liver. In such cases *Podophyllum* or *Hepar sulphuris* will be indicated, the latter especially where clay-coloured stools are present. More frequently, according to my experience, the delay of the venous current is on the hither side of the portal vein. This is the "abdominal plethora" of the old writers, showing itself by weight, fulness, and heat in the bowels, with slow digestion, delayed stools, and scanty and pale urine. The piles accompanying it are of the "blind" character: they bleed little, but are very annoying by their fulness. It is here that *Sulphur* and *Nux vomica* display their great anti-hæmorrhoidal virtues. They seem to act better conjointly (*i.e.* in alternation) than when either is given separately. Pelvic congestion is of course more common in women than in men. For hæmorrhoids thus arising the classical and truly homœopathic remedy is *Aloes*. But it has recently found a rival in one of the indigenous American medicines, the *Collinsonia Canadensis*. Both from the proving of this drug and from its therapeutic reputation it appears that congestive inertia of the lower bowel is the condition to which it is specifically related. In constipation and hæmorrhoids resulting from this cause—as in pregnancy—I myself prefer Collinsonia even to Aloes.

2. The most common of all causes of piles is, I think, constipation. It is rare that hæmorrhoidal sufferings are absent when this condition is of long continuance. These too are of the "blind" variety, and cause more pain than bleeding. The means whereby we remove the primary constipation are often sufficient to cure also the resulting hæmorrhoids; but in many cases the trouble is too inveterate to disappear with its exciting cause. Here, if *Sulphur* has not already been used in the treatment of the constipation, it may be given with benefit, as it has a decided influence upon the rectum. But I have rarely seen Sulphur cure these cases. They find, I believe, their best remedy in the *Æsculus hippocastanum*. Dr. Hale has narrated several cases illustrating the action of this medicine in the article on it in the second edition of his "New Remedies." I cannot resist giving here a case of my own, which I first related in the *British Journal of Homœopathy* in 1865. I give the narrative in the patient's own words.

"I first began to suffer when thirteen years old (being now forty-eight): I fancy from being one of a great number of girls, with small accommodation, hence waiting and costiveness, the bowels only relieved once a week or so. I should say that constipation is hereditary on both sides. For a few years I was constantly taking medicine to relieve the bowels. The pain was nothing particular, and there was but a small protrusion. Matters grew worse from the age of twenty-five to that of thirty-four, when I was attacked with the first dreadful, very dreadful pain. I could not sit, stand, or lie; the only possible position was kneeling. This lasted for many weeks in the

winter; in the summer it was, as always, better. For about two years the pain was bad off and on. I then used leeches, which eased the severe pain; but still it was bad. The next very severe attack was in 1862; it lasted for weeks, and returned again in 1863. The pain was like a knife sawing backwards and forwards, almost a martyrdom for agony. I took Belladonna, Pulsatilla, Aconite, and Mercurius, with no benefit; was recommended some stuff to apply, which relieved a little. Again in 1864 things became very bad, much pain, the bowels always wanting to be relieved."

In the November of that year I was consulted by this lady. I prescribed Æsculus, in the 2nd centesimal dilution, three drops to be taken in a wineglassful of water morning and evening. Her report continues:

"I then took the Æsculus. At the end of one week I was a degree better, after another better still, and so on for a month. At the end of this time I was wonderfully better. The medicine seemed to relieve the bowels, and cause the protrusion to be soft. I left it off for a time, and when the pain returned again at all badly, took the medicine and became relieved. I have taken nearly a bottle (two drachms) since November, on and off. I only take it when I am bad, and cannot sleep for pain. The protrusion always remains. I feel so grateful to you for the advice and relief given me."

I wrote to recommend her to take the medicine regularly. She next reported, "I have now taken the Æsculus as before for another month, and may fairly call myself well. I have no pain, and the protrusion is nothing but a flabby piece of skin."

This was in 1865, and the following, dated Nov., 1868, completes the history.

"I had no return of them till February last, when I had a severe attack. I took Æsculus for a fortnight, and

it did no good. You came to see me, and finding that the bowels were loose instead of confined, told me to take Hamamelis. I did so, and was very soon well again. Since then I have not suffered at all, and have only a few pieces of skin hanging which cause no pain."

I recommend the Æsculus, also, in those cases where a few days' constipation will bring on hæmorrhoidal symptoms often of long duration. Two of such I have given at p. 485 of the same volume of the *Journal*. One of them is worth citing here.

"Mrs. F—, æt. 60, was years ago a martyr to hæmorrhoids. Each attack would last from six to ten months, during which time she could rarely leave the recumbent posture. Since adopting homœopathy, the bowels had acted with much greater regularity, and the hæmorrhoidal attacks had been absent. On May 22nd, 1865, I was called to see her. I found her in bed, suffering intensely from several large piles, which seemed quite to block up the rectum. The bowels had been confined for several days in the preceding week; and on the 20th the old hæmorrhoidal symptoms had supervened, and were increasing in intensity. There was little or no bleeding. She anticipated many weeks of suffering. I gave her a drop of Æsculus 3 every four hours. Next morning there was improvement rather than the reverse. On the 24th she was decidedly better. She said, 'Are you giving me an aperient? the bowels are acting so comfortably.' On the 25th she was well and about the house; and I took my leave."

3. Lastly, hæmorrhoids may be idiopathic. Without portal, abdominal, or pelvic congestion, and without constipation, piles may be present. I be-

lieve this form of hæmorrhoids to be a true varicosis; and it is sometimes associated with the same morbid condition of the veins elsewhere. The hæmorrhoids thus caused bleed very freely; they are the "bleeding piles" of the popular phraseology, and the amount of blood lost at each evacuation is often considerable. We have one grand remedy for them, and that is *Hamamelis*. I have now in my mind at least half-a-dozen cases in which this medicine has proved curative. It would be useless to detail them, as they tell but one story,—hæmorrhage, more or less profuse, occurring with every evacuation for months or years, with other symptoms of piles; and rapid improvement and complete cure under the use of Hamamelis, generally in the 2nd centesimal dilution. I do not remember a case in which it failed.

Dr. Ringer tells us that he gets corresponding results from Hamamelis, in one or two minim doses of the tincture. Dr. Jousset begins one of his *Leçons* with a narrative of a chronic case cured by it, in the third dilution; and goes on to speak fully of piles and their treatment. From his statements here, and in his *Elements de Médécine pratique*, it appears that he considers these excrescences to be manifestations of a general hæmorrhoidal diathesis. To this he would refer, not only the general varicosis of which I have spoken under Hamamelis, but also the abdominal congestions and the constipation which I have suggested as ultimate causes of the appearance of piles. He may well be right; and, indeed, as we study Æsculus, a close resemblance appears between its pathogenetic effects and the

symptoms of the hæmorrhoidal diathesis which Dr. Jousset describes. It too, therefore, and still more Nux and Sulphur, may act as constitutional remedies in the cure of piles.

An interesting paper on hæmorrhoids was contributed to the World's Convention of 1876 by Dr. Minor, of New York, and may be read in its Transactions. His indications for the six leading remedies, which he counts Æsculus, Collinsonia, Aloes, Acid muriaticum, Nux vomica, and Sulphur to be, are very clear and full. He does not attach the same importance to constipation as an indication for Æsculus as I have been led to do; and indeed prefers under such circumstances to give Collinsonia. A sense as of a foreign body in the rectum, with dryness and fulness, indicate these medicines. Aloes takes their place when its characteristic diarrhœa is present, and Muriatic acid when the piles are of large size and very tender. Nux and Sulphur are indicated by the general symptoms of the patient.

I have only to add that when the piles become much inflamed *Aconite* is indispensable; and when they project externally may be applied locally with benefit.

Fissure of the Anus.—This is another local trouble which homœopathy has found means of reaching through the constitution. It has several times been cured without operation by our medicines. There is a case by Hahnemann himself in the seventh volume of the *British Journal* (p. 496), and several by Dr. Perry of Paris and one of the editors in the eighth. In all these *Nitric acid* was the curative remedy, in high dilutions. *Ignatia* also was of ser-

vice. I must add the following case of my own, which seems to have been one of fissure; though, from the patient's delicacy, I forbore an examination.

Miss W—, æt. 40, consulted me Sept. 26th, 1865. She had been suffering for two months with hæmorrhage and pain after stool. The bowels were moved every other morning; the bleeding was considerable, and the pain intense, gradually subsiding afterwards, but not leaving her until evening. She felt much weakened, and was beginning to suffer from neuralgic pain in the face.

Regarding the hæmorrhage as the more important symptom, I prescribed Hamamelis 2, a drop three times a day.

Sept. 30th. The bowels had been twice moved without any bleeding, but the pain was as intense as ever. *Æsculus* 2, a drop three times a day.

Oct. 3rd. The last evacuation was painless, as well as bloodless. Continue.

7th. No pain or bleeding since. The neuralgia troublesome. Arsenicum 6, twice a day.

14th. The neuralgia much better, and no pain after stool, but some return of bleeding. Hamamelis 2, twice daily.

21st. No bleeding since the 16th; much better and stronger. Omit.

I saw this lady again in 1867, and found that she had had no return of her troubles.

Dr. Jousset speaks very highly of a little-known remedy, which he confesses he uses empirically only, *Sedum acre.*

Prolapsus ani is generally cured with little difficulty in children, as I shall have to state here-

after. It is, however, a difficult matter to overcome in adults. There is a case in the fifth volume of the *British Journal* in which *Arnica* in mother tincture seems to have been curative, and I have myself had some good results from it. Ignatia also is recommended.

Fistula in ano you would hardly expect to be reached by internal remedies; and I am not confident that it would be so cured without local applications being employed. But, with the *Calendula* and *Hydrastis* of our own Materia Medica thus applied, we have several cures to report. You may read a case by Dr. Eadon in the ninth volume of the *Monthly Homœopathic Review* (p. 350), in which Calcarea phosphorica, with injections of Calendula and the steam-douche, proved curative; another by Mr. Clifton in the twelfth volume of the same journal (p. 408), Causticum, with Calendula locally, being the remedies; and a third from America in the twenty-sixth volume of the *British Journal* (p. 664), where Nux and Sulphur were given with injections of Hydrastin.

I have now a few words to say about the homœopathic treatment of intestinal parasites, generally known as

Worms.—In recommending specifically acting remedies for the various forms of helminthiasis, I must not be supposed to doubt the parasitic nature of worms, or to adhere to the exploded theory that they are products of the morbid intestine. I make no question but that it is very good practice to expel the tape-worm with oil of male fern and the round

worm with material doses of Santonine, and to exterminate thread-worms by injections of quassia, salt, iron, sulphuric ether, &c. I should have no hesitation in using such measures did I find it necessary. But, explain it how we may, there is no doubt that homœopathic remedies, given in the usual way, have a singular power of abolishing the morbid symptoms produced by worms, and often of effecting their expulsion. Thus, in cases of tape-worm, drop-doses, frequently repeated, of the *Filix mas*, of *Mercurius corrosivus*, of *Stannum*, or of *Cuprum aceticum* will often free the patient entirely from all worm symptoms, even though joints continue to pass away by stool. The same may be said of *Cina* and *Santonine* where lumbrici are present; and here a cure may often be effected by the expulsion of the worms. Ascarides offer more resistance to treatment. Cina and Santonine are good here also;* but my favourite remedy is *Teucrium*, in the 1st decimal dilution. Under its use quantities of worms are usually expelled; and all morbid symptoms disappear. In obstinate cases, I have found the course of medicine recommended by Teste very efficacious; viz. Lycopodium 30 for two days, Veratrum 12 for four days, and Ipecacuanha 6 for a week. I have tried his Stannum and Viola odorata for lumbrici without perceiving any benefit.

I must not leave the intestines without noticing the morbid conditions of the *peritoneum*. And first, of

* See Dr. Hamilton's case in vol. xiii. of the *Brit. Journ. of Hom.*, p. 254.

Peritonitis.—I do not speak here of the acute puerperal, or of the chronic tubercular form of this malady. The former belongs to the disorders incident to pregnancy and its termination: the latter to the diseases of childhood. I have here to speak of simple acute peritonitis, as excited by cold or mechanical injury, or by extension from inflammation of the organs enveloped by the membrane. In diffuse inflammation of the peritoneum excited by cold, *Aconite* is indispensable, and may single-handed accomplish all that is required. More frequently, however, it will have to be followed up by *Bryonia*, as the primary fever relaxes, and effusion threatens. In the rare case of the effusion being plastic, Sulphur is required, as in pleurisy. In the peritonitis lighted up by mechanical injury, as wounds and operations upon the abdomen, Bryonia should be given from the commencement, or—which I think better still—*Mercurius corrosivus*. The tendency to purulent effusion always present in these cases supports the indications for the latter medicine. Whether it would prove sufficient when the inflammation resulted from extravasation of the gastro-intestinal contents is a question. I have not met with such a case, nor do I know of any on record. In the most severe instance I have seen the mischief was set up by mesenteric tubercle; it was the analogue of the intercurrent pleurisy of phthisis. The patient rapidly recovered under Aconite and Mercurius corrosivus.

Peritonitis by extension from the abdominal organs covered by the membrane is of a more circumscribed character. It never requires Aconite. Bryonia is

sometimes useful for it; but a still better remedy is *Colocynth*, which with Dr. Jousset entirely takes the former's place. Colicky pains are of course a special indication for it; but their presence is not essential.

Ascites is never a condition of importance *quà* peritoneum, save in chronic (tubercular) peritonitis, of which I shall speak among the diseases of children. It thus hardly comes before us here. I may, however, refer you to a collection of cases of the disease translated in the nineteenth volume of the *British Journal of Homœopathy*, by which you will see that it has pretty frequently been cured by homœopathic treatment. Of the medicines used, Arsenicum, Apis, Apocynum, and China seem to have been most efficient.

LETTER XXVII.

DISEASES OF THE DIGESTIVE ORGANS.

The Pancreas and Liver.

I have now remaining only the glands subsidiary to the digestive process. Of these the salivary glands have already come under our notice; and in the present letter, after saying a few words upon the pancreas, I shall devote myself to the diseases of the liver.

Of the diseases of the *pancreas*, the only one I can specify is simple inflammation of its substance,

Pancreatitis.—Rademacher has described this disease as occurring in both an acute and a chronic form; and states that its "organ-remedy" is *Iodine*. There is no doubt as to this medicine being homœopathically indicated here, as also are *Mercurius* and *Iris*. I should prefer the two latter in acute, the first in chronic pancreatitis. Bähr has recorded a sub-acute case of some standing, in which, after Iodine had failed, improvement set in under the sulphate of Atropia. Jahr has never seen the idiopathic disease; but mentions one occurring from mercurial poisoning, in which Kali iodatum 12 and Carbo vegetabilis seemed to be curative.

You will remember the possible origination of diarrhœa adiposa in the pancreas, and here Iodine may fairly be expected to prove serviceable. Dr. Horace Dobell's views, moreover, as to the part

played by the pancreas in the development of phthisis are worthy of consideration, and confirm the indications for Iodine in this complaint.

For cancer of the pancreas I have no suggestion to offer.

The diseases of the *liver* constitute a wide field for study, and present many difficulties in the way of classification. I think I shall best present the therapeutics of the subject to you if I consider hepatic maladies under the headings of congestions, inflammations, and degenerations, ending with jaundice and gall-stones.

Hepatic Congestion.—The treatment of this affection will necessarily vary according to the forms under which it presents itself. These are at least three in number.

1. There is the excited state of the liver which shows itself in increased secretion of bile, familiar to those who practise in warm climates, and not unknown to us after a hot summer. I have already spoken of this among the forms of diarrhœa, and indicated *Iris* as its specific remedy. When the "bilious" symptoms are more pronounced, and patient and physician concur in talking of an "overflow of bile" (polycholia of Frerichs), *Podophyllin* is better still. Sometimes, especially if there is much soreness of the head and eyeballs, *Leptandra* is preferable.

2. A more common variety of hepatic congestion is the passive or venous form. The engorgement may be seated either in the hepatic vein, as from valvular disease of the heart; or in the portal vein,

from the habits which induce abdominal plethora. In the former case, the liver can hardly be aided by specific remedies, and the cause must receive our chief attention. In the latter, *Sulphur* is a remedy of great value, supposing that the patient will modify in the right direction his way of life. *Hepar sulphuris* is highly commended here by Dr. Bayes, especially when hæmorrhoids result; and he concurs with Dr. Pope in praising *Lycopodium*, which the latter places next to Sulphur.

Another form of passive hepatic congestion is that which occurs in women in connection with imperfect performance of the uterine functions. *Sepia* is here an excellent remedy when the patient is at the climacteric age, and *Magnesia muriatica* under other circumstances. I must refer you to my *Pharmacodynamics* for the special indications for these medicines, as for those of Lycopodium and Hepar sulphuris.

Yet again, a chronic congestion of the liver of this kind may be met with as a sequel to malarious fever. Dr. Jousset has recorded such a case in one of his *Leçons Cliniques*. It was cured by *Vipera*, which he esteems highly in such conditions.

3. In neither of these forms of congestion is there any tendency to inflammation, save that interstitial hepatitis sometimes supervenes upon the chronic mechanical engorgement incident to cardiac disease. But there is a congestion of the liver which is obviously sub-inflammatory. It is most frequently the result of cold, when *Bryonia* will prove its most efficient remedy. If, however, it be caused by excess of stimulating food or alcohol, *Nux vomica* will be

preferable; and if a fit of anger has provoked it, *Chamomilla* is its standard remedy.

There may be cases requiring Mercurius, Chelidonium, or Sepia; but here more or less jaundice will probably be present, and I shall speak of them when I come to that affection.

Inflammation of the liver is described by Frerichs as circumscribed, tending to suppuration, or diffuse, going on either to softening and atrophy, or to induration. I shall limit the term hepatitis to the first of these, considering the other two under the headings of acute atrophy and cirrhosis respectively.

Hepatitis, in its simple form, is rare in this country. In the only case I have seen, Bryonia and *Mercurius solubilis*, each in the third decimal potency, rapidly removed the symptoms. I see no reason why the same medicines should not prove serviceable in the malady as met with in India and other hot climates. The former would correspond best where the surface (and therefore in perihepatitis), the latter where the parenchyma, was most affected. Dr. Gerson thinks calomel the best mercurial preparation in this disease. Whether we can check suppuration by such treatment, I know not: when once established, I should expect more benefit from *Hepar sulphuris*. But I fear that such cases escape from the domain of Medicine into that of Surgery.

Of abscess of the liver not dependent on inflammation, but occurring in connection with dysentery or pyæmia, we have no experience on record; and I have no medicinal suggestions to make regarding it.

Acute Atrophy of the Liver, as frequently forming (or seeming to form) the pathological basis of the "malignant jaundice" of the old writers, has given rise to some of the most interesting investigations of recent medicine. Is it not remarkable, moreover, that no sooner has it been distinctly recognised than its pathogenetic analogue appears in the shape of *Phosphorus?* The symptoms of acute poisoning by this drug are those of malignant jaundice, and we have Frerichs' own authority for the statement that the pathological state induced is identical with that of the acute atrophy he has so well studied. I have gone much into this subject when lecturing on Phosphorus: at present I have only to mention the medicine as a promising, and indeed the only promising remedy for this disease. Bähr, indeed, suggests Digitalis in the incipient stage; but I can hardly see the grounds of his recommendation.

Cirrhosis of the Liver.—I know of no recorded instance in Homœopathic literature in which this malady has been satisfactorily diagnosed and treated. Dr. Salzer, of Calcutta, communicated a study of its possible remedies to the World's Homœopathic Convention, in which he mentioned some experience of his own with *Phosphorus.* I have stated, when lecturing on this drug, that Wegner had found that while acute poisoning with it caused a diffuse inflammation like that of acute atrophy, its gradual administration set up an interstitial hepatitis, in which the organ was hard, enlarged at first but subsequently atrophied, and then presented a granular appearance. All this is the patho-

logical history of cirrhosis; and we find associated therewith several of the clinical features belonging to the disease as observed in the human subject—icterus, ascites, and such like. Phosphorus is thus a true *simile* to the disease before us; and Dr. Salzer speaks of its "great curative power in this otherwise unmanageable disorder." "When," he says again, "we see that a man, in spite of moderation in diet, has been for months going from bad to worse, and that, after he began to take Phosphorus, he began gradually to rally, we may fairly ascribe the improvement to the curative action of the drug administered. And such is what I have seen, in a few cases."

After Phosphorus, the most promising remedies are *Iodine*, *Aurum*, and *Lycopodium*. For the former we have the suggestion of a case of poisoning cited by Christison, where "the leading symptoms were pain in the region of the liver, loss of appetite, emaciation, quartan fever, diarrhœa, excessive weakness; and after the emaciation was far advanced a hardened liver could be felt. The patient appears to have died of exhaustion." "From this case," he says, "and another of which the appearances after death will be presently noticed, it is not improbable that Iodine possesses the power of inflaming the liver." Aurum is said to have cured hepatic disease with ascites; and its repute in affections of the testes, kidneys, and ovario-uterine organs points to some power over chronic indurations. It would probably act best in cases having a syphilitic origin. Lycopodium is considered by Bähr to be "particularly adapted to the treatment of cirrhosis;" and

Jahr speaks very highly of it in chronic hepatitis "of whatever nature it may be." A case has lately been put on record by Dr. Childs, of Pittsburg,* which was presumably one of cirrhosis, though the only physical description of the liver speaks of its enlargement. The patient, however, had great ascites, for which he was tapped sixteen times in a twelvemonth, yielding altogether 1,020 pints of fluid. He was kept nearly all this time upon Lycopodium, in the 30th and higher attenuations, and after the last operation seemed to have regained his health.

From what I have seen of ascites connected with cirrhosis, I am much in favour of an early resort to paracentesis. We cannot by our specific remedies procure the absorption or evacuation of fluid whose effusion is a mechanical necessity; and its continued presence is a serious hindrance to our endeavours after the control of the disease which causes it.

Besides the remedies I have now mentioned, Bähr would have us consider Sulphur, and Dr. Salzer Hydrocotyle—both from the analogy of their influence elsewhere. It is possible also that Magnesia muriatica, which the old writers praise in "induration of the liver," might find place here.

The degenerations of the liver which are of practical import are the fatty; the amyloid, waxy, or lardaceous; the pigmentary; and the cancerous.

The

Fatty Liver, if its possessor will abstain from following voluntarily the habits practised against

* See *Hahnemannian Monthly*, xii., 334.

their will by Strasburg geese, ought to be improved by a medicine so thoroughly homœopathic as *Phosphorus*; and Dr. Bayes speaks of having derived unequivocal benefit from it. Whether it would avail in cases connected with phthisis or other wasting diseases is more doubtful. It may be mentioned here that Dr. Buchmann speaks of having "completely cured the fatty liver of a scrofulous girl æt. 4, the border of which extended as far as the navel, with accompanying icterus, in six weeks, by three doses of six globules each of Chelidonium, 6 dec."

The

Waxy Liver has been cured, in old-school practice, by nitric acid* and by the chloride of gold, of course in substantial doses. It has lately been maintained that amyloid degeneration, when occurring (as it most frequently does) in connection with free suppuration somewhere in the body, is the consequence of the drain of alkali from the system thereby occasioned. This is against the idea of any chemical virtue being exerted by *Nitric acid*; and suggests that the specific action which it undoubtedly exerts on the liver was called into operation in the instance recorded. The same influence may be claimed for *Aurum*; and either would be appropriate when syphilis was the exciting cause. In cases occurring independently of this taint, and due to chronic bone-disease or suppurations, *Calcarea* and *Silica* would be the most promising remedies.

Pigmentary Degeneration appears to be the process which takes place sooner or later in the enlarged liver left behind by malarious fevers. The

* See *Brit. Journ. of Hom.*, xxi., 672.

power of the *biniodide of Mercury* over this enlargement appears to be so great,* and the quantity of it which can be absorbed from the ointment applied so minute, that we must regard it as homœopathically curative. Dr. Salzer speaks highly of *Argentum nitricum.*

Cancer of the Liver.—Of this dire malady I have nothing to say as to treatment; though I should keep my patient upon Hydrastis, that no stone might be left unturned.

I have now to speak of a condition which, though often symptomatic of the various disorders of the liver, sometimes appears without evident hepatic complication, and at any rate merits separate therapeutic consideration. I mean

Jaundice.—I have gone rather fully into the pathology of this malady, and the medicines which claim homœopathic relationship with it, in an article in the twenty-second volume of the *British Journal of Homœopathy.* Were I rewriting it now, I should only have to follow Dr. Murchison in suggesting that the hæmatic forms of jaundice may sometimes depend upon arrested destruction of bile in the blood; and to add to the drugs which have caused it Chelidonium, Leptandra, and Myrica cerifera, to those which have cured it, Chamomilla, Podophyllum, and Hydrastis. In this place I may sum up the indications for the use of remedies as follows:—

1. Recent jaundice—excluding its presence as a mere feature of hepatic inflammation or congestion (where it is seldom complete), or as a sequel of the

* See *Brit. Journ. of Hom.*, xxvi., 477.

passage of a biliary concretion, in which cases it needs no special treatment—commonly occurs in one of two ways. It may supervene rapidly upon a fright or fit of anger; or it may develope after premonitory symptoms of gastro-duodenal catarrh. In the former case *Chamomilla* is in high repute; and evidence of a direct action exerted by it upon the liver has accumulated of late. Dr. Jousset accounts it, with Nux vomica, the principal remedy in what he calls "ictère essentiel." The second variety seems due to an extension of the catarrhal process along the bile-ducts, causing obstruction and reabsorption of the secretion. *Mercurius* is generally quite sufficient here. Bähr would supplement it when necessary with Nux vomica, and Jahr with China: other physicians have found benefit from Podophyllin, Digitalis, Hydrastis, and Chelidonium. I have several times used the last-named with advantage in cases owning neither a psychical origin nor catarrhal prodromata.

2. Sometimes acute jaundice takes on a malignant character, being accompanied with hæmorrhage and cerebral disturbance, and threatening speedy death. This condition is a regular part of yellow-fever, and may supervene in the course of other toxæmic disorders; it may also be connected with acute atrophy of the liver. Where hypochondriac pain and tenderness indicated the presence of the diffuse inflammation with which the latter malady sets in, I should rely upon *Phosphorus*. When the jaundice originates in the blood, the serpent-poisons—especially *Crotalus*—are indicated, as in yellow-fever itself. Dr. Jousset says that he has known some

cases of cure of malignant jaundice by the mother-tincture of Aconite. There is certainly evidence that this drug, in one case of poisoning (*secundum artem*), has caused jaundice ending in death.

3. Where jaundice comes before us in a chronic form, and there is no evidence of mechanical obstruction to the flow of bile, Phosphorus and *Iodium* should be considered. Two striking cases of cure by the latter medicine have been put on record within the last few years :* it was given in low attenuation.

Of the affections of the gall-bladder I shall speak only of

Gall-stones.—The presence of these calculi is generally first announced by their passage along the biliary duct, and the pain and vomiting thereby occasioned. Several of our ordinary medicines are recommended here in the text-books—as Belladonna, Chamomilla, Colocynth, Digitalis, and Arsenic. My own experience was that of Bähr, that no degree of evident success was to be obtained by such means; and I was in the habit of resorting to the inhalation of chloroform, when Dr. Drury's recommendation led me to try *Calcarea* 30. The effect of this remedy in the next case I had was something marvellous; and it has never failed me since. Drs. Bayes and Dudgeon have also borne testimony to its efficacy. Should it disappoint you in any case, I may mention *Berberis* as possibly playing the same part here as we shall see it doing in the passage of urinary gravel. In a mild attack of the kind I once underwent in my own person, this medicine—pre-

* See *Brit. Journ. of Hom.*, xxii., 357 ; xxxiv., 381.

scribed by my friend Dr. Edward Blake—was of decided service; but on a second occasion Calcarea relieved me much more quickly. Berberis seems to act best in the mother-tincture.

The treatment of the tendency to biliary calculi is mainly dietetic and regiminal. But I may draw your attention to the experience of Dr. Thayer, of Boston, as to the value of *China* in such cases. He states that with this medicine, given in the 6th dilution and at increasing intervals, he has for more than twenty years treated patients subject to the passage of gall-stones, and has never failed to obtain a radical cure. Sometimes, he says, its first effect seems to be to expel the calculi more rapidly; but after this the attacks cease to recur.

These are all the substantive affections of the liver of which I have to treat. But Dr. Murchison has lately thrown fresh light upon this department of pathology by calling our attention to the functional derangements of the organ, and pointing out that in thinking of these we are not to limit our view to the secretion of bile. Besides this office, the liver is an important blood-gland, having much to do both with the formation and with the purification (by destruction) of the vital fluid; so that its functional derangement may lead not merely to alteration in the quantity and quality of the bile, but to various disorders of nutrition and elimination—such as diabetes, lithiasis, and gout, these in their turn inducing many derangements and even diseases of particular organs. These are important consider-

ations in many ways, and have also a strong bearing upon our special subject.

Following the maxim of prescribing upon the totality of the patient's symptoms, both past and present, we should look out for a history of hepatic disorder in cases of the maladies specified, and should be guided in our prescriptions accordingly. When diabetes can be traced to the liver, Dr. Sharp has shown us* the value of *Chamomilla*, which in such cases would take the place of the Uranium or Phosphoric acid we should otherwise prescribe. When "lithæmia" is present by itself, or associated with the symptoms specifically called "gouty," an hepatic origin would suggest *Lycopodium* and *Sepia*, both of which have the congested liver and the loaded urine in their symptomatology.

When functional derangement of the liver simply shows itself by excess or deficiency of bile, *Podophyllum* or *Leptandra* in the former case, and *Mercurius* or *Chelidonium* in the latter will be suitable.

* *Essays in Medicine*, p. 791.

LETTER XXVIII.

DISEASES OF THE RESPIRATORY ORGANS.

The Nose and Larynx.

From the alimentary canal and its associated glands we now pass to another great tract of mucous membrane, and proceed to consider the morbid states of the respiratory organs. The nose, as being the commencement of the true air-passages, will have its diseases treated of in this category; and we shall then go on to those of the larynx and trachea, the bronchial tubes, the lungs, and the pleura. I shall not, however, as in the alimentary canal, consider each region separately; as so many respiratory affections—*e. g.*, influenza, hay-fever, broncho- and pleuro-pneumonia—involve more than one of these.

Rhinitis.—The nose, like the eyelids and the ears, may be inflamed without as well as within; and the inflammation in the former case partakes of the character of erysipelas. When acute, *Belladonna* with or without Aconite will be necessary. But I have generally seen rhinitis as a sub-acute and tardy inflammation, which has found its effectual remedy in *Sulphur*. Aurum also is homœopathic, and might help in case of need.

Internal nasal inflammation is nasal catarrh, or

Coryza.—This is one of the minor but daily ills of humanity, for whose treatment the blunderbuss

of ordinary medicine is worse than useless, but which the Homœopathic arms of precision often enable us to strike and conquer. It is everything to attack a "cold" while yet it is incipient. Here we have two potent weapons against it, *Camphor* and *Aconite*. The former I think (herein differing from Dr. Hayward*) is more generally useful. A few doses of it rapidly dissipate that chilly feeling which with most persons is the precursor of a cold in the head. Aconite is required in its stead when the chilliness is evidently the first stage of catarrhal fever, and the temperature is already rising. Such a cold is a true catarrhal fever; and Aconite is its remedy throughout. Sometimes, however, especially in old people, the symptoms resemble those of gastric fever, and here *Baptisia* is preferable; while even in younger subjects the fever may be of such a type as to call for *Gelseminum* rather than Aconite.

When once established and localised, the cure of a cold is not an easy matter; but a good deal may be done to relieve its symptoms and to shorten its duration. In the "running cold" or fluent coryza, *Mercurius*, in medium potencies, is the established remedy, and Bähr advises its use unless the discharge is such as to call for Arsenicum; but I have myself a special favour for *Euphrasia*, with which I have arrested many a catarrh of this kind. Jahr goes with me in favouring this remedy. *Arsenicum* and *Kali bichromicum* and *iodatum* are also thoroughly homœopathic, and are sometimes preferentially indicated:—the first when there is prostration like

* *Taking Cold* (the cause of half our diseases); its nature, causes, prevention, and cure. 6th ed., 1877.

that of influenza, and the flux is copious, thin, and acrid; the second when a foul tongue indicates the involvement of the digestive mucous membrane; the third when the nose is red and swollen externally, the discharge being cool and unirritating. For the "stuffy cold" I think (herein again coinciding with Jahr) that *Nux vomica* is specific. Dr. Jousset would have us use this remedy also in the incipient dry stage of fluent coryza; and says that by giving a dose of the third dilution every hour he has often arrested the malady by the end of its first day.

When nasal catarrh has passed into its third stage of thick and bland discharge, and is inclined to linger, *Pulsatilla* is the medicine best calculated to hasten its departure; and may be relied on no less in chronic coryza, of simple character, and without constitutional taint. It will cure even when the flux is so profuse as to deserve the name of rhinorrhœa: I have recorded a case of the kind in the thirty-first volume of the *British Journal of Homœopathy* (p. 370). But it is seldom that a chronic nasal catarrh is of so simple and limited a character. It is generally connected with systemic disorder, and requires careful treatment with remedies of profounder action. That such treatment, however, will repay the pains you may take, I can give you every assurance; and you will find it quite unnecessary to resort to the local astringent and other applications of the ordinary practice, which are always unpleasant and often hurtful.

In undertaking the management of a case of this kind, you may derive great assistance from a little monograph, *On Nasal Catarrh*, by Dr. Lucius

Morse, of Memphis, U.S. He gives a series of clinical illustrations of the disease, showing the action of its various remedies; and then comments on them *seriatim*. He shows that sometimes most good is effected by such constitutional remedies as Alumina, Calcarea, Lycopodium, Sepia, Silica, and Sulphur. Of the more locally acting medicines he has especial confidence in Arsenicum iodatum, Aurum, Graphites, Hydrastis, Kali bichromicum, and Sanguinaria. His indications for each are those which I have given in my *Pharmacodynamics;* but I may briefly summarize them here.

Arsenicum iodatum: delicate, tuberculous subjects; discharge acrid; burning in nose and throat.

Aurum: discharge offensive; bones of nose sore; spirits very depressed. In mercurialized and syphilitic subjects.

Graphites: catarrh extending to Eustachian tubes and middle ear; tendency to eruptions on skin.

Hydrastis: tenacious stringy discharge; constant dropping down of mucus from posterior nares.

Kali bichromicum: yellow or stringy (white) discharge.

Sanguinaria: sensation of stinging and tickling accompanied with irritative swelling of the parts, either with or without free discharge.

Besides the medicines now specified, Jahr mentions Cyclamen as very effectual if the patient sneezes a good deal, and complains of rheumatic pains in the head and ears; and Bähr thinks Iodium especially deserving of attention. I may also refer you to an article on "The Nasal Passages," by Dr. Allen, in the fifth volume of the *American Homœopathic*

Review. I shall have to return to this subject when I come to ozæna.

There are two special forms of nasal catarrh—the one epidemic and (perhaps) specific, the other seasonal and idiosyncratic. These are influenza and hay-fever.

Influenza is generally classed by nosologists (unless they put it among their General Diseases) after bronchitis, because the great epidemics of this malady have been characterised by bronchial as well as nasal catarrh. I do not, however, think bronchial complication of its essence: I take it that we have influenza present when a severe fluent coryza is accompanied by headache, pain in the limbs, and great prostration. If it be so, then I can state that *Arsenicum*—in about the 6th dilution—is the specific remedy; though I not unfrequently give a few alternate doses of *Eupatorium perfoliatum* when the bone pains are distressing. If I am wrong, and this morbid condition is to the true epidemic influenza what English is to Asiatic cholera, then I have nothing to say from experience. But on reading the description of the malady as given by Watson and Parkes I can see no medicine so truly homœopathic to it as this same Arsenicum. Of the bronchitis accompanying influenza I will speak when I come to that complaint itself, only mentioning here that Kali bichromicum and Tartar emetic are its main remedies.

If you should ever find yourself in the midst of an epidemic of influenza, such as visited Europe some forty years ago, you will do well to consult the older

homœopathic writers as to their experience at that time. Jahr simply says that the lameness of the extremities with soreness and sense as if they had been bruised, which characterised the incipiency of the attack, led him to Rhus and Causticum, which rapidly removed such symptoms, and changed the patient's condition to one of simple catarrhal fever, which required only the ordinary remedies. Hartmann (quoted by Bähr) goes more fully into the medicines required; among which I may mention that he found Bryonia effective for the distressing frontal headache of the malady, which may indeed occur in its sporadic form. Bähr and Jousset give indications for remedies which seem theoretical only.

Hay-fever is a very troublesome complaint, as it may well be since its essential cause—in most instances at least—has been recognised to be the presence of pollen in the atmosphere, invading the air-passages.* There is of course another factor in the case, viz.: the special susceptibility of the sufferer, and this we may fairly expect to modify by our drugs. But I confess that I have never succeeded to my satisfaction until I began to use Binz's solution of quinine as a local application. With this, and *Arsenicum* internally, I have had very good results. The medicine just named is that which is most in favour in our school. Among other testimonies I may cite that of Dr. J. E. James, of Philadelphia. He says: "I believe we have its remedy in Arsenicum 2 or 3. It has, in my hands, cured

* See the excellent treatise of our colleague, Mr. Blackley, *Experimental Researches on the cause and nature of Catarrhus Æstivus (hay-fever or hay-asthma)*. 1873.

effectually several cases. * * The first season I gave it about half the time, the second season for about a week, and the third for a day or two; and the catarrh did not recur. These cases were all of long standing when they came under my care."* Dr. Bayes speaks with equal confidence of *Sabadilla*, as I have mentioned when lecturing upon that medicine; and *Ipecacuanha*, from its striking homœopathicity, ought to be of service in some cases, especially where asthmatic symptoms are prominent.

Dr. Jousset regards hay-fever as a manifestation, under the influence of a special irritant, of what he calls "gouty coryza,"—an affection characterised by paroxysms of nasal flux and repeated sneezing, which he has never seen save in gouty and hæmorrhoidal subjects. He finds Kali chloricum 6 very beneficial in its treatment; but says that Arsenic and Nux vomica are preferable in some cases. Dr. Ringer has also noticed this "paroxysmal coryza," praising Arsenic and Iodide of Potassium for it in internal remedies, and Camphor and Iodine by inhalation. I have lately had a case of the kind where the discharge was too thick to indicate any of these remedies, and where—after Pulsatilla and Hydrastis had failed—I was led by the excessive sneezing to give Dr. Bayes' Sabadilla; and the patient got steadily well. He was certainly a *hœmorrhoïdaire*. In another, where the discharge was thin and acrid, a cure seems to have resulted from Arsenicum iodatum: the patient was a boy, and had a tendency to asthma. In neither of these instances was there any special susceptibility to such vegetable emana-

* *Hahnemannian Monthly*, xii., 28.

tions as are encountered in the spring and early summer.

Ozæna is a still more intractable disease. I speak not only of that essential form which Jousset describes as existing without a lesion, characterised only by the execrable odour which proceeds from the patient, and of which he himself (deprived of the sense of smell) alone is unaware. This indeed can only be palliated by deodorizing injections. On the other hand, I do not include under the head of ozæna cases of mere chronic catarrh, with some occasional fœtor about the discharge. To be a true instance of the disease, even in its less obstinate form, fœtor must either be a constant attendant of the habitual flux, or must accompany the formation of the "plugs" which the patient brings down from time to time. Ulceration of the Schneiderian membrane, and sometimes caries of the bones, are the lesions here.

The medicine most in repute for this disease is *Aurum;* and the following case from Dr. Chalmers will show what it can sometimes do.*

"A married lady, suffering from great general debility and loss of appetite, but chiefly complaining of heat and burning pain in the nostrils, with great pain over the frontal sinuses; obscure vision and pain in the eyes, which are much inflamed; there is a profuse discharge of sero-purulent matter, gluing the lids together; she has a copious discharge of yellowish-green pus from the nostrils, of a very fœtid odour, and she soils five or six handkerchiefs daily. All the lining membrane of the nose is red, much swollen, and has many small ulcerated points on it, espe-

* *Monthly Homœopathic Review*, xii., 539.

cially along the septum on both sides; she cannot breathe through the nostrils.

"This state of matters has been going on for several months, during which she has had various local and general applications without relief, and she is now almost sick of existence from the discharge and smell, &c. I gave her Fowler's Arsenic in two drops, twice daily, which was continued through January, with no relief as far as the nose was concerned, but the eyes are much improved as well as the general health.

"Feb. 1st, 1867. Aurum met. 2, gr. 1 morning and evening.

"Feb. 14th. Is now considerably better in health, and the discharge from the eyes and nose is much diminished, especially so that from the former; from the latter there is still abundant fœtid discharge; she eats better, and the pain in the frontal sinuses is removed.

"Continue Aurum, nightly.

"28th. Eyes are quite well, being free of redness or discharge; vision is quite well; discharge from the nose much diminished in quantity and is now pure pus, with little or no fœtor. She has a good appetite, and looks fresh and well, and has no complaint if the nose were but right.

"Continue Aurum every second night.

"March 14th. Still improving, and the discharge from nose almost gone; the redness, swelling, and ulceration quite so, and she now breathes comfortably through the nostrils.

"Aurum every third night.

"31st. She is now quite well, and has had no discharge from nostrils for a week past."

I must refer you to my remarks on Aurum when lecturing upon it for further information as to its place and value here, observing only that it is ob-

viously suitable when the disease originates (as it often does) in syphilis, and where the bones of the nose are involved. Under these circumstances Jahr speaks highly also of *Nitric acid*, especially if much mercury has been taken. Other remedies occasionally curative of ozæna are *Kali bichromicum*, when the discharge is tenacious, *Kali carbonicum*, when it is profuse and thin, and *Hydrastis*—the latter being aided by the local applicate of a solution of the muriate of hydrastia.

Epistaxis is rarely sufficiently severe or obstinate to require medical treatment. The usual domestic expedients generally suffice to arrest it. If, however, you are consulted on account either of the profuseness or the frequent recurrence of the hæmorrhage, you have some excellent remedies for it. If it is the result of a blow, *Arnica* will do all that is required. If it is the local expression of a general hæmorrhagic tendency, you will give *Hamamelis;* if it be (so to speak) an hæmoptysis higher up in the air-passages, *Millefolium* will be most suitable. If it occur in connection with symptoms of cerebral congestion, Belladonna, Nux vomica, or Bryonia will be suitable, as indicated for that condition; and if the circulation be excited, Aconite should be given. Subsequently, recognising in such symptoms evidence of the constitutional condition which in another place leads to bleeding piles, you will treat your patient accordingly—with Sulphur, Hamamelis, or Pulsatilla. Often, however, epistaxis occurs (especially in old people) without any appreciable cause. The best remedy here I find to be *Ferrum phosphoricum*, as recommended by Dr. Cooper (1st

trit.); though Dr. Thayer's Carbo vegetabilis must be borne in mind.

Polypus narium deserves mention here, because it has not unfrequently been cured by the internal administration of homœopathic remedies, especially *Teucrium* and *Calcarea.** The former is most suitable to mucous polypi, the product of chronic catarrh; the latter to true sarcomatous growths. *Phosphorus*, also, has some repute in the treatment of the latter variety, and would be appropriate if it bled readily; and the general relation of *Thuja* to these growths must not be forgotten. The last medicine, and also Teucrium, may often be applied locally with advantage.

From the nose we pass to the larynx.

Laryngitis is not with us the dreaded disease it is under the old system. We do not say, as Aitken does, if inhalation, leeches, and fomentations fail, "tracheotomy ought not to be delayed." I will refer you to some cases in the *Monthly Homœopathic Review* for 1866, by Dr. Meyhoffer, of Nice. You will see that we have some capital medicines in specific relation with the larynx and its inflammatory states. *Aconite* seems indispensable at the commencement, and is sometimes sufficient for the cure. *Spongia, Kali bichromicum, Bromine*, and *Hepar sulphuris* stand next in order of requirement. The first two have most experience in their favour. Hepar is most suitable when the cough has become loose, but hoarseness remains. Should œdema

* See, *inter alia*, *Brit. Journ. of Hom.*, xi., 484; *Monthly Hom. Rev.*, viii., 559.

glottidis supervene, repeated doses of *Apis* would give the best chance of averting tracheotomy.

A more superficial form of laryngitis may be called "laryngeal catarrh." Under this title there is a good article by Dr. Kleinert in the twentieth volume of the *British Journal.* He seems to have had much experience among professional singers, who indeed in all places are found to resort in preference to Homœopathic advice. You will profit much by a perusal of his remarks and cases. *Causticum*, Bromine, and Selenium, with Aconite, in recent cases, and *Carbo vegetabilis* in those more chronic, appear to be his especial remedies. The first and last are those which my own experience leads me to commend.

For chronic laryngitis we have again the advantage of Dr. Meyhoffer's experience in the shape of a series of chapters in his excellent *Chronic Diseases of the Organs of Respiration.* He speaks first of the catarrhal variety, illustrating the effects of Kali bichromicum, Tartar emetic, Kali iodatum, Hepar sulphuris, Manganum aceticum, Carbo vegetabilis, and Phosphorus. The first is indicated by glutinous, the second by copious and easy expectoration; Kali iodatum, Manganum, and Phosphorus where the larynx is dry and irritable; Hepar sulphuris where, while the expectoration is like that of Kali bichromicum, the patient's organism is more unhealthy; and Carbo "in long-standing catarrhs of elderly people, or in persons whose vitality is reduced to the lowest ebb, by insufficient nourishment rather than by disease, with venous capillary dilatation of the pharyngo-laryngeal parts, and prevailing torpor of

all the functions." Dr. Wurmb's experience at the Leopoldstadt Hospital in Vienna is confirmatory of the value of the last-named medicine.* Dr. Meyhoffer adds Causticum and Lachesis, the former to restore power, the latter to diminish irritability. He then speaks of a more obstinate form of chronic laryngitis—the follicular; pointing out that this is generally primary, while the catarrhal variety is usually the sequel of a series of acute attacks. Iodine and its compound with potassium are his chief remedies here; and he finds its local application necessary in most cases if a speedy cure is to result. Where the follicular throat is the manifestation of a morbid condition of the general system, apt to show itself by cutaneous eruptions (the "herpetic" or "dartrous" diathesis of the French), he finds Sulphur of the utmost value—sometimes in the homœopathic attenuations, sometimes in the thermal waters of the Pyrenees. Dr. Meyhoffer next passes to the more profound alterations to which the larynx is liable—hypertrophic laryngitis, inflammation of the vocal cords, and perichondritis laryngea. For all these he deems local treatment indispensable, and homœopathy has little to say to them. It is otherwise, however, with that more serious affection still—tuberculous laryngitis (laryngeal phthisis). Here, although he thinks the conjoined direct and indirect administration of the suitable remedy the best practice, he is satisfied as to the efficacy of the latter even when employed singly. The medicines from which he has derived most benefit are Acidum nitricum, Argentum nitricum, Arsenicum, Iodium, and

* See *Brit. Journ. of Hom.*, xxii., 347.

Seleniate of soda—the first and last suiting more recent cases, the others those of longer standing. Laryngeal syphilis, again, hardly requires local treatment at all. When occurring in connection with secondary symptoms, Mercurius corrosivus and Nitric acid are its remedies—the former when ulcers, the latter when mucous patches and condylomata constitute the lesion. In tertiary syphilis of the larynx he finds Mercurius biniodatus and Iodide of potassium answer every purpose, and does not think it necessary to give large doses of the latter. When the skin is very eruptive, he often gets the best results from Cinnabar—in the third or higher triturations.

I have dwelt thus fully on Dr. Meyhoffer's recommendations because his position (at Nice) has given him unusual opportunities of studying this class of affections, and because of the thoroughly scientific and satisfying character of his communications on the subject. Of our other therapeutists Jousset touches only the tuberculous (or, as he would call it, scrofulous) form; he adds Drosera and Calcarea to the medicines suitable for it, the former when cough is frequent and violent, the latter when ulceration is present. Bähr's indications for remedies, so far as they go, are mainly the same as Dr. Meyhoffer's, though he attaches more value to Manganum. Kafka's only special point is the recommendation of Atropia (in drop doses of the first dilution of the sulphate) when the cough sympathetic of laryngeal ulceration is very distressing.

Besides the laryngeal troubles of childhood, of

which I shall speak in their proper place, I have yet to mention two other morbid states incident to the part, which may or may not be connected with its inflammations. These are œdema glottidis and aphonia.

Œdema glottidis.—I think that the best advice I can give you as to the treatment of this dangerous condition, under whatever circumstances it may occur, is to trust to *Apis*. Since this remedy has cured it even in its most fatal form, viz., that which occurs in children after drinking from the spout of a tea-kettle, it will probably be competent to deal with all other forms of the malady. Should it ever fail you, however, you may (before thinking of surgical measures) consider the claims of *Sanguinaria*, as illustrated by the excellent case of Dr. Thomas Nichol's, which you may read in the second part of the fourth edition of Dr. Hale's *New Remedies*.

Aphonia, when dependent upon substantial changes in the organ of voice, has obviously no therapeutics of its own. When, however, in simple laryngeal catarrh, acute or chronic, the weakness of vocalisation is out of the usual proportion, *Causticum* is nearly always a helpful remedy. For hysterical aphonia I know no medicinal means which can compete with localized galvanism, though Jousset speaks well of Nux moschata, Platina, and Ignatia. Dr. Meyhoffer agrees with me here. In paralytic aphonia which is not of this character, and which is not traceable to compression of the recurrent nerve by tumours or aneurisms, *Phosphorus* would be the most hopeful remedy. Gelseminum

has cured weakness of voice coming on at each menstrual period,* and Antimonium crudum is said to be beneficial when it occurs every time the patient is exposed to heat.

* See Meyhoffer, *loc. cit.*, p. 230.

LETTER XXIX.

DISEASES OF THE RESPIRATORY ORGANS.

The Bronchial Tubes.

I begin my present letter with the subject of

Bronchitis.—A paper on this disease, which I read before the British Homœopathic Society, will be found (with the discussion following it) in the fifth volume of its *Annals*. Of that paper my present remarks will contain the substance, though in a somewhat different arrangement.

I shall speak here of simple acute bronchitis, of capillary bronchitis, of toxæmic bronchitis, and of chronic bronchitis.

1. For simple acute bronchitis in the fairly healthy adult, it is rare that any medicine but *Aconite* is required, if the case be taken in time. It must be remembered, however, that this medicine attacks inflammation through the blood-vessels, and not—like a specific irritant of the part—by influencing the inflamed tissue itself. It is only because in a catarrh like this the tissue is so lightly affected that I believe Aconite capable of breaking up the disease. Should the inflammation have thoroughly established itself, we cannot expect Aconite alone to cure it. But even here it is a most useful auxiliary; and a few introductory or alternating doses

will greatly help the specific irritant of the tissue to effect a cure.

Of the medicines falling under the latter category I shall speak of Bryonia, Kali bichromicum, and Ipecacuanha.

In our domestic treatises, *Bryonia* generally heads the list of bronchitic medicines. I think, however, that too extensive claims are made for it. It unquestionably produces inflammatory irritation of the trachea and largest bronchi, but there is no evidence that its influence goes farther than these. I have argued this point in my paper, and you will see from the discussion that my colleagues share in my dissatisfaction with its action in most cases of bronchitis. Good for the common "cold on the chest" —i.e. where the catarrh invades only the trachea and largest bronchi—it is of little use beyond.

In animals poisoned by *Kali bichromicum* it is noted that the bronchiæ were inflamed as far as their ramifications could be traced; and symptoms of the disease are manifest both in the provers and in chrome-workers. My own experience with it is that in most cases of simple bronchitis, if, after Aconite has expended its action, any other medicine is required to modify the condition of the inflamed tissue, Kali bichromicum will do it. It is also very effectual in the bronchitis of influenza. We have here a general condition which demands, not Aconite and cold water, but Arsenicum and champagne. When the influenzal catarrh runs down into the bronchial tubes, Arsenic will not follow it; and here Kali bichromicum comes in most usefully. There is one symptom often present in these cases, which is

especially characteristic of the remedy now under notice. This is a thickly coated tongue, which, with loathing of food, indicates that the catarrh has involved the alimentary passages.

Every now and then a case will occur whose symptoms remind you of the phenomena which, in susceptible persons, follow the inhalation of *Ipecacuanha*. One such instance I have recorded in my paper. In these attacks—midway between bronchitis and asthma, half neurosis and half phlogosis—the power of Ipecacuanha is very great.

2. Capillary bronchitis, as constituting one of the pulmonary affections of childhood, will come under our notice later on. At present I shall consider it as it occurs in old persons,—the "peripneumonia notha" and "suffocative catarrh" of the older writers. The grand remedy for this dangerous disorder is *Tartar emetic*. Perfectly homœopathic to both the local and the general condition, I have almost invariably relied upon it single-handed, and have seen desperate cases recover under its use. Arsenicum is often recommended; but I cannot see its homœopathicity, and have never used it. The danger in these subjects is from paralysis of the lungs. I would refer you to the remarks I have made in my *Pharmacodynamics* upon *Solania*, the alkaloid of Dulcamara, as suitable to this condition. I have reason to feel much confidence in it.

3. Toxæmic bronchitis is liable to be set up by the specific poisons of measles, of typhus and typhoid fever, and of gout, and by the excess of urea in the blood which obtains in chronic Bright's disease. Of the first I have already spoken, and

shall speak again. The bronchitis of fever generally calls for Bryonia or Tartar emetic. In that which occurs in sufferers from chronic Bright's disease, I would suggest Mercurius corrosivus, which is homœopathic to the primary malady, and in a case of poisoning by which, recorded by Dr. A. Taylor, the bronchial mucous membrane was found inflamed throughout its course. The connection of bronchitis with gout has lately been insisted upon by Dr. Headlam Greenhow. If the disease proved obstinate in a patient owning this diathesis, I should be disposed to give him the benefit of the as yet mysterious powers of Colchicum.

4. Chronic bronchitis presents itself under such various forms, that it is well-nigh impossible to lay down any general laws for its management. Each case requires to be studied as an individual, and to be treated on its own merits. But I will make an attempt to classify its leading varieties, and to suggest their most suitable treatment. I will base my classification on the pathological character of the expectoration,—viz., whether it is mucous, purulent, or fibrinous.

a. In chronic bronchitis with mucous expectoration, the choice generally lies between two great medicines,—the determining symptom being the consistence of the mucus. If it come up in lumps, be easy to detach and expel, or difficult only because of the muscular debility present, *Tartar emetic* is usually the remedy. But where the sputa are difficult and tenacious, and come up in long strings of opaque white mucus, the preference should be given to *Kali bichromicum.* This indication

for the latter medicine, which has been verified over and over again, we owe to Dr. Drysdale.

b. Chronic bronchitis with puriform expectoration is a very serious matter. In cases of moderate severity I have seen *Mercurius* in the medium dilutions of great service. Probably *Silica*, which Teste commends highly in chronic bronchitis, may find its place here. China will at all events be useful in sustaining the constitution.

c. If you meet with the rare form of chronic bronchitis, in which semi-membranous expectoration (bronchial polypi) occurs, Dr. Curie's experiments would point to *Bryonia* as its most homœopathic remedy, though Kali bichromicum is hardly less so.

In all forms of bronchitis, but especially in the influenzal and the senile varieties, the cough is sometimes violent quite out of proportion to the local affection. We have here to call in the help of the neurotic drugs, the chief of which are *Senega*, *Hyoscyamus*, and *Conium*. Hyoscyamus is generally a capital medicine for such a cough occurring in influenza,—the characteristic indication being aggravation on lying down. In old persons, where the cough is harassing, I have much confidence in Senega. These neurotics may be given at the same time with the more strictly curative remedies, either in alternate doses, or (which I think better) the one by day and the other by night.

Sometimes, both in acute and chronic bronchitis, we have to depend upon the neurotic in preference to the tissue-irritant medicines. I have already spoken of Ipecacuanha in the acute disease; and not

uncommonly in chronic "winter cough" you will find no medicine so efficacious as *Nitric acid.* This remedy, so long a favourite with me, has found still further employment in my hands since Dr. Dyce Brown's communication on the subject; and I owe to it many most gratifying successes.

So far I have been doing little more than epitomizing a paper of the date of 1866, which itself was almost limited to the results of my own experience. I have been content to do so, as all subsequent observation on my part has confirmed the rules of conduct I there proposed. But I must say a few words upon the treatment recommended by our therapeutic writers.

Jousset and Jahr agree with me in urging us to commence our medication with Aconite; and although Bähr gives the preference to Belladonna, his reasons seem to me mainly theoretical. There may well be cases, however, in which its substitution would be appropriate. In the treatment of the more advanced stage Mercurius occupies with Bähr and Jahr the place I have given to Kali bichromicum. In capillary bronchitis Jousset speaks in high terms of the value of Ipecacuanha and Bryonia, given alternately, each in the 12th dilution, to arrest the malady in its early stage. Later on, he advises Arsenicum, Carbo vegetabilis, and Tartar emetic,—Jahr also commending the two former, and Bähr the third-named, with Veratrum album. You will bear these suggestions in mind in case of need, or as alternatives to the remedies I have myself put forward.

For the treatment of chronic bonchitis we have

again the benefit of the experience of Dr. Meyhoffer, who has devoted to this disease the second half of his first volume. He makes three divisions of my first variety of the disease, viz.: that with mucous expectoration. The first is the "catarrh sec" of Laennec: it is situated chiefly in the smaller bronchial tubes, and from its locality and the tenacious character of its sputa causes violent and prolonged coughing, producing venous engorgement of the face, and not uncommonly emphysema pulmonum. When more acute bronchial irritation supervenes, the dyspnœa is such as to give the condition the name "asthma humidum." For this he recommends Aconite and Bryonia at the outset, followed up later by Iodine or Sulphur according to the patient's constitution, or by Arsenicum if emphysema is present. In attacks of "humid asthma," he has obtained great benefit from Cannabis Indica, in the 1st decimal dilution. Dr. von Grauvogl has some interesting remarks upon this condition, which he describes as occurring in a chronic form,—the physical signs simulating the presence of much mucus in the chest, which however post-mortem examination proves to be absent. He tested in a case of this kind the validity of the ancient doctrine of "signatures," by giving a first centesimal trituration of dried fox's lung; and with brilliant success.* A preparation of this kind is now sold by homœopathic chemists as "pulmo vulpis." This is the form of the malady for which I have mentioned Kali bichromicum as most suitable, and I think that Dr. Meyhoffer has rather underrated its

* *Text-book of Homœopathy*, i., 170.

efficacy here. My second form he classes as "bronchorrhœa," including under that term the cases in which the bronchial secretion is purulent. For this, besides my Tartar emetic and Silica, he praises Lycopodium very highly, and, when the disease occurs in delicate leuco-phlegmatic children, Calcarea. He then describes a third form, in which the expectoration is sero-mucous, viscid, stringy, and transparent—coming up (often in large quantities) after long and violent paroxysms of coughing. The mucous membrane seems here little altered. He names as remedies for it Carbo vegetabilis, Lycopodium, Silica, and Sulphur: I should add Arsenicum. My "plastic" variety does not appear to have come under his notice.

Besides these more definite species of bronchitis, Dr. Meyhoffer calls attention to its frequent occurrence in connection with disease of other organs (as of the heart) and with general constitutional disorder, as lithiasis, rheumatism, gout, herpetism, scrofula, rachitis, and senile or anæmic debility. His recommendations as to the treatment of these conditions, and illustrations of the same by clinical cases, are full of instruction. There is no book, moreover, in which so much information is given as to the mineral baths and waters appropriate to the patients under consideration.

Of our other therapeutists, Bähr has given a separate and well-wrought section to chronic bronchitis, which he divides much as I have done. In his indications for remedies he mostly agrees with Dr. Meyhoffer, adding Spongia to those for the "catarrh sec," and speaking in warm praise of Silica (in the

higher *triturations*) for bronchorrhœa with tendency to suppuration, as seen in stone-cutters and others who inhale an irritating atmosphere. Jousset and Jahr give us no special assistance.

Under the name of

Bronchiectasis I propose to speak of those cases of chronic bronchorrhœa in which dilatation of the bronchial tubes may be presumed to be present. The most obvious sign of this lesion is fœtor of the expectoration. Dr. Meyhoffer makes a special class of this "putrid bronchitis," and speaks well of Sulphur, Calcarea, and Stannum in its treatment. I suppose that pathologically this dilatation is the same lesion as emphysema, only seated in the air-tubes instead of the air-cells. I have only seen one case of it: it ended fatally in gangrene. I must agree with Bähr that the only prospect of benefit is from treatment of the co-existing catarrh, which may best be carried out by the remedies mentioned above, with, possibly, the aid of deodorizing inhalations.

Emphysema pulmonum.—There seems no doubt that emphysema, of the common lobular variety, and with a history of gradual invasion, whatever be its exciting cause, has for its basis a primary degeneration of the pulmonary vesicles, constitutional and hereditary, often appearing to be a manifestation of gout. If we only knew further what was the nature of the degeneration,—whether fatty, fibroid, and so on,—we might find specific remedies for it, and so at least prevent the further yielding

of the cell walls. The hypothesis of fatty degeneration is supported by Rainey, Williams, and Chambers; but Dr. Waters' more systematic investigations do not sustain it. It is a pity; for in that case Phosphorus would have bid fair to help us greatly. But if we are driven back upon simple functional debility of the elastic fibres which conserve the diameter of the air-cells, then morbid anatomy will not help us to the remedy. Symptomatology is equally at fault as regards the permanent dyspnœa; but for the occasional pseudo-asthmatic attacks which harass the emphysematous patient, it has given us an excellent remedy in *Lobelia*. A good deal, moreover, can be done towards diminishing the bronchial catarrh which always plays some part in the history of the complaint. For occasional attacks supervening in the course of its progress the symptoms nearly always call for *Tartar emetic*, and in no form of bronchitis is its action more satisfactory. There is, however, in most emphysematous patients a chronic condition of slight bronchorrhœa, with glairy, white-of-egg-like expectoration; for this condition a steady course of *Arsenicum* is most beneficial. When the mucus is more profuse, Carbo vegetabilis may be preferable, as recommended by Bähr.

By such remedies a good deal of help can be given to patients labouring under this otherwise irremediable malady. They can also be aided by removing some of the incidental symptoms which harass them, as by *Lycopodium* when intestinal catarrh with flatulence and constipation is developed, by *Digitalis* and *Phosphorus* when a weak heart

adds to the dyspnœa. For suggestions in this direction I would refer you to an able paper on the disease by Dr. Edward Blake, which you will find in the *Monthly Homœopathic Review* for 1877.

Asthma.—I of course limit this name to the true idiopathic paroxysmal dyspnœa, and do not include under its heading the varieties of difficult breathing which are sometimes miscalled "asthmatic." Yet I cannot distinguish it as "spasmodic asthma," for I think it has yet to be proved that spasm is of the essence of the affection. I know few more interesting pieces of pathological reasoning than Dr. Russell's argument that the dyspnœa of asthma is a morbid exaggeration of the normal *besoin de respirer*, and that no real asphyxia is present or imminent. I am referring to his discussion of this disease in the ninth and tenth of his Clinical Lectures. He goes on to study the remedies most suitable to meet it; and if to his remarks you will add the paper of Dr. Blundell in the second volume of the *Annals*, with the discussion following, you will have got the substance of English experience in the treatment of asthma. Jahr will then supply that of the older homœopathists, and Bähr and Jousset that of the modern school in Germany and France respectively.

First, what can we do in the paroxysm? Have we any medicines which give speedy relief? or must we resort to the Stramonium-smoking or inhalation of the fumes of nitre-paper in vogue in the old school? The latter, at least, is harmless enough if it is needed. But very often our remedies act with

great rapidity. If you are called to a patient during an attack, ascertain first whether the exciting cause has been atmospheric, as fog, or cold dry air. If it is so, give him *Aconite*, in repeated doses. If, on the other hand, the stomach seems to have given the provocation, administer *Lobelia* in the same way,—not as an emetic or depressant, but from the second to the sixth dilution. If no exciting cause can be traced, *Ipecacuanha* (mother tincture or first decimal trituration) should be administered when bronchitic symptoms co-exist, *Cuprum* or *Hydrocyanic acid* when the attack seems purely nervous (as when chloroform and other sedatives will at once arrest the paroxysms). If you have reason to think that the curative treatment of the case will have to be conducted by Arsenic, you will do well to try it as a remedy for the paroxysm, in which, as Bähr says, it "sometimes exerts a magical effect." To leave no possible aid unnoticed, I will add that Jousset has had good results from Sambucus θ when the obstruction of breathing was very pronounced.

When by such means you have got your patient through his paroxysm, you will have to consider the best means for obviating the tendency to its recurrence. The chief medicines I shall mention under this head are Nux vomica, Arsenicum, and Sulphur.

Nux vomica is about the best curative medicine we have for simple "spasmodic" asthma, where there is no bronchial lesion, but a standing reflex excitability of the pneumogastric to impressions from without or through the stomach. One of the early cases which made Hahnemann famous was of

this kind; and the Nux was given in material doses. Dr. Kidd, also, states that he considers it our best anti-asthmatic. While giving you confidence in the medicine, his testimony may also suggest the doses in which you should use it.* You may often, indeed, get all the good effects of Nux in this malady from its alkaloid Strychnia.

Arsenicum is placed by both Bähr and Jousset at the head of our remedies for asthma. Symptomatically, it is indicated by the supervention of the attacks towards midnight, by the severity of the patient's sufferings and his distress at the time and prostration afterwards, while the susceptibility to exciting causes is not so marked as in the cases calling for Nux vomica. Dr. Russell esteems it most highly where bronchitic asthma tends to become, or has become, chronic; and furnishes several illustrations of its efficacy. It is also obviously indicated by the co-existence of emphysema or cardiac disease. But Arsenic is not less valuable when asthma presents itself to us as a pure and typical neurosis, hereditary (without the intermediation of gout), and interchangeable with other forms of nervous disorder. The growing favour in which it is held in ordinary therapeutics under such circumstances is

* I can confirm the following remark of Dr. Russell about this drug. "After the paroxysm subsides, it leaves a condition of the digestive organs for which Nux vomica is the great remedy. The tongue is coated with a thick, yellow fur; there is often slight nausea, flatulence, and constipation. Besides, the breathing is seldom quite right; generally there remains a sort of physical memory of the struggle. The patient feels that no liberties must be taken, either of diet or exercise. Out of this secondary state of bondage nothing will liberate so effectually as Nux vomica."

but a reflex of that which it has long enjoyed in the school of Hahnemann.

In a great number of cases of asthma you will discover on enquiry gouty inheritance or proclivity, or some form of cutaneous disease alternating with the dyspnœa ("asthme dartreux" of the French). In these cases (though in the second alternative Arsenic may do well) you will get most satisfactory results from *Sulphur*. You may send your patients to a sulphureous spring, as Dr. Russell recommends; but I think they will often do nearly if not quite as well at home under the usual potencies of the drug, of which here I prefer the lowest.

There is another medicine which must not be ignored in the treatment of asthma, and that is Iodine. The treatment of the disease by Iodide of potassium is growing in favour in the old school, and Bähr calls attention to the frequent occurrence of asthma among the symptoms of slow poisoning by this substance. "In the *Deutschen Klinik* of 1856," he writes, "three cases of Iodine-asthma are recorded, which are of considerable interest: the asthma set in after a protracted use of the drug, whereas an acute intoxication with Iodine never causes asthma." It is possible, therefore, that homœopathy is at work in this piece of therapeutics, in which case it will behove us to avail ourselves thereof.

Lastly, I would direct attention to Aurum as causing a marked dyspnœa which has not yet been studied and utilised.

LETTER XXX.

DISEASES OF THE RESPIRATORY ORGANS.

The Lungs.

Having now finished the consideration of the diseases connected with the bronchial tubes, we come to those of the pulmonary parenchyma, *i. e.*, the air-vesicles themselves. Of these we will first discuss

Pneumonia, by which I mean the true primary inflammation of the lungs—the "croupous pneumonia" of the German pathologists. The treatment of this disease has been one of the great battle-fields of statistics. The orthodox treatment by blood-letting, calomel, and large doses of tartar emetic resulted in a mortality of from 20 to 30 per cent.; and this was long regarded as the normal fatality of the malady. When, therefore, homœopathic treatment showed a death-rate of some 6 per cent. only, it was thought a remarkable triumph of the new system. But then expectancy stepped in, and demonstrated that a considerable proportion of the usual number of deaths was due to the treatment employed; for when nothing was done a much smaller per-centage of patients succumbed, very nearly in fact that which appeared in the homœopathic statistics. The latter were accordingly considered to be no more than the results of letting the patients alone, and the triumph of nature over art in the cure of disease was thought

to have found a striking exemplification. Already, however, Dr. Henderson was able to show that the average duration of the disease was materially less under homœopathic than under expectant treatment;* and the subsequent results of the do-nothing plan in the hands of Dietl and others made it evident that his first per-centages were unusually favourable. Dr. Jousset shows† that, taken altogether, they make the mortality of expectancy nearly 19 per cent.; while that of homœopathy rarely reaches to six. He also disposes of the astonishing results claimed by the late Dr. Hughes Bennett, by pointing out that he has excluded certain complicated cases which, if reckoned with the rest, would have made his mortality 25 instead of 3.10 per cent. It is now recognised on all sides that no uncomplicated case of pneumonia in a fairly healthy person at neither extremity of life ought to be fatal. The cases presenting complications constitute the real danger; and a just comparison between rival methods must include these in the general mass.

The latest development of old-school treatment in pneumonia is that expounded by Jürgensen in Ziemssen's *Cyclopœdia*. It consists of cold baths and quinine to reduce the fever, with alcohol to neutralise the depressing effects of the former and the intoxication liable to be induced by the latter in the large doses in which it is given. Under this eminently scientific and pleasant treatment he can only claim to have reduced the fatality of the dis-

* See his article on the whole subject in vol. x. of the *British Journal of Homœopathy*.

† *Leçons de Clinique Medicale*, p. 440.

ease to 12 per cent., which is still at least double that of homœopathy.

Dr. Jousset, in another of his lectures, points out a further proof of the difference between homœopathic and purely expectant medication. Under the latter, as is well known, a sudden defervescence is wont to occur somewhere about the seventh day of the malady, while the physical signs persist for some time longer. Under homœopathic treatment, on the other hand, the fever diminishes gradually and the pulmonary mischief *pari passu* with it, so that after a few days there is little trace left of either.

What, then, are the remedies with which these favourable results are obtained? They are happily as few as they are effective. I will speak of them one by one. Let me say, however, before going farther, that besides the references I have already made you will find valuable information on the homœopathic therapeutics of pneumonia in articles on the disease by Dr. Russell in the ninth volume of the *British Journal of Homœopathy* and by Dr. Clotar Müller in the first volume of the *Vierteljahrschrift*, in Bähr's section devoted to the subject, and in Tessier's *Clinical Remarks concerning the Homœopathic Treatment of Pneumonia*, translated by Dr. Hempel.

The first question concerns the value of *Aconite*. It would seem obvious that if you saw your patient early, while the temperature was high and the signs of exudation slight, you would be doing right in at least beginning his treatment with this great antipyretic. You would be acting in accordance with the modern view of the pathology of the disease,

which regards it as a specific fever out of all proportion to the local inflammation (which is only its expression), and running an independent course of its own,—defervescence occurring at or even previous to the height of the consolidation. It would seem possible to anticipate this crisis by our Aconite, and so to be rendering an unquestionable benefit to our patient, whose distress depends far more on his general than on his local symptoms. If, moreover, Drs. Stokes and Waters be right, that there is a stage of pneumonia prior to that of engorgement, characterised by dryness and intense arterial injection of the pulmonary membrane, and revealing its presence to the ear by a harsh, loud, puerile respiratory murmur in the spot where dulness and crepitation are afterwards discovered,—if, I say, these observers are right, Aconite might fairly be expected to extinguish the whole morbid state unaided.

I think, nevertheless, that if you expect much from Aconite in pneumonia you will be disappointed. Given in substantial doses, indeed, as an "arterial sedative," it may do something, and hence perhaps Bähr's commendation of it in the earliest period of the disease. But if you will read Tessier's cases, you will see that in homœopathic attenuations it had little effect; and Jousset entirely omits it from his list of remedies. Still more decisive is Kafka's experience. "Croupous pneumonia," he writes, "always begins with a chill, more or less violent, followed soon by febrile symptoms, for which homœopaths prescribe Aconite. We used to follow this plan; but Aconite, that often heroic remedy, has *never* given us any results in these cases. In

catarrhal and rheumatic inflammations it has a powerful and rapid action, but in the fever accompanying croupous inflammations we may say that its influence is negative; not only is the temperature not lowered, but the pulsations of the heart do not diminish in frequency, there is no perspiration, and the febrile heat becomes still stronger and more dry."

I believe, indeed, that we have in pneumonia a disease which is inflammatory from the very outset, and in which the fever is so high simply because of the intensity of the local process. I follow Henderson in ascribing the early and rapid defervescence to the self-limiting character of the disease,—the pulmonary exudation, when at its height, extinguishing the inflammation by the pressure it exerts, just as the surgeon endeavours to cure an orchitis by strapping the testicle.* Hence Aconite, which has no power of inflaming the lung, has little influence over the fever which accompanies that process when idiopathically occurring. You cannot, indeed, do any harm by giving a few initial doses if the symptomatic features are present which indicate the drug; but even here I think you will generally find that the patient's anxietas depends upon the distressed state of his chest, and is best relieved by the medicine which touches the local inflammation. This will generally be found in either Bryonia or Phosphorus.

The claims of *Bryonia* on our notice are very strong. The hepatized lungs found in the animals poisoned by it, the croupous exudation it has produced in the bronchi, and the short, quick, and

* See *Brit. Journ. of Hom.*, xxxiv., 308.

oppressed breathing, with heat and pain in the chest, fever, and bloody expectoration experienced by its provers show its perfect homœopathicity to the essential elements of the disease. Not less weighty is the clinical evidence in its favour. Tessier found it already in high repute in homœopathic practice, and his records of its action gave it the support of scientific and trained observation. He frequently reinforced it with Phosphorus, giving the one by day, and the other by night; but Dr. Jousset generally finds Bryonia alone to suffice. Both of these physicians have preferred it in the dilutions from the 12th upwards. Bähr speaks no less highly of it, but would restrict its use to the period when defervescence is setting in and the lung is thoroughly hepatized. The symptomatic indications for Bryonia are the severity of the pains in the chest (and therefore any pleural complication which may exist), and the causation of the attack by dry cold winds: pathologically, it corresponds to the most thoroughly fibrinous nature of the exudation.

Phosphorus was first brought into notice as a remedy for pneumonia by Fleischmann of Vienna, who was always fond of single specific remedies for definite types of disease. This he considered he had found in the present instance; and he was able to report (in 1844) 377 cases of pneumonia treated by Phosphorus alone, with only nineteen deaths, *i.e.*, 5 per cent. His last seventy-eight cases had all recovered. The homœopathicity of Phosphorus to true croupous pneumonia is hardly so demonstrable as that of Bryonia, though it unquestionably irritates and congests the lungs. Our present knowledge of

its pathogenesy would rather lead us to limit its use to catarrhal pneumonia, or to the true disease when occurring secondarily, as in typhus. Experience, however, has shown that it is difficult to define its sphere of usefulness, and that it may either come in (as Jousset recommends) to reinforce Bryonia when that medicine is not telling, or from the outset when the latter is not specially indicated, with the utmost advantage. The comparative delicacy of the patient, with the absence of the atmospheric exciting cause and the severe pains of Bryonia, have been to me the sufficient indications for the drug. It would probably suit an inflammation having a less fibrinous and more corpuscular exudation.—Phosphorus seems to act equally well in the 24th dilution of Tessier and Jousset, and the 3rd decimal of Fleischmann and Bähr.

Dr. Kafka would have us abandon both Phosphorus and Bryonia in the earlier period of croupous pneumonia in favour of *Iodine*. The former medicines, he considers, only moderate the intensity and shorten the duration of the disease, while Iodine arrests it then and there. "Often," he writes, "after the fifth or sixth dose" (of the first, second, or third decimal dilution, repeated every hour or so) "the dyspnœa, the oppression, and the pain diminish, the cough becomes easier, the fever abates: after six or ten hours the pulse falls from 120—112 to 100—92, very often a slight moisture is perceptible, and the patient feels better. * * * On examination of the chest, we ascertain still all the objective symptoms of pneumonia, but it is arrested in its evolution, and we soon see the period of resolution set

in; expectoration is easy, thin, rarely puriform; it diminishes rapidly to such an extent that, twenty-four hours after the exhibition of Iodine, the cough and expectoration have completely disappeared." The use of Iodine here is borrowed from its employment in croup; and, as in that disease, *Bromine* is sometimes found preferable. I have no experience, and know of none, corroborative or otherwise, as to this treatment; I must limit myself to bringing it under your notice. But that pneumonia may be arrested at its commencement I fully agree with Dr. Kafka, for I have more than once seen it done by Bryonia—which, however, I have always given in the first decimal dilution.

Another important remedy in pneumonia is *Tartar emetic.* You know its reputation in old-school practice, and have read in my *Pharmacodynamics* the demonstration of the homœopathicity of its action, which is also evidenced by the small doses (gr. $\frac{1}{4}$ to $\frac{1}{16}$) in which it is found curative by Hughes Bennett and Waters. In homœopathic practice it is considered especially indicated in the second stage of the malady, when resolution is taking place, but is ill supported, oppression and prostration occurring. Here its action is unanimously commended. It is also praised by Drs. Wurmb and Caspar* when œdema of the lungs occurs. It would seem especially suitable to the pneumonia of influenza and of delirium tremens.

I have last to speak of *Sulphur.* Jahr recommends our reliance upon this medicine as soon as Aconite has done all it can accomplish; and Wurmb

* See *Brit. Journ. of Hom.*, xi., 389.

and Caspar think it the most effective means for promoting resolution after defervescence has occurred. Bähr praises it, as we have seen, when the second stage draws to its close in uncertainty whether reabsorption or purulent dissolution is about to take place.

This last condition—the "yellow" or "gray hepatization" of the morbid anatomists—which used to be so frequent and so much dreaded in the days of heroic treatment, plays little part in the clinical history of pneumonia now. When it does occur, and Phosphorus has not been given before, it may check the supervention of the suppuration. Should it have fully set in, Carbo vegetabilis is praised when great prostration is present, Hepar sulphuris and Sanguinaria when the constitutional symptoms are chiefly those of hectic. Of circumscribed abscess of the lung I shall speak presently.

I have said that when the exudation is slow in being absorbed, Sulphur will quicken its departure. When, however, you meet with pneumonia already in the chronic condition, I think you will get most benefit from Lycopodium.

Of catarrhal pneumonia—where the inflammation runs down the bronchial mucous membrane into the air-cells—I shall speak among the diseases of childhood, to which stage of life it almost exclusively belongs. I may just say, however, that in its occasional occurrence in old people it finds its best remedy in Tartar emetic.

I have now to discuss some less frequent or important affections of the lungs—abscess, gangrene, congestion, œdema, and hæmorrhage. Of emphysema

pulmonum I have already spoken, as, although involving the air-cells, its clinical relations are with bronchitis and asthma; and phthisis pulmonalis I must reserve for my next letter.

Abscess of the Lung—I mean of course non-tubercular in nature—I believe to be more common than is usually supposed. I have myself seen seven well-marked cases of it, mostly beginning as a result of croupous pneumonia invading an unhealthy subject, and then becoming chronic. I consider suitable climatic conditions to be the most important element in the treatment of such cases: without these, medicines are of little avail. When they can be secured, *Hepar sulphuris* (of whose efficacy Bähr relates a striking instance) and *Silica* may be of service; and *China* is always helpful to sustain the patient's strength.

Gangrene of the Lung is also liable to occur as a sequel of pneumonia in debilitated subjects, but also in connection with bronchiectasis and putrefactive processes elsewhere. Disinfectant inhalations would, I should think, be indispensable for its treatment, which by their aid is far from being wholly unsuccessful. Whether we can add to their efficacy by our internal remedies, I cannot say. I find no homœopathic experience on record, and the only one of our therapeutists who devotes any special consideration to the subject is Kafka. Arsenicum and Carbo vegetabilis are recommended by him in common with the others,—he adding Secale and Kreasote, and Jousset Lachesis. The occurrence of the disease as a secondary process would certainly indicate the last-named medicine.

Pulmonary Congestion is a frequent and not unimportant affection, having quite a different clinical history from pneumonia, with which its acute form is too often confounded. It is, as Bähr truly says, of two kinds,—an active hyperæmia caused by afflux of blood to the lungs, or passive engorgement resulting from an obstructed efflux of blood from the lungs. It is active pulmonary congestion which most commonly comes before us, and it is no uncommon cause of death in this country in the winter and spring months. There are two great remedies for it, *Aconite* and *Phosphorus*. The former is all-sufficient when the case is taken early enough: the latter comes in aid when the vascular turgescence has been sufficient to allow œdema to occur. Chronic congestion of the lungs is mostly passive and mechanical, arising from some cardiac obstruction, in dealing with which as best we can its treatment will consist. It is described, however, as occasionally occurring under the same circumstances as other congestions, and requiring Belladonna, Ferrum, Nux vomica, or Sulphur for its removal.

Œdema pulmonum.—I have spoken of the supervention of this condition in congestion of the lungs, and of the power of *Phosphorus* over it. Kafka and Bähr unite in praising the action of this medicine whenever an acute pulmonary œdema occurs in connection with pneumonic or other diseases of the respiratory organs. "This remedy sometimes has a brilliant effect," says the former: "it is possessed of extraordinary curative powers against œdema," is the testimony of the latter.

Wurmb and Caspar speak equally well of *Tartar emetic*. "We have only twice this year," they write, "met with this dangerous complication of pneumonia, but on both occasions we were surprised at the beneficial action of this remedy. Both times the bronchial tubes were filled with a quantity of fluid: the breathing was very difficult; the patient sat upright, and was in constant dread of suffocation; there was cyanosis, audible rattling and snorting, &c. On both occasions the symptoms disappeared in a few hours after the administration of Tartar emetic." I have myself more than once seen œdema of the lungs occurring in the course of general dropsy subside entirely under the use of the same medicine.

Hæmoptysis. — Under this term I include (though not very correctly) hæmorrhage from the chest of all kinds, whether there be blood-spitting or not. When this occurs from mechanical violence or strong physical exertion, *Arnica* is obviously indicated; and when it appears periodically as a vicarious menstruation, Bryonia is said to be efficacious in restoring the menstrual hæmorrhage to its proper place. The hæmoptysis of cardiac disease is either the result of over-action of the heart or of mechanical embarrassment of the circulation: in the former case Cactus will help, in the latter Digitalis. "Help," I mean, to check recurrence: it is rare that any remedy is required at the time. We thus have left for consideration only one, but that the most important and frequent variety of this hæmorrhage,—that occurring in connection with pulmonary tubercle.

In sanguine temperaments, when the pulse is full and bounding, and signs of local hyperæmia are present, *Aconite* is indispensable, and may do all that is required. I myself have never had occasion to use it. The two medicines on which I have learnt to rely are *Millefolium* and *Hamamelis*. The former is most suitable when the blood is florid and frothy, Hamamelis when the flow is more passive and like that of venous hæmorrhage: with neither is there much cough. When the last-named symptom is present, and there is much tickling in the chest behind the sternum, *Ferrum aceticum* may replace Millefolium, and *Ipecacuanha* Hamamelis. With these remedies, and with the obvious adjuvants of rest, silence, and cold, you will be able to arrest or prevent nearly every pulmonary hæmorrhage which may come before you.

I have no experience of Ledum in these cases; but it has caused hæmoptysis, and Drs. Drury and Jousset speak highly of it in its treatment—the latter indicating it in the more profuse hæmorrhages we sometimes encounter.

If inflammatory symptoms should supervene upon pulmonary hæmorrhage, Phosphorus should be administered.

LETTER XXXI.

DISEASES OF THE RESPIRATORY ORGANS.

The Lungs, Pleura, Diaphragm, and Thoracic Walls.

In my present letter I have first to speak of the therapeutics of the graver diseases of the lungs—tuberculosis, syphilis, and cancer. I will begin with

Phthisis pulmonalis.—It is not my intention to enter into the controversy which is now being carried on regarding the pathology of tubercle, and the relation of pulmonary phthisis to it. The only important bearing it has on therapeutics is that the views of Niemeyer and those who think with him appear to coincide with that which clinical experience has long established, viz.: the existence of two forms of the disease. Whatever may be their pathological unity, their history, prognosis, and behaviour under remedies is very diverse. The type of the one is what is now called "acute miliary tuberculosis," which is to the lungs what acute hydrocephalus is to the brain, and—like that—is almost always fatal. When occurring in a chronic form, it is characterized by insidious course, by debility, emaciation, shortness of breath and fever out of all proportion to the physical signs; and has as nearly certain an issue. On the other hand, we not uncommonly see cases which trace their commencement to one or more inflammatory attacks; where the signs of chronic pneumonia are evident, and the

fever and general symptoms correspond therewith. Here, under favourable circumstances, a great deal can be done by treatment, and cure is not uncommon. To call these "pneumonic phthisis" and the other "pulmonary tuberculosis" is, at any rate, convenient for clinical purposes; and I shall, without prejudice to the unity of the disease, venture to do so. Both, I should say, are pre-eminently affections belonging to the scrofulous diathesis.

And now, in speaking of the therapeutics of phthisis, I desire to yield a hearty and ungrudging testimony to the advance which Old Medicine has made in the treatment of this disease. There is no doubt that the mortality is less, and the duration of life greater, in phthisis than it was thirty years ago; and it has been a genuine triumph of scientific investigation. The unanimous consent of all the teachers of the present day as to the principles of treatment to be observed in phthisis is worthy of admiration; and commends the method to us with unwonted force.

When we examine the method in question, however, we find it to be purely regiminal and dietetic,—the iron and cod-liver oil which are the only "medicines" given falling under the latter heading. And herein is illustrated that which Dr. Madden has insisted upon,*—that the recent advances made in the old school are on the common ground of hygiene, and have no relation to the administration of drugs. We can thankfully recognise and adopt them; while in our own department of specific medication we

* See the articles on "The Renewal of Life" in the *Monthly Hom. Review* for 1867-8.

still, unhappily, stand alone. Some day we hope that prejudice will no longer

> "to the marriage of true minds
> Admit impediments."

Let it be fully understood, then, that the basis of the treatment of phthisis must be with us as with others hygienic. Let us nourish our patient well and wisely; let him always breathe fresh air, and take plenty of exercise; choose his climate for him if possible; and give him cod-liver oil and perhaps—save in the rare "phthisis florida"—chalybeate food. But homœopathy will enable you to do more than this. It will enable you to keep down pulmonary inflammation without lowering the system. It will give you "cough medicines" which will not spoil the stomach, "alteratives" free from the poisonousness of mercurials, and remedies for diarrhœa which do not constipate. It has even means of no slight energy for modifying the tubercular diathesis itself. Let me tell you all I know about the medicines which are useful in phthisis.

1. And, first, as to the premonitory symptoms,—the "pre-tubercular stage," as it has been called. The most recent researches "leave very little room for doubt that the bad habit of body in scrofulous affections associated with the growth of tubercle-matter must be established in the first instance through the digestive processes, as first described by the late Dr. Tweedy Todd under the name of *strumous dyspepsia*, and which has been since so fully described by Sir James Clark, Bennett, Hutchinson, and others."—So writes Aitken. The characteristic

features of this strumous dyspepsia are dislike to and difficulty in the assimilation of fats, "biliousness," heartburn, flatulence, and—above all—acid eructations after taking food. For such a dyspepsia, as well as for the strumous diathesis which underlies it, we have (as I have pointed out in my lectures) a most promising remedy in *Calcarea carbonica;* and upon it I should advise you to rely if the incapacity to use fatty food shows itself in the above symptoms, and the patient is otherwise fairly nourished. Pulsatilla, also, might be helpful. There are cases, however, in which the difficulty seems to lie not so much in the digestion as in the assimilation of fats, and to point to the pancreas and perhaps the mesenteric glands as at fault. I mean, where loss of flesh is the earliest sign of anything being wrong. It is here that *Iodine* first begins to play the important part it occupies among the anti-phthisical remedies. It will, as Dr. Nankivell has said,* enable milk or cod-liver oil to be taken with comfort and advantage. With one of these medicines, and suitable diet and hygiene,—testing your patient's progress by his weight and temperature rather than by the sounds of his chest, and paying more attention to his chylopoietic viscera than his lungs, you may do much to avert a threatened consumption.

2. I will now follow up the line of what I have called the true tubercular cases. The most serious form which these can assume is the "acute miliary tuberculosis" of the present nomenclature. Whether we can hope to avert the usually fatal issue here, I cannot say. Dr. Pope mentions one case, presum-

* *Monthly Hom. Review*, xvii., 632.

ably of this nature, in which Arsenic and Calcarea given alternately produced a most rapid and unexpected change, resulting in complete recovery. I have myself had another, where the physical signs were only those of a diffuse bronchial catarrh, but where the rapid pulse, high temperature, profuse perspirations, and emaciation made the presence of miliary tubercle exceedingly probable. Here, when Phosphorus was doing nothing, Iodine—in the 3x dilution—made a speedy change in the patient's (she was a child) condition, and led to an entire restoration to health.

When a patient comes to us with the signs of tubercular deposit already existing, having a bad family history and a considerable amount of debility, wasting, and dyspnœa, I fear that we can do little to stay the course of the disease. You would of course put the whole anti-phthisical regimen into operation, and would especially bring mountain air into play where attainable. If there is any medicinal help to be obtained in such cases, it is from *Sulphur*. It is especially useful when the patient or his parents are otherwise unhealthy—have what Hahnemann called a "psoric" constitution, as manifested by cutaneous eruptions. It should be given (as Dr. Jousset recommends) in the higher dilutions, and not too frequently. Sometimes, moreover, the constitutional symptoms may be notably ameliorated for a time by Iodine, given in the same way.

If softening has begun in such a case, the treatment is that which I shall recommend for the other variety of the disease; but it is palliative only.

3. When our phthisical patient has a distinct his-

tory of inflammation of the respiratory organs as initiating his malady, and the general symptoms are not out of proportion to the local changes, we may treat him with fairer prospect of success. Here, too, the disease may appear in an acute or a chronic form. The first is that known as "phthisis florida," or "galloping consumption." In one such case, occurring in an adult man, I have succeeded in arresting the symptoms by giving *Arsenicum* 3 and *Phosphorus* 2 on alternate days; and upon these medicines I should be disposed to rely, save in those cases where our late colleague Clotar Müller so justly recommended *Ferrum.** Frequent hæmoptysis is the great indication for it; and, where this symptom was present, I should substitute it for Arsenicum.

In the chronic form of pneumonic phthisis, Arsenic and Phosphorus are still our leading remedies,—the former for continuous use, the latter for intercurrent attacks of inflammation. Dr. Nankivell—whose position at Bournemouth gives him large opportunity of seeing phthisical cases—has a high opinion of Arsenic in the form of the iodide (2x to 6x trituration); and has communicated some excellent instances of its efficacy.† When lecturing on Arsenic, I have mentioned the repute it is obtaining in the old school as an anti-phthisical remedy, and have shown its homœopathicity at least to the general condition present. The presence of *Iodine* in this compound probably counts for something, and from this drug itself beautiful results may often

* See *Brit. Journ. of Hom.*, xviii., 76.

† See *Brit. Journ. of Hom.*, xxx., 515; and *Monthly Hom. Review*, xviii., 629.

be obtained in the present malady. Rapid emaciation and pronounced hectic are here—as elsewhere—its chief indications. I prefer here (with Bähr) the lower decimal dilutions. The only rival to Arsenic, Iodine, and Phosphorus in this form of the disease is *Lycopodium*. It suits cases of a more chronic and passive character, and is, I think, especially useful when phthisis occurs in young men. In such patients, moreover, Calcarea may again be suitable; and Dr. Nankivell prefers the phosphate (which is much commended by Dr. Verdi, of Washington *), the iodide, and the arsenite of lime to the carbonate.

So far I have been speaking of treatment which may, *possibly*, be curative. Too often, however, the therapeutics of pulmonary phthisis must be palliative only; and it is important to know what we can do to moderate the symptoms and check the accidents of the disease.

a. The *fever* of phthisis will rarely need any special medicine in the early stage of the disease. It is otherwise, however, when softening has set in, and puriform expectoration has brought hectic in its train. I have been accustomed to prescribe *China* for such patients; but, though it supports them, I cannot say that it displays any striking antipyretic properties. Dr. Mitchell, of Chicago, has lately called our attention to the value of *Baptisia* here. He speaks of seeing it "reduce a pulse from 120 or 130 to 80 or 70, change a steep temperature curve to one comparatively smooth," and therewith "reduce profuse purulent expectoration almost to nothing, and nearly banish cough." If it can do this, it

* See *Brit. Journ. of Hom.*, xxix., 751.

will be of great assistance to our consumptive patients.

b. Cough is among the earliest, the most constant, and the most troublesome symptoms of phthisis. After softening has set in, it is the inevitable effort required for expulsion of the sputa, and can only be eased by reducing their quantity. This may sometimes be effected, as we have seen, by Baptisia. When the fever which indicates this drug is insufficient to call for it, we may often get good results from *Stannum*, less frequently from *Kali carbonicum*. Cough in the earlier stages of phthisis means, if excessive, either unusual implication of the air-passages in the morbid process or increase of reflex excitability. In the former case I think we get most benefit from Phosphorus. In the latter, several medicines may be considered, as Ipecacuanha, Lobelia, Lachesis and Crotalus, and Corallium rubrum; but the most important is *Drosera*. The great indications for this remedy are tickling in the larynx and vomiting of food with the cough; and, when these are present, Dr. Jousset tells us that we may relieve or remove the cough in nearly every case. The possible relation of Drosera to tubercular deposition itself (which I have mentioned) strengthens the indications for it here; though I cannot yet recommend it with any confidence as a fundamental remedy for the disease.

c. Of the digestive disturbances of phthisis I have to speak of two,—*vomiting* and *diarrhœa*. The former, when connected with the cough, will generally yield to Drosera, which may be reinforced if necessary with *Ipecacuanha*. If it occur indepen-

dently it will generally yield to *Kreasote*, which also has (so Dr. Hilbers thinks) a supporting and restorative influence over the whole system in consumption. Of the diarrhœa of phthisis my experience has been that Arsenicum (3rd dec. trituration) will often check it, but that if it fails to benefit no other medicine will succeed. The frequent dependence of this symptom upon tubercular ulceration of the bowels explains its obstinacy.

d. Laryngeal symptoms supervening during the course of phthisis are frequently catarrhal only, in which case they will yield to *Spongia*. Of tubercular laryngitis I have spoken under the head of that disease itself.

e. Perspirations, often colliquative, are a great source of weakness to the consumptive patient. When they are nocturnal only, and form one stage of the patient's hectic, their excess may be greatly moderated by Iodine. Later on, they occur whenever he falls asleep, and simply evidence great debility. The Stannum you may give for the profuse expectoration will often help the patient here; but *Phosphoric acid* will generally do most, and is altogether beneficial in presence of the numerous fluxes which at this time drain the strength of the sufferers. Jaborandi, also, must not be forgotten here; and, should homœopathy fail us, we have an exactly antipathic remedy, and one often palliatively effectual, in Atropia.

This is all I have to tell you about the homœopathic treatment of phthisis.

Pulmonary Syphilis is described as occurring in two forms. It may be a chronic bronchial irrita-

tion, with the general symptoms of phthisis, complementary to the secondary cutaneous syphilides; or it may consist in the deposit of gummatous nodules, which sometimes soften like tubercle (syphilitic phthisis). In the former variety the iodides of mercury would probably prove curative; in the latter I cannot suggest any improvement upon the ordinary employment of iodide of potassium.

Pulmonary Cancer must be named here, for the sake of completeness; but I have no information to give or suggestions to make as to its treatment. In the only case I have seen, Hamamelis checked the hæmorrhage; and this was all I could do.

To complete the diseases of the respiratory organs we have yet to discuss the affections of the pleura and diaphragm, and those of the thoracic walls.

Pleurisy is a disease the homœopathic treatment of which is as well established as that of pneumonia. The remedies indicated by Dr. Wurmb thirty-five years ago (I refer to his excellent monograph on the disease, translated from the twelfth volume of the *Hygea* in the first of the *British Journal*) continue to be those on which nearly all of us rely at the present day. We have, moreover, a confidence in our power of controlling pleuritic inflammation without heroic measures which does not seem to exist in the old school at the present day. Fraentzel, the writer on the subject in Ziemssen's *Cyclopædia*, after speaking of the "infinite mischief" which expectancy has wrought when applied to pleurisy, counsels a return to the experience of our predecessors, viz.: "a severe antiphlogistic

treatment, combined with means which promote absorption," and, failing these measures, to thoracentesis. On the other, Behier and Peter report that the mortality among pleuritics in the Paris hospitals during the last six years has doubled, so that the more recent French views on the subject do not seem to lead to very successful results.

In simple acute pleurisy, arising from exposure to cold, in a healthy person, and connected with distinct fever, *Aconite* is confessedly the one sufficient medicine. The pleura is one of the few parts to which it is a specific irritant, and hence it covers the whole disease. When the patient's condition is that which indicates this remedy, it may cure very quickly and in the most minute doses;—"the whole trouble," as Jahr says, "is sometimes removed as by magic within 24 or 48 hours by means of Aconite 30, given every two or three hours." As a good illustration of its efficacy, I may refer you to the case related by Dr. Hayle at our Bristol Congress.* It seems to have occurred ("many years ago," he says) before the days of thermometry, or even of physical diagnosis; but I think there can be no doubt of its having been one of incipient pleurisy aborted by Aconite 30.

But I think you will agree with me that this typical pleurisy is seldom seen. Without speaking now of the occurrence of the disease as a secondary lesion, it commonly sets in after a more insidious manner, with no distinct rigor, and with early fibrino-serous effusion. Hence our great anti-pleuritic is the remedy for this variety of the disease—

* See *Monthly Hom. Review*, xx., 671.

Bryonia. You will remember my citations from Trinks as to the place of this medicine in all serous inflammations.* Consider, in addition, the Reports of the Leopoldstadt Hospital, in which it stands from year to year at the head of the remedies for pleurisy; and you will see that an almost invariable use of it in the form and stage of the disease I am now considering is well warranted. Bryonia is also recommended to follow Aconite when the latter has failed to arrest the progress of the malady; and I myself habitually rely upon it in the circumscribed plastic pleurisy which we not uncommonly encounter, and which, if not recognised, becomes the seat of very injurious adhesions.

Dr. Jousset is the only therapeutist (to my knowledge) who does not rely upon Bryonia in ordinary pleurisy. He replaces it, as soon as effusion has set in, by *Cantharis*, as I have mentioned when speaking of that drug. He admits that it sometimes fails (in one case Apis superseded it with advantage); but as a rule recommends its steady continuance, reminding us that the changes in pleurisy are gradual ones.

Other remedies may be required by peculiar features of individual cases. If the exudation should be mainly plastic, and slow to disappear, *Sulphur* is eminently calculated to promote its absorption. Still farther off from the primary disorder, *Hepar sulphuris* is strongly recommended by Wurmb to remove the lingering deposit of lymph; and a good case in point may be read in the eighteenth volume of the *British Journal of Homœopathy.* The same authority speaks warmly of *Arsenicum* when the

* *Pharmacodynamics*, sub voce.

serous effusion of pleurisy is unusually rapid or copious. "Arsenic," he says, "is especially indicated in serous pleurisy, and our confidence in it is so great, that we wholly despair of the possibility of curing a case of serous pleurisy in which Arsenic has produced no beneficial change at all, as in the art-defying hæmorrhagic effusion. The first good effects of the remedy are manifested by the alleviation of the painfully asthmatic respiration; after this, the dropsical swellings abate, the febrile attacks become less frequent, and at length the absorption of the effusion takes place. Arsenic is also one of those medicines which do good speedily, if they are to do good at all." He also (with Fleischmann and Bähr) recommends *Digitalis* for this "pleuritis serosa." Later experience has added *Apis* as an excellent medicine when serous exudations into the pleura remain too long unabsorbed.

When pleuritic effusion undergoes the purulent metamorphosis, and empyema is present, it is very doubtful whether we can do anything without evacuating the fluid. If the symptoms are not urgent, we may try (as Bähr recommends) to check the change with Mercurius, or promote the absorption of the pus with Hepar sulphuris; but as a rule I think it the best practice to let out the matter, and endeavour by means of *Silica* to prevent its fresh formation. You might inject a solution into the cavity of the pleura, besides giving the drug internally. You will of course remember the power of China over the hectic which drain of pus excites.

Secondary pleurisy, when calling for special attention, is to be treated upon the principles already

laid down. If it supervene upon acute rheumatism, you will continue your Aconite and Bryonia. If it occur in connection with pulmonary tubercle, Bryonia may suffice; but it is here that *Kali carbonicum* has gained so much repute. The pleurisy incident to Bright's disease would probably be helped by Arsenicum in preference to any other medicine.

This brings us to

Hydrothorax, which name I take the liberty of using to signify a collection of fluid in the pleural cavity, however originating. It may therefore be either the effusion left behind by an inflammation, or a secondary dropsy. In the former case, we may proceed to treatment with a very fair prospect of success, and need only tap the chest when the amount of fluid is excessive. If the inflammatory attack have been tolerably recent, good results may often be obtained from *Apis*. But our great medicine here is *Sulphur*. I may refer you to the testimony in its favour by Dr. Cate, of Salem, U.S., in a thoughtful paper on Hydrothorax contained in the Transactions of the American Institute of Homœopathy for 1868. Alike in pleuritic effusion failing to be re-absorbed, or that which comes on insidiously from the first "I know," he writes, "of no remedy so efficacious as Sulphur. * * * * These forms of hydrothorax I have frequently cured with the continued use of the tincture of Sulphur, three or four doses a day at first, but, as the improvement continues, one or two doses a day. Under the use of this remedy I have had the satisfaction of seeing the effusion diminish steadily from day to day, until it was all gone. When the fluid was gone, I have

found that the spots of induration and thickening give way also, and the health becomes fully restored by the continued use of the same remedy. For this purpose I have continued its use for several months at a time, and in some cases for even a year and a half." He also finds considerable effect from it in cases where adhesions have formed. "By its continued use the adhesions are gradually absorbed, the chest expands, and the crippled lung resumes, to some extent at least, its former size and action."

When hydrothorax is a dropsy (and to this form of it strictly the name should be confined) the possibility of removing it by medicinal treatment must depend upon its cause. When it is of mechanical origin, connected with pulmonary obstruction or insufficiency of the right heart, Digitalis or Arsenicum might sometimes improve the cardiac condition, and much temporary relief may often be given (as Dr. Cate has shown) by acting on the engorged lungs with Tartar emetic and Phosphorus. But the affection is practically incurable. When hydrothorax is part of a general dropsy having its root in the kidneys, it may often be removed by the measures we adopt to improve the state of those organs and the impoverished blood.

Of pneumo-thorax I have nothing here to say, as it is obviously out of the range of medicinal influences.

Of the maladies of the *diaphragm* we know very little, either pathologically or therapeutically. Kafka is the only one of our authorities who gives us any information regarding them. Its inflamma-

tion is always an extension of pleurisy or peritonitis to its serous covering, and requires no special treatment, unless it be for the spasmodic condition into which the muscle is thrown. When this is continuous, causing contractive pain encircling the body like a hoop, Cactus or Cuprum would be indicated. Sometimes (Kafka says) it may cause spasmodic laughter, when he recommends the latter medicine, with Belladonna, Hyoscyamus, and Ignatia. Still more frequently, it manifests itself in hiccough, which may be relieved (he says) by the same remedies, giving sulphate of atropine if Belladonna, though indicated, fails. I suppose that hiccough is always a clonic spasm of the diaphragm; and it sometimes comes before us as a troublesome symptom incident to other affections, or apparently of idiopathic nature. In such cases I would commend *Cicuta* to you; and, where it is connected with exhaustion (as in the last stage of phthisis), *Moschus*.

I have seen one case of acute rheumatism of the diaphragm. It yielded very nicely to Bryonia.

The thoracic walls are the seat of

Pleurodynia.—I include under this heading every form of pain occurring in the chest walls. Pleurodynia, in this extended application, may be either a rheumatism, a myalgia, or a neuralgia.

1. In rheumatic pleurodynia you will give *Aconite*, in repeated doses of a low dilution, if the attack be recent, especially if fever be present. But unless speedy relief is obtained, you will do well to substitute remedies having more local affinity with the

thoracic walls. *Bryonia*, *Actæa racemosa*, *Ranunculus bulbosus*, and *Colchicum* are all more or less homœopathic and curative. I should choose the first where the rheumatic diathesis was marked; the second for women; the third where the pain was very intense, so that the patient dare not move;* the fourth where a gouty as well as a rheumatic tendency was present.

2. Myalgic pleurodynia has also found its remedy in Ranunculus, as in some cases by Dr. Strong in the tenth volume of the *Monthly Homœopathic Review*. But its chief medicine is *Arnica*. When it resembles pleurisy so much as to render diagnosis very difficult ("spurious pleurisy"), a few doses of this drug will often clear up the question by extinguishing the symptoms.

3. Neuralgic pleurodynia (intercostal neuralgia, infra-mammary pain) appears under two leading forms. First, in young women otherwise fairly healthy, where it is hysterical, or otherwise symptomatic of deranged uterine function. Here *Actæa racemosa* is specific. Secondly, as an idiopathic neuralgia in anæmic or debilitated subjects. In these *Arsenicum* or *Ranunculus* again will relieve the pain; but its return must of course be guarded against by measures suited to build up the system at large.

This has been my own experience with pleurodynia, but I must add Dr. Jousset's contributions to its therapeutics. He speaks under this heading only of what I have called the rheumatic form, *i.e.*, that which results from exposure to cold or wet.

* See Dr. Dudgeon's case in vol. xxiv. of the *Brit. Journ. of Hom.*, p. 160.

He recommends Nux vomica in preference to Bryonia where the patient cannot lie on the affected side (the opposite symptom indicating the latter medicine); and Actæa racemosa where Bryonia, though well indicated, has failed, especially when its characteristic sinking at the stomach is present. For intercostal neuralgia in hæmorrhoidal subjects, he speaks of Nux vomica as a very sure remedy; and praises Pulsatilla in subjects appropriate for that medicine when the pain becomes easier every time the patients change their position.

LETTER XXXII.

DISEASES OF THE CIRCULATORY SYSTEM.

The Heart.

Instead of passing from the respiratory organs to the next great tract of mucous membrane—the genito-urinary, I shall first review the disorders of the circulatory system, with which the former are both anatomically and physiologically so closely connected. Under this heading I shall consider the diseases of the heart, of the arteries and veins, of the lymphatics and lacteals, and of those ductless glands —notably the spleen and thyroid—which belong functionally to the blood and its circulation.

I take first the diseases of the *heart*. In their discussion I shall follow closely in the footsteps of Dr. Russell, who in his papers on cardiac disease in the twelfth volume of the *British Journal of Homœopathy*, and in his *Clinical Lectures*, did so much for this subject. I shall also draw upon a volume of *Lectures on Diseases of the Heart*, by Dr. E. M. Hale, which brings down the homœopathic therapeutics of the subject to 1871.

With Dr. Russell I will begin by speaking of

Palpitation, including under this heading the various forms of cardiac disturbance classed by Dr. Hale as "functional disorders of the heart."

Dr. Russell divides the cases of this disorder into those in which the primary evil is 1st, in the heart itself, 2nd, in the blood, 3rd, in the stomach.

1. The heart becomes liable to palpitation from any cause which weakens its nervous or muscular energy. The former is impaired by great mental exertion, anxiety or emotional tension of any kind, masturbation or excess in venery, abuse of tea, coffee, or tobacco, and such-like causes. To relieve an acute attack of this kind, I know of nothing equal to *Moschus*, which is also the best remedy (at the time) for the palpitations of hysteria. The chronic tendency may be obviated, if the exciting cause can be removed, and suitable regimen carried out, by such medicines as Coffea, Iodine, Nux moschata, and Phosphoric acid. *Coffea* is most suitable for palpitation resulting from psychical causes, unless the patient has been accustomed to drink much of it, in which case Nux vomica would be preferable. *Iodine* may be given in similar cases, where the whole nervous system is much depressed, and there is a tendency to melancholia. Thus the palpitation of hypochondriasis calls for it. *Nux moschata* is very useful for the cardiac disturbances of hysteria. *Phosphoric acid* has in my hands proved invaluable for disorder of the heart's action resulting from sexual excess. Bähr recommends *Digitalis* here; but I am rather disposed to consider this medicine as suitable where the muscular tissue of the heart is itself enfeebled. Tabacum (in non-smokers) is also useful here. Such palpitations often alternate with fainting attacks. Palpitation brought on by excessive tea-drinking may be removed by China.

The action of Atropia in paralysing the vagi, and so allowing a rapid action of the heart, ought to be utilized in simple nervous palpitation; and perhaps Muscaria, which produces an opposite effect, might find place as an antipathic palliative. Glonoin, and probably the serpent-poisons, act like the former, and have some repute against palpitation: Jaborandi and Physostigma resemble Muscaria.

2. The blood induces palpitation either by its excess or defect, or by the presence of the gouty poison in it. When plethora or anæmia is the cause, the cardiac disorder is best treated by the measures necessary to improve the patient's whole condition, but *Aconite* and *Cactus* in the one case, and *Pulsatilla* and *Spigelia* in the other, are useful adjuncts. For gouty palpitation I cannot suggest anything beyond the treatment of the diathesis, but it may be here that what Bähr says of Sulphur is true, that it is "eminently useful in obstinate cases, where it often effects a radical cure."

3. Dyspeptic palpitation is often nothing but gout. When it owns no relationship to that diathesis, you may with advantage remember what Dr. Elliotson says of *Hydrocyanic acid*, that it is good for "those disorders of the stomach which, in some of their symptoms, resemble affections of the heart." The prunus virginiana (wild cherry) mentioned by Dr. Hale probably owes its virtues to this constituent of it. A similar reflex disturbance may result from worms or uterine disorder. Besides attending to the cause, Spigelia may be given in the former case, and *Lilium tigrinum* in the latter.

Passing now from the functional to the organic

diseases of the heart, I will take first those of its muscular substance, beginning with

Hypertrophia cordis.—In the acute attacks of palpitation incident to this disease, *Aconite* takes the place filled by Moschus in nervous palpitation. It will also relieve the spasm of the heart which sometimes occurs. The continued use of the same medicine I have found very serviceable in relieving the permanent distress of these sufferers. A still higher value in this direction is assigned by Dr. Russell to *Naja* and Drs. Rubini and Meyhoffer * to *Cactus*. A good case is given by the first-named illustrative of the value of his favourite medicine.† But whether with this or any other medicine you can actually *reduce* an hypertrophied heart is another question. The change is often a necessary and a compensatory one, and you would do no good by opposing it, even were you able to do so. The only form of the disease in which such a result may fairly be expected is, I think, that which results from violent exercise, as rowing. Here I may remind you of the curative effects which Drs. Madden and Bayes have obtained from *Arnica*.‡

The above remarks apply to hypertrophy, whether accompanied with dilatation or not. But we have now to consider

Dilatatio cordis by itself, i.e., where there is no thickening of the cardiac walls. I have nothing to say against the usual prescription of iron in this

* *Chronic Diseases of Organs of Respiration*, I.
† *Brit. Journ. of Hom.*, xii., 543.
‡ *Pharmacodynamics*, sub voce.

condition. I suppose it to act dietetically, and to be a suitable adjunct to the nourishing regimen you will prescribe. But I must claim for homœopathy the other drug now commonly given in dilatation, *Digitalis*. In lecturing upon this plant, I have adduced good reason for believing it to be a direct paralyser of the muscular substance of the heart. The old-school writers (and Dr. Hale with them) err, I think, by considering its influence on the nervous supply of the organ only. I will not go into the question here, but will content myself with recommending to you its continuous use, in the mother-tincture or first two decimal dilutions. As functionally-acting adjuncts, Gelseminum, Physostigma, and Tabacum may be mentioned. The first is recommended by Dr. Hale when the patient fears every movement, lest the heart should stop beating; the last by Dr. Edward Blake, when sleeplessness coexists.

Adipositas cordis presents itself in two forms. In the first, the fat is deposited upon the heart, and only causes degeneration of tissue when it is also infiltrated among the muscular fibrils; in the second, there is a fatty degeneration from the outset. The treatment varies accordingly. Patients of the former class have to be urged to a diet and mode of life calculated to avoid obesity; and Digitalis and Ferrum may be given to strengthen the loaded muscle. The medicines suited to the latter variety are studied in an interesting paper by Dr. Drury in the nineteenth volume of the *British Journal of Homœopathy*. *Arsenicum* and Phosphoric acid

are the medicines he most favours; and, as the former is now known to be capable of setting up the adipose degeneration in the heart and elsewhere, it has a strong claim on our notice. Still more powerful, however, is the action in this direction of *Phosphorus;* and it seems likely to take the first place among the remedies for fatty change.

Arnica is much recommended by Kafka and Liedbeck as giving relief to the dyspnœa attendant on fatty heart.

I will now speak of the inflammatory affections of the heart, beginning with that of its investing membrane—

Pericarditis.—The idiopathic form of this disease is so rarely witnessed, and so little is known either to pathology or therapeutics of its pyæmic, hæmorrhagic, or tubercular varieties, that I shall speak of its treatment only as occurring in connection with acute rheumatism and in the course of Bright's disease of the kidney.

If in the progress of a case of acute rheumatism a double-friction sound begins to be heard, and the other symptoms of pericarditis are setting in, you can nearly if not quite always arrest them in twenty-four hours by giving your *Aconite* alone in sufficient strength and frequency (a drop of the 1st decimal dilution every hour or so), and covering in the heart with a hot linseed-meal poultice. *Experto crede.* But you are not always fortunate enough thus to catch the disease at its first breaking out, and must be prepared for its treatment in its several stages. You will begin by reading the cases narrated by Dr.

Drysdale in the twelfth volume of the *British Journal of Homœopathy* (p. 557), by Dr. Laurie in the fifth volume of the same journal (p. 310), by Dr. Kidd in the thirteenth volume (p. 198), and by Dr. Russell in his *Clinical Lectures*. You will find that (after Aconite) Bryonia, Colchicum, Spigelia, and Arsenicum are in highest favour. *Bryonia* has never been trusted to alone, but always in alternation with Aconite or Spigelia. I think the distrust only natural, and always suspend its administration in rheumatic fever in favour of other medicines when cardiac mischief sets in. *Colchicum* has no *à priori* evidence in its favour; but its action in Dr. Kidd's and one of Dr. Laurie's cases was not a little remarkable. *Spigelia* has the highest reputation, and has in its favour the testimony of Dr. Fleischmann, who used no other medicine. The presence of much pain would here, as elsewhere, be a main indication for it. *Arsenicum* is preferable to it only when serous effusion into the pericardial sac is considerable. It is noted here by more than one observer that it frequently relieves the anxiety and oppression some time before the physical signs announce the resorption of the fluid.

Armed with these medicines, you may with much confidence encounter the rheumatic form of pericarditis. In that which occurs in Bright's disease Colchicum and Arsenicum are the only members of the group likely to be called into requisition.

I may add a brief account of the therapeutic instructions of our systematic writers on this point.

Jousset seems hardly to speak from the experience

we should expect; he recommends Aconite at the outset, Apis and Cantharis subsequently, and Arsenicum at a later stage still, if the amount of effusion causes orthopnœa and tendency to syncope. Jahr agrees with me as to the general sufficiency of Aconite, but finds the 30th dilution efficacious. Bähr treats of pericardial, myo-cardial, and endocardial inflammation together under the general heading of "carditis." He also maintains that "in every pericarditis, whether primary or secondary, Aconite is the first and most important remedy whenever the inflammation sets in with febrile phenomena; we consider also," he adds, "this remedy indicated even if the fever is moderate or is altogether wanting. Aconite is not only indicated at the commencement of the disease, but in many cases during its whole course, more especially in rheumatic cardiac inflammations, as long as the organic alterations do not result in paralytic or cyanotic symptoms." When the affection sets in insidiously, and there is free effusion of serum, he recommends Digitalis. Spigelia he regards as suitable only to plastic pericarditis, and for lingering cases of this kind he commends Sulphur. "In a case of pericarditis," he writes, "where uncommonly loud friction-murmurs and a rubbing of the pericardial surfaces against each other, that could even be felt by the hand, had already existed for upwards of three months, the symptoms disappeared entirely after Sulphur had been given for a fortnight." Dr. Hale follows pretty closely in Bähr's footsteps, though he attaches more value to Bryonia in the plastic form, and mentions Asclepias tuberosa as an analogous

remedy with which he has obtained good results.

And now of

Endocarditis, which, in its acute form, may for all practical purposes be considered exclusively in its connection with rheumatism. You will find a capital case by Huber in the twelfth volume of the *British Journal* (p. 562), where Aconite 1 was the only medicine given; and another in the eleventh volume of the *Monthly Homœopathic Review* (p. 355), where Spigelia, in Dr. Bayes' hands, proved equally effectual. These cases very fairly illustrate the accepted homœopathic treatment of endocarditis. *Aconite* and *Spigelia* are the great remedies for inflammation of the lining as of the covering membrane of the heart,—as might indeed be expected, when we consider the close similarity of the two textures, and the identity of the usual exciting cause. They are, moreover, manifestly *similia* to the affection. The former, in Dr. Jousset's hands, has actually produced mitral valvular lesions when administered in increasing doses to rabbits; and the pathogenetic effects of the latter point to endo- rather than to peri-cardial irritations. The great success Fleischmann obtained with it by giving it indiscriminately in all rheumatic inflammations of the heart may well have been due to the fact that of these endocarditis is by far the most frequent.

If you should ever encounter the dreaded "ulcerative endocarditis," the serpent-poisons—which both Bähr and Hale commend as homœopathic—would be

indicated; and of these Lachesis would probably demand the preference.

Valvular Disease of the Heart is either a *sequela* of endocarditis, or a manifestation of the disease actually existing in a chronic form. Our hope of modifying it to any extent must depend upon which of these alternatives is present. As long as inflammation exists, we can control it; but if we have to deal with the damage it has done, when the fire has burnt itself out, our aid can be palliative only. From Dr. Russell's experience (which I have frequently verified) it seems that *Naja* should always be given during the convalescence from an acute endocardial attack, and has great power of ensuring complete recovery. Dr. Jousset has had similar results from *Aconite*, when the mischief was localised at the aortic orifice, and occurred in children. You will remember, also, Dr. Wells' communication about the use of *Spongia* here, and his special indication for it—"starting from sleep at night, with fear of suffocation." With one of these remedies, steadily continued, the disastrous after-effects of an acute endocarditis may often be obviated. Then, again, there seems little doubt but that endocardial inflammation may be chronic from the first, under the influence especially of gout and alcohol, and possibly of chronic nicotinic intoxication and even of simple old age. Thus valvular disease may originate without the history of any acute affection. Here we require deeper-acting remedies, and find them, I think, in *Arsenicum* and *Plumbum*. The action of Arsenic upon the heart has been thoroughly

studied by Dr. Imbert Gourbeyre.* It is evidently exerted upon the endocardium as well as on other parts, and the results lately obtained in France with the arseniate of antimony in chronic cardiac disease leave no doubt of its efficacy. It has long enjoyed high repute here in the school of Hahnemann. Still more perfectly homœopathic is Plumbum, in slow poisoning by which (as Jousset says) there is produced a chronic endocarditis and endarteritis. We have as yet, however, no experience of its value.

The palliative treatment of chronic valvular disease may either be conjoined with that of a curative kind, or may—where permanent organic change exists—be pursued alone. The Aconite and Naja already mentioned are often useful under the latter circumstances. Where there is much hypertrophy and excited action of the heart, *Cactus* may often replace Aconite with advantage; and *Spigelia* should be steadily given where there is much pain.† The acute paroxysmal attacks incident to valvular disease, and implying embarrassment of the cardiac circulation, are generally relieved by Aconite, but sometimes (as found by Dr. Russell) by Camphor.

I have not spoken of Digitalis here, as its sphere is found only where the embarrassed circulation of valvular disease has led to

Cardiac Dropsy, which is a sufficiently important feature of chronic disease of the heart to merit special therapeutic attention. Whether homœopathic medication is adequate to deal with it is a very important question. The answer must

* *De l'action de l'Arsenic sur le cœur.* Paris. 1874.

† See *Annals*, iii., 539.

depend, in the first instance, upon the nature of the condition. If it be purely mechanical, from obstruction to the return of the venous blood, it would be inconceivable that dynamic measures could help it; and the only rational course to pursue would be the draining off of the effused fluid through the kidneys, through the bowels, or (by punctures) through the skin. But it is now generally recognized that this—save in the rare cases of primary disease of the right heart—is not the pathology of cardiac dropsy. It is lack of arterial tension from embarrassment of the left heart which leads to overfilling of the venous system, and to such deficiency of blood-pressure in the kidneys as to make their secretion scanty. Hence excess of water in the blood and its extravasation into the tissues. It is obvious, therefore, that any drug which can restore the lacking tension to the arterial system will, temporarily at least, relieve the dropsy; and that this may be done in two ways,—either by strengthening the heart-substance itself, or by stimulating the vaso-motor nerves. In *Digitalis* we have a medicine which unites both these properties, though in different ways. It strengthens the cardiac muscle homœopathically, for it weakens and even kills it in health; and hence, if the weakness of the heart's action which leads to dropsy be curable, Digitalis may permanently remove the effusion by striking at its cause, and here need only be given in our usual doses. But too often it is not so. The left ventricle cannot fill the arteries, not because its own life is feeble, but because through alterations in its valves it is embarrassed in its work; and these alterations

are irremediable. Our only resource in this case is to stimulate the vaso-motor nerves, which act directly on the arteries as well as on the heart itself. This, too, we can do with Digitalis; but it must be by inducing its primary, physiological action, which—as we have seen—is to excite the sympathetic supply of the circulation, and increase arterial tension. Larger doses are here required, and an infusion or decoction of the leaves seems the most effective preparation. The inhalation of compressed air has a similar effect,—this also heightening the arterial tension; but it is found of less lasting influence than Digitalis.

I do not think that you can improve upon this plan by any more homœopathic measures. Dr. Jousset indeed, who concurs in recommending it, seems to consider it as conforming to the law of similars, because Digitalis in excessive doses causes a condition of "asystolia" very like that which is present. But this is only its secondary effect and the sign of consecutive exhaustion; and if when it is present you induce the opposite condition by doses sufficient to cause it in the healthy body, you are evidently practising antipathically and not homœopathically, and should recognize the fact. Bähr and Jahr, writing from a strictly homœopathic standpoint, speak very hopelessly of the treatment of cardiac dropsy,—with which view my own experience accords; while Dr. Hale's recommendations are as eclectic as they are theoretical.

The last affection of the heart of which I have to speak is

Angina pectoris.—There can be no doubt, I think, that this affection is essentially and always a neurosis of the cardiac nerves. That it is sometimes associated with organic change in the heart or aorta, while it gravely affects our prognosis, does not alter its nature or affect our treatment of it. It must not, of course (as Eulenberg points out), be confounded with the attacks of "stenocardia" which are liable to occur in every case of chronic cardiac disease with embarrassment of the circulation of the organ.

Our treatment of angina pectoris resolves itself into two departments:—what aid can we give during the attacks? and, what can we do to check their recurrence?

For both these purposes I think that two forms of the disorder must be recognised, in one of which *spasm* is present, causing oppression, while in the other pain is the single feature of the distress. In the former, I must recommend an antipathic-palliative medication. The inhalation of Amyl nitrite gives such rapid and certain relief that I should be loth to risk the prolongation of my patient's sufferings by trying any similarly-acting remedy. Where spasm is absent, this substance is useless, and ordinary treatment has nothing of a brilliant kind to offer which should lead us away from homœopathy. Jahr mentions a case in which the attack was, on every recurrence, relieved almost immediately by a dose of Arsenicum 30; and no better medicine could be given when (as in his case) the anxiety is accompanied by prostration and threatened syncope. When the circulation is more active,

Aconite (perhaps best given as Aconitine) might be helpful.

There is much more to be done in the way of preventing the recurrence of the paroxysms. *Arsenicum* is the leading remedy here, in both forms of the disease, when the symptoms of the attack call for this remedy. It is commended as warmly by Hartmann and Bähr in the higher homœopathic attenuations as by Anstie in the substantial doses of Fowler's solution administered in the old school. If other remedies are needed, you will think, in the spasmodic form, of *Hydrocyánic acid* and *Cuprum*,—the former in recent cases, the latter in those more advanced; and, in those purely neuralgic, of *Spigelia*. To the favourable experience of Drs. Bayes and Kendall with this drug (which I have mentioned in my *Pharmacodynamics*) I may add that of Dr. Jousset. "Spigelia," he writes, "is the principal medicine for angina pectoris; it corresponds to the anguishing sub-sternal pain radiating to the neck and arms. The irregularity of the pulse, the tendency to syncope, the palpitations, the aggravations by the least movement, fix the choice of Spigelia. I am accustomed to begin with the 3rd dilution, three or four doses a day; I descend to three drops of the mother-tincture, or mount to the 6th, 12th, and 30th, according to the susceptibility of the subject. I can reckon many cases in which this remedy has given me a lasting cure or ameliorations of long continuance."

I may add Digitalis, with which Bähr cured the only case he had to treat; Nux vomica, which Jousset ranks second to Spigelia, and gives in prefer-

ence to gouty and hæmorrhoidal patients; and Naja, which achieved a cure in Dr. Bradshaw's hands.* It is also well to remember M. Beau's observation of the frequent supervention of angina pectoris upon excessive smoking, and the indication thence resulting to prohibit tobacco where it is used by sufferers from this malady, or to prescribe it (if otherwise indicated) to those not addicted to it.

* *Annals*, I.

LETTER XXXIII.

DISEASES OF THE CIRCULATORY SYSTEM.

The Arteries, Veins, Lymphatics, and Blood-glands.

I am now going to approach a class of diseases most of which are sufficiently obscure pathologically, but which are still less known to therapeutics. These are the diseases of the blood-vessels; of the lymphatic and lacteal systems; and of the vascular glands.

As diseases of the *arteries* I will consider arteritis, aneurism, and atheroma.

Arteritis, if ever diagnosed as occurring in an acute form, would probably be met by the treatment suitable to endocarditis, viz.: *Aconite* in low dilution and repeated doses. Such an affection, however, must be extremely rare; and it is with chronic inflammation of the arteries alone that we are practically concerned. Of general chronic endarteritis I will speak under the head of Atheroma; in this place I shall only mention two localised forms of the malady. The first of these is chronic aortitis, of which we owe a full account to Tessier and Jousset. *Arsenicum* (especially in the form of the arseniate of antimony) has been the medicine which has given the latter most result; he administers the lowest triturations. Spigelia he finds helpful for the pain

like that of angina often associated with this disease, and Cuprum for its attacks of dyspnœa. The second is that morbid process in the arteries (usually of the lower extremities) which results in what is called "senile gangrene"—though it is not confined to old age. The homœopathicity of *Secale* is evident here; and Jousset states that he obtained success with this remedy in the only opportunity he had of testing it. He gave a low dilution.

Aneurism is considered by Bähr to be beyond the range of medicinal treatment. I do not, however, see why it should be so, as it frequently results from a lowered vitality of the arterial tunics. The successful results, moreover, obtained in its treatment of late years by the iodide of potassium speak strongly in favour of its amenability to remedies. Whether we can do better for an existing aneurism is very doubtful; though Lycopodium has some evidence in its favour,* and Aconite comes in most usefully (in aid of rest in the horizontal posture) to relieve pain and quiet the circulation to its norm. The action of the iodide itself I can hardly claim, from our present knowledge, for homœopathy. "Its effect," writes Dr. Balfour, "is to produce diminution of the cardiac force and of the blood-pressure, and secondarily diminution of the size of the sac and thickening of its walls," with entire relief to pain and other subjective phenomena. "Such," he says, "is the invariable result of the use of the iodide of potassium in sufficient doses for a sufficient length of time." It is impossible to read the cases given in the seventeenth chapter of his work on Diseases of

* See *Pharmacodynamics*, sub voce.

the Heart without the conviction that these statements are amply borne out by experience, and that, whatever be the *modus operandi* of the medication, we should do well to give our patients the benefit of it. We might try smaller doses at first, but—unless relief from pain (if present) were speedy—should rapidly ascend to the thirty, sixty, or more grains a day with which the favourable experience has been obtained.

Should, however, a tendency to the recurrence of aneurism manifest itself, we must treat the unhealthy state of the arteries, as for

Atheroma; and here homœopathy will do much in aid. Atheroma may either be a general chronic endarteritis, or a primary fatty degeneration,—the diagnosis between which must depend upon the age and medical history of the patient. In the former case *Plumbum* and in the latter *Phosphorus* are remedies full of promise; and should be persistently administered.

The diseases of the *veins* we shall have to consider are phlebitis and varicosis.

Phlebitis, in its most familiar form of phlegmasia alba dolens, will come under notice among the diseases of women. When occurring under other circumstances, and presenting the ordinary subacute, "adhesive" form, you will find two excellent medicines for it in *Pulsatilla* and *Hamamelis*. I scarcely know how to distinguish between them, or to which to give the palm. Perhaps you can hardly do better than follow Jousset's example in prescribing Pulsatilla at the outset, and substituting Hama-

melis if its effects are not so rapid as you could desire. In suppurative phlebitis *Lachesis* would take the place of either, and what it can do in such cases is illustrated by the three mentioned by Dr. Dunham which I have cited in my lecture on the serpent-poisons. In the cases of acute phlebitis recorded by Mr. Ayerst in the fifteenth volume of the *British Journal of Homœopathy* Lachesis seems to have been the most efficient among the several medicines used.

In chronic phlebitis Pulsatilla (best, I think, in the dilutions from the 6th upwards) is of eminent service, as you may see illustrated in a case recorded in the twenty-fourth volume of the same journal (p. 496). Dr. Espanet alternates Mercurius with it, and finds these two remedies sufficient for all phlegmasiæ of a venous character occurring in organs on which they have an elective action. He gives the 6th dilution of each.*

In

Varicosis, *Pulsatilla* is still useful to relieve pain and promote the tone of the vessels; but here I think it must certainly yield to *Hamamelis*, which does great things for patients thus affected. Where superficial veins are enlarged, the local application of the diluted tincture is of service, while the 1st or 2nd dilution is being given internally. Another valuable remedy in chronic varicosis is *Fluoric acid*; and Bähr speaks well of Staphisagria. I need say nothing about the importance of rest and support in these cases, whenever practicable; but the remedies I have mentioned will do something further still.

* See *Bull. de la Soc. Med. Hom. de France*, vol. xix.

Of the diseases of the *lymphatics* and *lacteals* very little is known. The scrofulous affections of the mesenteric, bronchial, and cervical glands will come before us hereafter, among the diseases of children. I shall speak here of lymphangitis (angiolencitis) and lymphadenoma.

Lymphangitis, in its most familiar form, is such as we see when the lymphatics of the arm inflame after a poisoned wound, and the axillary glands follow suit. *Belladonna* and *Mercurius* cover the whole mischief here, and I concur with Jousset in considering their alternate use to constitute the internal treatment of the malady. Bähr describes a peculiar form of lymphangitis as occurring more particularly in the case of women, and about the head. "With this inflammation," he writes, "a violent fever breaks out very suddenly, accompanied by tearing pains in the scalp and nape of the neck. The abatement of these pains is attended with the simultaneous appearance of several nodes and hard cords about the head, which, however, seldom remain longer than twenty-four hours. After a short interval of ease another attack takes place, and things may be going on in this manner for several weeks." In this condition he found Apis rapidly curative.

Lymphadenoma is that spontaneous and painless enlargement of the lymphatic glands, with no tendency to suppuration, which has been observed by Virchow in connection with leucæmia, and by Dr. Hodgkin independently of that alteration, so that the disease often goes by the latter's name. Both in pathology and therapeutics, however, it belongs to

the same class as leucæmia; and I shall defer the consideration of it till I have spoken of the affections of the spleen, and come to that disease.

The glands subservient to the circulatory system are, besides the lymphatic and the mesenteric already mentioned, the spleen, the supra-renal capsules, and the thyroid.

The spleen is sometimes attacked by inflammation—

Lienitis.—Bähr gives, from Hartmann, a number of indications for remedies in this disease; but neither he nor the older writer seems to speak from experience. I should be disposed to recommend *Bryonia* if the capsule was most affected (as shown by the stitching pains), and *Ferrum* if the gland itself seemed much involved.—For the so-called "splenetic stitches" which ensue upon undue exertion, I agree with Hempel in preferring *Aconite* to Jahr's Arnica; they imply, I suppose, embarrassment of the circulation in the organ.

Hypertrophy of the Spleen is no uncommon *sequela* of ague; and may also develope in the inhabitants of malarial districts where no paroxysms of intermittent fever have occurred. *Natrum muriaticum* is often very effective for it, or indeed any medicine which is suitable for the malarious cachexia which may be present; but the striking results obtained in Indian practice from the ointment of the biniodide of Mercury would suggest the internal use of that drug in uncomplicated cases.

I will now speak of leucocythæmia, or—as it is at present generally called—

Leucæmia.—This disease is an anæmia in which there is an absolute and often very great increase of the white corpuscles of the blood. By Hughes Bennett it was supposed to be a primary disorder of the circulating fluid; but Virchow, noting its frequent association with enlargements of the spleen, or the lymphatic glands, or both, supposed it to be secondary to derangements of the blood-making glands. Still more recently, a peculiar change in the marrow of the long bones has been observed in connexion with it in cases where neither the spleen nor the lympathic glands were affected; and so we hear of a leucæmia lienalis, a leucæmia lymphatica, and a leucæmia medullaris. Observations seem multiplying, however, of the existence of these local changes without leucæmia, and of leucæmia without them, so that the set of opinion at the present day seems in favour of Bennett's original position.

If this be sound, and at any rate in instances where leucæmia is present without organic change, we have a promising remedy for it in *Picric acid*, which Erb has found to produce a condition in dogs which he himself calls an "artificial leucocythæmia." But where lymphatic or splenic hypertrophy is present, remedies suitable to such glandular changes must be sought; and here the views of von Grauvogl demand attentive consideration. This profound scholar and thinker—whose loss we are just deploring—has pointed out that the glandular enlargements and accompanying cachexia

described by Virchow were familiar to the older physicians under the name of "sycosis," which diathesis had in their view a much wider range than that given it by Hahnemann, who recognised it only as an infection of the system by the virus of gonorrhœa and its accompanying condyloma. Von Grauvogl would admit this as one of its exciting causes; but believes the essential condition to be one in which the blood contains too much water. In it there is a tendency to profuse mucous secretions, and to gelatinous exudations (no pus or fibrin forming) in parenchymatous organs. The patients feel worse in cold, damp weather, and in rain; and their complaints are aggravated by everything which increases the proportion of water in the blood, as bathing, eating fish, drinking much fluid, and so forth.*

Whatever you may think of these views (and his exposition of them is well worth reading) they seem to have led him to some excellent remedies for the morbid state before us. Where there is a gonorrhœal anamnesis, he recommends *Thuja* to be given; and where the patient's susceptibility to cold and damp is very marked, *Aranea diadema* and the alternate use of *Nux vomica* and *Ipecacuanha* are much prized by him. But his chief constitutional remedy is *Natrum sulphuricum*, of which he gives about five drops of the third decimal dilution several times a day. Numerous illustrations of the effects of such treatment are related by him, and give a very clear view of the malady he is characterising.

Dr. Lilienthal, in a study of leucæmia in the twenty-fifth volume of the *North American Journal*

* See *Text-Book of Homœopathy*, § 295—300, 329—339.

of Homœopathy, and Dr. Goullon in his prize-essay on Thuja therein translated, go largely into this subject in von Grauvogl's wake. They concur in thinking Thuja best suited to leucæmia medullaris, and Natrum sulphuricum to the splenic and lymphatic forms. Dr. Lilienthal further recommends the study of Natrum muriaticum.

The only affection of the *supra-renal capsules* of which we know anything is

Addison's Disease.—Drs. Wilks and Greenhow have shown that there is one special form of disease of the adrenals with which the bronzed skin, anæmia, and asthenia described by Addison are connected. This is analogous to the scrofulous enlargements of the lymphatic glands: "the morbid process in the capsules consists, primarily, in their infiltration by an inflammatory exudation of low type, which destroys the natural structure of the organs, and finally itself undergoes caseous degeneration." * The general symptoms of the malady probably depend upon the relation of the organs to the ganglionic nerves—those in the neighbourhood being generally involved in the morbid process. Were we to treat the disease as a whole, and symptomatically, Arsenicum would seem indicated; and in the case recorded by Dr. Gibbs Blake in the thirty-fifth volume of the *British Journal of Homœopathy* the disease may have been induced by this poison, as the bedroom and sitting-room of the patient were found to be lined with green paper containing arsenic in large quantities. In the only case of the disease I have

* Greenhow. *Croonian Lectures on Addison's Disease.* 1875.

seen, however, this medicine was not of the least avail. A more hopeful method of treatment might be to attack the scrofulous process in the capsules as if lymphatic glands were in question, for which purpose Iodine might come to our aid. Perhaps something might be done for the vomiting, as with Kreasote or Apomorphia; though the former failed in my case and the latter was of only temporary benefit in Dr. Blake's.

Jousset has nothing but anti-scrofulous remedies to suggest for this malady, and Bähr and Jahr do not mention it. Dr. Payr has given a study of Addison's Disease in the *Allgemeine Hom. Zeitung* for 1870,* and Dr. Lilienthal another in the twenty-fifth volume of the *North American Journal of Homœopathy*. The latter suggests Argentum nitricum as a promising remedy, and mentions a case treated by it in the Ward's Island Hospital where great benefit resulted, though the malady was too far advanced for cure.

As diseases of the *thyroid gland* I shall speak of the simple hypertrophy which we call bronchocele, and of the curious vascular enlargement generally styled exophthalmic goitre.

Bronchocele.—By this name, I say (as by its equivalents goitre and Derbyshire neck), I understand simple hypertrophy of the thyroid gland, excluding all cystic and other growths within it, which latter are the province of surgery. The leading feature of the therapeutics of this disease is obviously the use of *Iodine*. I have gone fully into the ques-

* Translated in vol. xviii. of the *North Amer. Journ. of Hom.*

tion of its relation to thyroid enlargement in my lecture on the drug, and have come to the conclusion that in all recent and soft goitres Iodine is homœopathic, and may succeed in small and even infinitesimal doses, while when the tumour is hard and knotty it acts by its liquefacient properties, and must be given in substantial quantities or applied externally (best in the form of an ointment of the biniodide of Mercury).

But Iodine will not succeed in every case of goitre; and homœopathy has other remedies upon which to fall back. I refer to *Spongia* and *Calcarea*. Of the former also I have spoken in my *Pharmacodynamics*. Dr. Jousset habitually uses it alternately with Iodine, month by month about; commonly employing the 6th dilution of each. It, too, given in substance, and applied locally, can melt down an old and hard tumour, as may be seen from one of the cases reported by Dr. Barlow in the twenty-sixth volume of the *British Journal of Homœopathy* (p. 670). In another of these, indeed, the tumour is described as "lumpy, irregular, hard," and was of three years' standing; but Spongia, in the 3rd and 12th dilutions, cured it in ten weeks. For the action of Calcarea in goitre I would refer you to the valuable "History of Calcareous Preparations," by Dr. Imbert Gourbeyre, translated from *L'Art Medical* in the thirty-fourth volume of the *British Journal*. It had a great reputation of old in the form of powdered egg-shells; and it is the belief of many observers that endemic goitre and cretinism are traceable to the use of drinking-water containing lime in excess. Here, of course,

you would not give Calcarea; but in cases otherwise originating it may prove a useful adjunct to our remedial means.

Exophthalmic Goitre, with its associated palpitation of the heart and protrusion of the eyeballs, is a very interesting disease. In the thirty-third volume of the *British Journal of Homœopathy* you will find three typical cases of it related by Dr. Wheeler at a meeting of the British Homœopathic Society, with the discussion which followed. His treatment in all three involved the continued use of substantial doses of iron, much anæmia being present; as it was also in the case reported by Dr. Ker in the twenty-sixth volume of the same journal, and here too *Ferrum* was the main remedy. Dr. Wheeler also gained much benefit from remedies calculated to quiet the excited cardiac action, especially *Cactus*. I ventured to say, however, that I thought we should look deeper for a single remedy controlling the whole series of morbid changes involved in the malady; and that we might find this in *Belladonna*. Dr. Kidd long ago put on record a cure effected by this medicine,* and you will see several others mentioned in the discussion which took place at the Society. Dr. Jousset also writes—"Belladonna is the remedy for exophthalmic goitre." He gives the dilutions from the 6th to the 30th. Its use is being adopted to some extent in the old school at present, as Dr. Ringer tells us. I would also direct attention to the homœopathicity of Glonoin and of Amyl nitrite to the cardiac and vascular elements of the disorder. Dr. Edward Blake has communicated to the *Practi-*

* *Brit. Journ. of Hom.*, xxv., 187.

tioner a case in which the subjective symptoms were markedly relieved by minute doses of the latter medicine.

Dr. Lilienthal has made this malady the subject of another of his useful studies of diseases.* He does not seem aware of the observations I have mentioned above; but gives some facts suggesting Natrum muriaticum and Lycopus as possible remedies. I have myself called attention to the homœopathicity of Iodine to this form also of goitre; and I notice that Jousset mentions emaciation and bulimia as occasional elements in the cachexia accompanying it. The higher dilutions of the drug ought to be most serviceable here.

* *North Amer. Journ. of Hom.*, xxv., 380.

LETTER XXXIV.

DISEASES OF THE URINARY ORGANS.

The Kidneys.

In the present letter I enter upon the diseases of the urinary organs. The affections of the *kidneys* will first engage our attention; and of these we shall begin with those morbid renal conditions with which albuminuria is associated, and which are known under the general name of "Bright's disease."

Before proceeding to therapeutics, however, we must agree upon certain points as regards pathology and nosology. I had for some time been accustomed to use the nomenclature of renal diseases which we learnt together from Dr. George Johnson. Now so far as this recognises the existence of (besides fatty and amyloid change) two distinct forms of Bright's kidney—the large, white, and smooth, and the small, hard, and granular, each being of primary and independent origin, and having its own etiology and clinical history,—so far, I say, it is entirely substantiated by all later investigation. The German doctrine that these two varieties of the disease were but successive stages of the same process is now rarely held: it has been rejected by the latest and best writer on the subject from that country—Dr. Bartels, in Ziemssen's *Cyclopædia*. But Dr. Johnson used to call the first of the two maladies a

"chronic non-desquamative nephritis," stating that in it the epithelial cells are not found detached after death, nor do they appear in the urine during life; and that, in fact, the enlargement of the gland consists of a real hypertrophy of its secreting structure. He considered that the disease sometimes appeared in an acute form, of which, in his book on the subject,* he gives three instances. The hard contracted kidney he considered the result of a "chronic desquamative nephritis," thinking that the diminution of the size of the organ was produced by the shedding of its epithelial cells.

Dr. Dickinson, on the other hand, may be taken as the representative of the present views on the subject when he maintains † that the large white kidney of Bright's disease is simply the chronic form of the "acute desquamative nephritis" which both authors recognise as the result of cold and of scarlatina. In the contracted kidney he considers that the mischief begins in the fibrous matrix, and that the whole process is identical with that which obtains in cirrhosis of the liver. He would call the one, accordingly, a "tubal," the other an "interstitial" nephritis. I can have no hesitation in assenting to these doctrines. Dr. Johnson's "non-desquamative nephritis" has thus dropped out of my nosology in anything I have written for these ten years past. His acute cases so described I can without difficulty refer to the category of renal congestion, while his chronic ones are mostly, I think, examples of amyloid disease,—when he wrote little understood. And,

* *On Diseases of the Kidney.* 1852.

† *On Albuminuria.* 1868.

again, his reference of granular degeneration to a desquamative nephritis may arise from the fact that the large white kidney (where this process does obtain) may, if its subjects live long enough, undergo what Dr. Bartels aptly calls "secondary contraction."

Of our homœopathic writers, Jousset is very clear as to the specific distinctness of the two chronic varieties of Bright's disease (both of which he classes among his "Cachexies"), but hardly as much so in connecting with the former the acute nephritis resulting from scarlatina or from cold. Bähr follows the old German view, and has no distinct idea of the contracted kidney as a clinical entity. The same misconception mars the only monograph we have on the subject—the "Morbus Brighti" (*sic*) of Buchner, which Dr. Lilienthal has translated for us. Even otherwise I am unable to commend this treatise, whose thought seems to me as confused as its style; but I shall endeavour to incorporate anything of therapeutical value it may contain. More satisfactory than any of these, both in pathology and therapeutics, is the paper "On Bright's Disease, and its homœopathic treatment," read by Dr. Kidd before the British Homœopathic Congress of 1855, and printed in the thirteenth volume of the *British Journal of Homœopathy*. The article on the malady in Marcy and Hunt's treatise is also of unwonted excellence.

We will speak first, then, of

Nephritis albuminosa (which is Rayer's phrase), meaning thereby the "tubal nephritis" of Dickinson, and the "parenchymatous nephritis" of

Bartels. In its recent form it is the "acute renal dropsy" or "acute desquamative nephritis" which results from cold, or occurs after scarlatina, diphtheria, cholera, and some other acute diseases. In its chronic form it embraces all instances (excluding those of pure amyloid or fatty degeneration) in which the large white kidney is diagnosed or discovered, and among which the albuminous nephritis of pregnancy takes a prominent place. I shall best bring its therapeutics before you by discussing the principal medicines which have been employed.

The drugs whose power of setting up acute hyperæmia and irritation of the kidneys is most obvious are turpentine and cantharides. It is generally assumed that their action is identical, but I think that careful study reveals a considerable difference in the manner in which they respectively affect these organs. You will remember that in the kidneys we have a double circulation, subserving distinct purposes. The arterial blood first passes through the Malpighian tufts, where the urinary water is separated; and then through the capillaries of the cortical portion of the gland, where the epithelium of the convoluted tubes forms from it the urea and other solid constituents of the secretion. Congestion and irritation of the Malpighian tufts will thus show itself in alterations of the quantity of the urine, and in the presence of such abnormal elements thereof as blood and albumen; while, if the secreting function of the gland be affected, the epithelium will degenerate and be cast off, and the elimination of urea be more or less impaired. Now in studying, in my *Pharmacodynamics*, the

renal phenomena of poisoning by turpentine, I have shown (upon the *data* now laid down) that its main influence is expended upon the Malpighian circulation of the kidney; and I have not come since upon any evidence leading me to modify that view. *Terebinthina* is accordingly—as I have pointed out—less suitable in proportion as the nephritis is desquamative, and apt to lead to uræmia, while more so as the presence of blood and albumen, and the diminution of the urinary water, are the leading phenomena. Such indications would determine its choice in any given case. But, speaking generally, it may be said that they indicate it in acute nephritis from cold rather than that which follows scarlatina, and give it the preference in the choleraic affection of the kidneys, where the circulation seems primarily at fault, and suppression of urine constitutes the chief peril. They also make it the leading remedy in the ordinary form of the smooth Bright's kidney — the "chronic parenchymatous nephritis" which sometimes remains over from an acute attack, but more commonly developes primarily under the influence of extensive suppurations, exposure to cold and wet, malaria, and such-like causes. Here uræmia is rare; and the great evils are the drain of albumen from the system, and the dropsy which results from the insufficient excretion of the urinary water. The cases I have cited or referred to from Drs. Kidd, Henderson, and Yeldham will illustrate these positions.

Cantharis, on the other hand, while not sparing the primary circulation of the kidneys, exerts its main influence upon that which belongs to the

secreting function of the glands. In Schroff's experiments with Cantharidin, besides blood-corpuscles, pus-globules, and blood, "a quantity of epithelium and fibrinous cylinders" was found in the urinary sediment; and in a case related by Dr. Dickinson (*loc. cit.*, p. 50), the administration of twenty-five minim doses of tincture of cantharides caused pain in the loins and increased desquamation, but no hæmaturia, and after death there was intense injection of the superficial capillaries—*i.e.*, those belonging to the secreting tubes. Moreover, while neither turpentine nor the Spanish fly has caused the œdema characteristic of Bright's disease, the latter does produce its head-symptoms—pain, delirium, convulsions, and coma; and as these usually come on some days at least after the ingestion of the poison, they are very probably secondary to the renal mischief it sets up. Accordingly, Cantharis is most appropriate in cases of nephritis where desquamation is considerable, and uræmia threatens; and therefore, *cæteris paribus*, in most cases of post-scarlatinal nephritis. I have mentioned Dr. Ringer's recommendation of it here. It has hardly received in the homœopathic school the attention it deserves, mainly—I think—because the bladder symptoms of cantharides-poisoning are so prominent, that their absence in nephritis is thought to counter-indicate the drug. I cannot see, however, why it should not produce its specific effects upon one part of the urinary tract because another part remains healthy; and I cordially commend it to my colleagues. It would also be suitable to the nephritis of diphtheria.

The only medicine which takes equal rank with

Terebinthina and Cantharis in the present malady is *Arsenicum*. This poison alone produces the œdema of Bright's disease; and symptomatology and pathology concur to show that the arsenical is a renal dropsy. I have studied its characters in my lecture on the drug, and have shown its high repute in similar conditions. I have only here to remark upon the occasional production of hypertrophy of the heart in the animals whose kidneys were affected by it. I was somewhat puzzled at this, as we had been led to connect such cardiac changes exclusively with granular degeneration. Dr. Buchner supposes that the renal effects of Arsenic are secondary to those it produces in the heart. But the condition of the kidneys induced under such circumstances appears to be a venous congestion, resulting in induration; and altogether different from that which appeared in the experiments to which I refer. The true explanation seems now afforded by Bartels' observation, that when secondary contraction supervenes upon a nephritis of some standing, the heart at once begins to thicken and the arterial tension to increase. The six cats in whom Quaglio induced albuminous nephritis were slowly poisoned in periods of from one to ten months; and in the four in whom the left ventricle was hypertrophied secondary contraction may well have begun.—The nephritis of Arsenic is not so acute as that of Cantharis; and for this very reason I find it preferable in most cases of post-scarlatinal nephritis. In chronic Bright's disease it will reinforce Terebinthina in many cases, and would be preferable to it in those of malarial origin. Its relation to inflammation of the serous

membranes gives us another element in its homœopathicity to the present malady, in which they are so apt to occur; and indicates its employment, if not previously, at any rate when they show themselves.

I must now speak more briefly of some other medicines which appear related to albuminous nephritis.

Aconite would obviously be indicated, from its general action, when recent nephritis from cold was accompanied by rapidly-developed general anasarca, forming the "acute renal dropsy" of the old authors. But it appears to be actually a specific irritant of the kidneys, as in a recent case of poisoning by it the urine was found loaded with albumen and fragments of casts, which speedily disappeared as the patient recovered.*

Apis appears, from therapeutic experience, to act upon the kidneys very much as turpentine and cantharides do, promoting a free flow of urine in congested states of the kidneys, and thus removing œdema. Its physiological action in this sphere is unknown. It is a favourite remedy with many practitioners in post-scarlatinal dropsy, and in the nephritis of pregnancy.

Aurum muriaticum cured a severe case of the disease, with local and general dropsy, occurring in the Leopoldstadt Hospital,† and is recommended by Liedbeck and Buchner. It should be useful where Arsenicum was indicated, but had failed. Dr. Bartholow speaks well of it in interstitial nephritis.

* See *United States Med. Investigator*, 1875, vol. ii., p. 414.

† See *Brit. Journ. of Hom.*, xvi., 500.

Chelidonium has caused very striking symptoms of desquamative nephritis. Besides the general phenomena of renal irritation, an examination of the urine in one case showed the presence of cylindrical casts with epithelial cells. The mischief in this case was so considerable that œdematous swellings of the extremities occurred. The relation of Chelidonium to pneumonia here becomes important, because of the frequent occurrence of this inflammation as a complication of tubal nephritis in children. Dr. Buchmann gives one case of cure of chronic renal disease by this medicine; but it was treated at a distance, and too imperfectly described for identification.

Helleborus niger has much reputation among us as a remedy for post-scarlatinal dropsy, and is evidently an irritant to the kidneys. We know not, however, whether its action extends further than this.

Hepar sulphuris is much recommended by Kafka for the same affection, on the pathological ground of its being a croupous nephritis. This, however, I take leave to doubt. The so-called fibrinous casts which appear in the urine are, I believe, simply coagulated albumen: they vary in number directly with its amount.

The case of poisoning by *Phosphorus* which I have related in my lectures indicates its power of causing a decided nephritis; and Sorge states that in his experiments "the urine several times contained a number of epithelial scales and pus and mucus corpuscles, in six cases albumen, in two exudation-casts, and in one blood-corpuscles." Putting this

together with the profound action of the drug upon the blood and its power of causing pneumonia, it ought to play an important part in the treatment of Bright's disease. I agree with Bähr in thinking it specially appropriate to those cases (not amyloid) which arise in the course of chronic suppurations.

Sabina and *Scilla* both cause scanty, bloody, and albuminous urine, and might find place in the treatment of the present malady,—the former when it occurs in pregnancy, the latter when it assumes the form of acute renal dropsy. *Solania* also—the active principle of Dulcamara—produces similar effects; and the repute of its parent plant in affections resulting from cold and wet might make it serviceable in the early stage of chronic albuminous nephritis so caused.

As regards the occasional incidents of this form of Bright's disease, I have already mentioned Arsenicum as most suitable for the serous inflammations, Chelidonium and Phosphorus for the pneumonia. Of uræmia and its effects I will speak when I have discussed that other form of the malady to which it more especially belongs.

I have only to add that there is nothing in the specific medication I have recommended to make unsuitable or needless such adjuvants as the milk-diet advocated by Donkin, or the diaphoretic measures so praised by Bartels. In so grave a disease as this, no aid is to be despised.

Of the other leading form of Bright's disease I will speak under the name of

Granular degeneration of the kidneys. This

is the genuine primary contracting kidney, the "chronic desquamative nephritis" of Johnson, the "renal cirrhosis" of Dickinson and Grainger Stewart, the "néphrite interstitielle" of the French pathologists. It is a very serious matter; and homœopathy, like traditional medicine, has to acknowledge that its ordinary termination is death. I have always pointed out that our most hopeful outlook is in the direction of *Plumbum*. The complete homœopathicity of drug to disease I have fully argued in my *Pharmacodynamics;* and it corresponds, not only to the renal lesion, but to such coincident features of the malady as the arterial changes, the amaurosis, the tendency to hæmorrhage, the cachexia and depression of spirits. I have not, however, any more favourable experience to add to that recorded in my former work; and Jousset has to confess his disappointment with it. But Dr. Samuel Jones has communicated an interesting case of the kind to the twelfth volume of the *American Homœopathic Observer*. The tabular view of the weekly analysis of the urine given by him shows well the progressive diminution of albumen and increase of urea under the influence of the medicine, which was given in the 30th trituration. The patient (who was 52 years of age) "exchanged his pasty yellow look for the ruddy hue of health," and regained his ordinary health and vigour.

While, however, we should give our patients the advantage of the continued use of this medicine—which, if beneficial at all, must be radically so—we shall probably help them best by endeavouring to meet its complications. Of these perhaps the most

annoying and injurious is the dyspepsia, with its accompanying vomiting. Dr. Jousset speaks warmly of the value of *Nux vomica* here:—"we have seen under its influence," he writes, "the digestion re-established, the vomiting checked, the thirst and polyuria diminished, the powers returning." He gives the dilutions from the 12th to the 30th. Dr. Kidd speaks hardly less warmly of *Nitric acid*, in more substantial doses. Perhaps, as much of the stomach disturbance arises from the excretion of urea by the gastric mucous membrane, and as this is speedily converted there into carbonate of ammonia, the acid may have a chemical action. The cardiac hypertrophy does not ordinarily call for treatment, as it is a compensatory change; but if it caused trouble through over-action of the heart, *Cactus* would be suitable here as elsewhere. The serous inflammations which are apt to occur should be treated as those of nephritis albuminosa: for the bronchitis which is so prevalent in this form of Bright's disease I should suggest *Mercurius corrosivus*. Of the amaurosis I have spoken under the head of albuminuric retinitis among the diseases of the eyes.

I have only to add a few words as to the treatment of uræmic symptoms, which manifest themselves with especial frequency in this variety of the malady. Pathology has not yet made up its mind as to the rationale of these phenomena, as may be seen from the balanced conclusion at which Bartels has to arrive after his exhaustive examination of the subject. The views of those who believe the coma and convulsions to arise from œdema of the brain

are supported by the rapid results which often follow pure homœopathic medication. Dr. Drury declares *Opium* to be often of striking efficacy: Dr. Marcy has seen excellent effects from *Cannabis Indica*, and Dr. George Schmid from *Cuprum aceticum*. Dr. Buchner adds his commendation to the latter medicine in uræmic eclampsia (Dr. Kidd also found it useful in relieving the cramps of the later stage of granular degeneration); and I should suggest *Carbolic acid* as strikingly homœopathic to uræmic coma. But, nevertheless, the evidence in favour of the ultimate dependence of such symptoms upon blood-contamination of some sort is so strong, that I should advise you not to content yourself with internal medication, but to promote diaphoresis to the utmost extent in your power.

Amyloid degeneration of the kidneys—of old styled waxy or lardaceous, and by Dr. Dickinson (upon an hypothesis of its etiology) named "depurative infiltration"—appears to be in nearly if not quite all cases the result of chronic ulcerations and suppurations. *Tollere causam*, therefore, whenever practicable, ought to be our chief indication for treatment. But, in seeking for a homœopathic remedy appropriate for it (we have no experience of the kind on record) I have come upon *Phosphoric acid* as promising most. This remedy has well-known virtues in the hectic of the suppuration from phthisical lungs and carious bones: it might also remedy the more remote consequence now before us. Its close relative, Nitric acid, has cured the same degeneration in the liver, and Phosphoric acid has

an affinity almost equal for the kidney, as we shall see farther on. Dr. Dickinson also notes the constant diminution of phosphoric acid in the urine in this disease.

The pulmonary complications of amyloid degeneration probably call for the same treatment as those of tubal nephritis. The œdema and diarrhœa ought not to divert our attention from the main current of the treatment; and indeed no more suitable remedy for the latter could be given.

Fatty degeneration is a not uncommon accompaniment of the last-named, and indeed of every form of albuminuric disease. Correspondingly, it has been caused and may be cured by *Arsenicum*. But whenever it presents itself, as in the cases described by Dr. G. Johnson, as an idiopathic and substantive affection, I would direct your attention to *Phosphorus*. You already know the relation of this medicine to fatty change as such; and I have just called your attention to its specific affinity for the kidneys. In this connection it is interesting to note that in one of Dr. Johnson's cases the affection (which came on in three weeks' time) appeared to be the immediate result of sexual excess. Moreover, fatty degeneration of the kidneys has been observed in connection with acute yellow atrophy of the liver; and the power that Phosphorus has of setting up this morbid state is familiar to you.

Before leaving the subject of the albuminuric diseases of the kidneys, I must say a few words upon albuminuria itself.

That this condition may exist prior to, or even independently of, renal disease is unquestionable. You cannot read a better defence of this position than Dr. Meyhoffer's papers in the *Monthly Homœopathic Review* for 1866-7. Claude Bernard's experiment, by which irritation of the nervous centres induced albuminuria as well as glycosuria, suggests the frequent neurotic origin of such cases. *Phosphoric acid* and *Helonias* will then claim your attention. One of Dr. Meyhoffer's cases, and another in Hempel *sub voce*, will illustrate the action of the former; of that of the latter you will find evidence in the article on it in Dr. Hale's *New Remedies*.

LETTER XXXV.

DISEASES OF THE URINARY ORGANS.

The Kidneys.

In my last letter I spoke of those morbid conditions of the kidney with which albuminuria was associated. I shall occupy the present one with those maladies which, though apparently renal, in most if not all instances lie farther back than those organs through which they manifest themselves to our observation. These are diabetes (in its two forms), chyluria, azoturia, and gravel. We will speak first of

Diabetes mellitus.—I do not enter here into the dietetic treatment of this disease. It must always be of high importance. But it is not, in the nature of the case, and by the confession of its advocates, curative. Sometimes indeed under its use Nature, relieved of much of her burden, asserts her recuperative power; and, when the patient returns to his usual regimen, he finds it unattended by its pristine consequence. But too often the diabetic regimen proves but a continuous and most irksome palliative; the least abatement of its rigid restrictions is followed by an increase of the malady; and the patient at length succumbs under pulmonary disease, carbuncle, or simple exhaustion of the powers of life. Until we can do more than cut off the supplies

—until we can attack the morbid process itself, we cannot consider ourselves in a position to cure diabetes.

In a paper on this disease in the twenty-fourth volume of the *British Journal of Homœopathy* (1866) I endeavoured to estimate our resources for effecting this end. I found traditional medicine giving us nothing but opium and creasote, and not attaching more than palliative virtue to the first and very uncertain powers to the second. I should have added the alkaline waters of Vichy and Karlsbad, which—*taken at their source*—have long enjoyed no mean repute. From Senator's treatise on the malady in Ziemssen's *Cyclopædia* I find that no addition has been since made to its drug-therapeutics; and that the prognosis is considered less unfavourable only when a suitable diet can be borne and has a decided effect upon the quantity of sugar eliminated in the urine. We have, accordingly, now as then to look to homœopathy for anything like curative resources in the treatment of the malady.

In the literature of the new system we found on the one hand reports of decided benefit in diabetic cases from general and symptomatic treatment, as by Arsenicum, Nux vomica, Calcarea phosphorica, and such like; and on the other certain complete or proximate cures with medicines presumably homœopathic to the esssential lesion. Referring you to my paper for information as to Natrum sulphuricum and Asclepias vincetoxicum, I would fix your attention here on Phosphoric acid and the salts of Uranium.

Acidum phosphoricum stands at present unques-

tionably in the highest place among the remedies for diabetes. The first notice of it is contained in the sixteenth volume of the *British Journal of Homœopathy*. Three very interesting cases are there recorded by the late Dr. Walker of Manchester, of which the following is a summary. The first is briefly told. Sugar was present in the urine, with the usual symptoms; improvement ensued, and the disease was for some time kept at bay by Phosphoric acid and the saccharated (!) carbonate of iron (dose not stated); but the patient eventually sank under pulmonary disease. Case 2 was equally well-marked. Its subject was put upon rigid diet, and took three times a day a dessert-spoonful of a solution of 14 grains of anhydrous Phosphoric acid in 6 oz. of water. The sugar and the general symptoms soon disappeared; and when, six months after, the patient returned to his usual diet, he felt no ill effects: he was cured. In Case 3 the Phosphoric acid was given in the same manner; but the diet was unrestricted. The sp. gr. of the urine fell in eight days of this treatment from 1035° to 1023°. The ultimate issue of the case is not recorded. In the nineteenth volume of the same journal, Dr. Ransford contributes two cases in which Phosphoric acid was the main remedy,—in the first in the 6th dilution, in the second in grain doses of the anhydrous acid. The usual restrictions were put upon the diet. In both the sugar disappeared from the urine, and the patient got well.—Two other cases are cited in my paper in which the disease was kept at bay or nearly cured by the medicine; and I may add to them that recorded by myself in the thirty-first volume of the *British Journal* (p. 369).

As to the rationale of this unquestionably curative action of Phosphoric acid I can only repeat what I have said when lecturing on the medicine, that it has been found actually to cause the appearance of sugar in the urine, and must therefore have a close and homœopathic relation to the morbid process present in diabetes. Of its special place in the treatment of the disease I will speak when I have considered the claims of the other chief remedy for it.

This is the new and rare metal named *Uranium*, given in the form of one of its soluble salts (the nitrate or muriate). In my *Pharmacodynamics* I have adduced in some detail the evidence for the homœopathicity and efficacy of this drug. The report of the committee of the British Medical Association upon "The action of Uranium salts in glycosuria" to which I then looked forward has not yet seen the light; and I have only to add here the testimony borne to its value by Dr. Jousset. "This substance," he writes in the second edition of his *Médécine Pratique*, "which produces an artificial diabetes in dogs, causes in diabetics the disappearance of the sugar without any restricted regimen. There are even a certain number of observations in which the malady has been completely cured. The practitioners who have employed the nitrate of Uranium have generally given strong and increasing doses of the first decimal triturations (Curie, Ozanam). However, we have one fine instance of perfect cure with the 6th dilution (Love). Eight years of experience have confirmed to my mind the favourable action of the drug in the treatment

of diabetes. It rarely produces a radical and definitive cure, but nearly always effects a considerable amelioration in the general condition of the patient. The principal indication for it is excessive thirst."

As regards the distinctive indications for the two remedies now named, I feel more and more convinced that the main one is that which I have laid down when lecturing on Uranium, that "it is best suited to cases originating in dyspepsia or assimilative derangement, while Phosphoric acid excels it where the starting-point of the disease was in the nervous system." I am glad to see that Senator recognises these as the two leading forms of the malady: we have, he says, "a diabetes proceeding primarily from the nervous system (neurogenic), and a diabetes proceeding primarily from the intestinal canal or the liver (gastro-enterogenic and hepatogenic)." I was myself led to perceive the existence of these two forms from the action of the drugs which cause and cure them. I am inclined to think that diabetes is most frequently "neurogenic," and that thus Phosphoric acid is more often required in its treatment than Uranium. *E.g.*, in the last three cases I have had to treat the disorder could be traced, in the first to anxiety connected with failure in business, in the second to hemiplegia, in the third to a long-continued and depressing illness (which had not, however, involved the digestive organs).

We should still need an anti-diabetic remedy for cases where, without any history of central nervous disturbance, the disease seemed to have begun in the

liver—to be, in Senator's phraseology, of hepatogenic origin. Dr. Sharp has published two cases in which *Chamomilla*, in the first dilution, proved such a remedy, without any great restriction of the diet.*

Again, we sometimes meet with diabetes pursuing an extremely rapid course, and threatening life in a few weeks (*d. acutus* and *acutissimus*). Here, I think, we should invoke the aid of those neurotic medicines which physiological experiment on animals has shown to be capable of causing glycosuria. I speak especially of *Morphia* and *Curare*—our authority for whose properties of this kind is Claude Bernard† himself.

Lastly, we have to consider what we should do in those sudden cerebral intoxications which sometimes present themselves in the course of diabetes, analogous to the uræmia of Bright's disease, and—from the poison with which the blood is supposed to be charged—called (provisionally) acetonæmia. I should hardly think that any specific remedy would avail us much here, and that—as in uræmia—we shall do most by setting the skin to work.

There is little to be gained from our systematic writers as to the treatment of diabetes. Bähr speaks very hopelessly about it, and has only theoretical recommendations to make. Jousset, besides what I have cited from him as to Uranium, speaks of having received real service from *Arsenicum*, from which also Yeldham and von Grauvogl report each a cure. They both think Kreasote a promising medicine; and doubtless such virtues as it possesses

* *Essays on Medicine*, p. 791.

† *London Medical Record*, I., 725.

are due to a rough homœopathic relation to the disease.

As a remedy for

Diabetes insipidus you will naturally seek to medicines of the order "diuretics." Of these *Scilla* deserves your best attention. The first case in which I gave it was an Indian officer, who had for two years been passing an inordinate quantity of pale urine. There were no special symptoms present, but the drain seemed to keep his health and strength below par. Phosphoric acid, which I first gave, did no good. He then got Scilla 2, three drops in water twice daily. After taking this for three or four weeks, he reported that the urine had fallen to its normal amount, and that he was feeling quite well. I have since given it in a similar case with equally good results.

Besides the ordinary diuretics, medicines like Argentum and Murex purpurea have sometimes proved curative. The remedies for diabetes mellitus, Phosphoric acid and Uranium, are also applicable here: the latter is chiefly indicated when the urine is acrid. Diabetes insipidus, however, so often depends upon incurable lesions of that part of the brain whose irritation can set it up that its prognosis is rarely favourable.

Chyluria is rarely seen in this country, being apparently indigenous to the tropical regions of the American continent. It is natural to suppose it dependent upon some leakage from the chyle-vessels into the urinary passages; but it is admitted that no

such communication has ever been traced. In the meantime, no harm can be done by attempting to treat it with constitutional remedies; and here again the one most promising seems to be *Phosphoric acid.* Dr. Chapman, mentioning the value of this remedy in nutritive derangements of children accompanied with a milky state of the urine, suggested its use in the chylous urine of the West Indies.* If now you will read Dr. Lionel Beale's account of the constitutional symptoms of this disease, as observed by him in several cases,† you cannot fail to see Dr. Chapman's recommendation confirmed, and the homœopathicity of the acid to the whole condition established. Uva ursi, also, has some evidence in its favour.‡

Azoturia—*i.e.* excess of urea in the urine—you are hardly likely often to encounter. If you should do so, you will read with interest Dr. Drysdale's case in the twenty-fifth volume of the *British Journal*, in which, after the failure of remedies symptomatically selected, *Senna* ϕ, four drops twice a day, was given with marked benefit. Dr. Drysdale was led to this medicine by the statement in Cl. Müller's paper in the seventeenth volume that Senna invariably causes in healthy persons an increase in the amount of urea, chloride of sodium, earthy phosphates, and urates in the urine, the specific gravity of which is consequently increased. You may also consider what has been said of *Causticum*,§ though

* *Brit. Journ. of Hom.*, vii., 391.
† *Brit. Med. Journ.* for 1860, p. 772.
‡ *Brit. Journ. of Hom.*, iv., 320.
§ *Pharmacodynamics*, sub voce.

I do not know that urea formed part of the undue tissue waste it has been found to rectify.

I have, lastly, to speak of the treatment of

Gravel.—It is necessary to have clear ideas about the various morbid states included under this term. I will divide them into four groups.

1. There may be actual *excess* of lithic or phosphoric acid formed in the system, and eliminated by the urine. This is indeed rare, especially as regards phosphoric acid. Excess of lithic acid is of course characteristic of the gouty diathesis; and I have already told you what we can do to modify this. The only additional question raised by this manifestation of the diathesis is that of giving alkalies. I cannot think that we should refuse the temporary aid of these remedies (especially in the form of natural mineral waters) when we have reason to apprehend concretion; but I am quite opposed to their continued use. Excess of phosphoric acid implies waste of nervous tissue (more rarely disease of bone, as mollities ossium). Its best medicine would probably be Phosphoric acid itself in the dynamized form.

2. There may be *deposit*, without excess, of lithic acid or lithates on the one hand, or phosphates on the other. They arise, as you know, the one from a too acid, the other from a too alkaline urine. Again there can be no objection that I can see to redressing temporarily the balance of an over-acid urine by chemical measures. But you will be too wise to expect its radical cure from anything but proper diet and mode of living. In this category you will consider the regulated use of lemon-juice, of

whose value Dr. Kidd has furnished so many striking illustrations.* Deposit of lithates is generally connected with some temporary derangement of health, and here requires no special treatment. Its occurrence in a permanent form, as one of a group of symptoms pointing to digestive derangement, tells of the liver being involved. I have always found it an indication for *Lycopodium;* but the recent re-proving suggests *Sepia* as also appropriate in such cases. If, however, the symptoms be rather neuralgic, the presence of abundant lithates leads me to *Quinine.* I cannot explain why it is so; but I give it you as a bit of experience.—Alkaline urine, when secreted so by the kidney, must depend upon a depressed state of the general, especially the nervous, system. *Phosphoric acid* is here again likely to help as a medicine; and if you like to give it in material doses so as to obtain its chemical as well as its dynamic effects I at least shall not quarrel with you. But I apprehend that alkaline urine is most frequently the result of inflammation of some part of the urinary mucous tract, and requires the treatment proper thereto.

3. I suppose that the use of nitro-muriatic acid in *oxaluria* is one of the most satisfactory bits of the ordinary practice. What is the rationale of its action? There is no alkaline condition here to be chemically neutralized: indeed, the alliances of the oxalic are rather with the lithic than the phosphatic diathesis, as Dr. Bence Jones has demonstrated. I suspect that the nitro-muriatic acid is a *tertium quid* different either from the nitric or the muriatic;

* *Brit. Journ. of Hom.*, xxi., 43.

and that its action in oxaluria is specific and dynamic. I must add that—upon the analogy of the usefulness of Phosphoric acid in the phosphatic diathesis—I gave *Oxalic acid* itself, in the 12th dilution, to a case of this kind, and with very satisfactory results.

4. When, in connexion with any of the causes and varieties of gravel, it is formed in particles of such size that their passage from the kidney excites pain, we are in the presence of another therapeutic problem. It might fairly be doubted whether homœopathy had anything to say to such a condition (the renal or nephritic colic of the books), as the difficulty is mechanical, and the pain inseparable from the presence of the grains or concretions of solid matter. Certainly, if the pain demanded it, we should be quite justified here in giving repeated small doses of morphia or inhalations of chloroform. But the analogy of the power of Calcarea over biliary colic suggests that here also homœopathically acting remedies may be found; and they seem to exist in *Berberis* and *Pareira brava*. The evidence for the value of the former I have mentioned in my *Pharmacodynamics*; I can myself add to it. The latter, long in repute for urinary troubles, has been tested in this affection by Dr. Turrel, and found eminently serviceable, in all strengths from the mother-tincture up to the 12th dilution.* Dr. Jousset confirms its efficacy from his own experience.

* See his paper translated from the *Bibliothèque Homœopathique* for 1875 in the thirty-third volume of the *British Journal of Homœopathy*.

LETTER XXXVI.

DISEASES OF THE URINARY ORGANS.

The Kidneys, Bladder, and Urethra.

I have hitherto been speaking of disorders in which renal mischief is but one element, however important; but I must now tell you what we can do when the kidney itself is primarily and solely affected.

Renal congestion, of active character and recent occurrence, is recognised by Bartels simply as a consequence of the elimination by the kidneys of certain irritating substances, as turpentine and cantharides. I think, however, that it is no very uncommon effect of cold. I have met with it several times, and have always found *Terebinthina* (which I have usually given in the third decimal dilution) most effective in its treatment. Should we encounter it as caused by this drug, or by blistering, *Camphor* seems (from Dr. Reginald Southey's experience *) to be as effective as for the strangury thus arising.

The chronic and passive form of renal congestion is nearly always due to the embarrassed circulation of obstructive disease of the heart; and its therapeutics belong to those of cardiac dropsy.

* Ziemssen's *Cyclopædia* (Engl. transl.), xv., 196 (note).

Renal congestion probably lies at the bottom of most cases of simple

Suppression of urine; and *Terebinthina* accordingly occupies the first place among our means of removing this perilous condition. Dr. Yeldham has reported a case cured with the first dilution, in which no urine had been passed for four days.* Suppression of urine has been also observed in cases of poisoning by Mercurius corrosivus, Arsenic, Cantharis, and Kali bichromicum; so that we have some medicines on which to fall back, should turpentine disappoint us. I have mentioned the usefulness of the last-named in the ischuria which sometimes follows Asiatic cholera, and threatens the patient's death if not removed.

Hæmaturia is often another manifestation of renal congestion, and accordingly *Terebinthina* takes the first place among its remedies, even old-school experience confirming it. I cannot say whether Arnica is of service when bloody urine depends, as it frequently does, upon the mechanical irritation of renal calculi or gravel. Jousset says it is the remedy for such cases; but Bähr thinks that there is a lack of evidence for its efficacy. If hæmaturia is a part of general purpura, you will of course treat it on the principles laid down when speaking of that disease.

In the so-called "intermittent hæmaturia" no blood-corpuscles are to be found, according to Dr. Beale: if it is they that discolour the urine, they are present in a broken-up state. Dr. Samuel

* *Annals*, I., 386.

Jones suggests Picric acid as promising for this condition.

Suppurative nephritis.—The kidneys, like the liver, may be the seat not only of diffuse inflammation of the cirrhotic or liquefactive kind, but also of circumscribed inflammation tending to suppuration. Such a nephritis is that which results from mechanical violence, or from the irritation of renal calculi. Cannabis sativa receives a good deal of commendation from the older homœopathists (as Jahr and Hartmann) in this affection; but I must agree with Bähr in doubting whether its action reaches so far as this. I also follow him in thinking *Mercurius corrosivus* the most homœopathic and effective medicine for the disease. Nitre also (*Kali nitricum*) is said by some to cause suppurative nephritis in poisonous doses, and might follow corrosive sublimate in cases threatening to be chronic, when *Hepar sulphuris* also should be considered.

Perinephritis has no relation to the kidney proper, and must be treated with the remedies and other means suitable to suppurative inflammation of the cellular tissue. It is otherwise with

Pyelitis, which demands a section of its own. This inflammation may also arise from injuries received from without or within. More frequently, however, it is secondary to vesical or urethral disease, and often manifests its existence mainly by symptoms of distress of the bladder. Sir B. Brodie, in his *Lectures on Diseases of the Urinary Organs*, has given a capital account of these cases. He believes that they often arise from "an injudicious use

of large doses of copaiba and cubebs, especially the latter; and that it is here, and not in simple catarrh of the bladder, that uva ursi and buchu exert the influence which has given them repute in urinary disorders. He also recommends the tincture of the muriate of iron. These hints may be of service to us. I am inclined to think *Uva ursi* on the whole the most effective remedy here. If there is drain of pus from the kidney, you will of course keep your patient up by *China*.

Of cancer and tubercle of the kidney, in their therapeutical aspects, I have nothing to say; and so we will pass on to the urinary passages, which we have already approached when speaking of pyelitis.

Let us take first the diseases of the *bladder*.

Cystitis, in its acute form, is rarely met with. When we do have to deal with it—as in some gonorrhœic cases—*Cantharis* is confessedly its great remedy; and it should not (I think) be given lower than the third dilution. Bähr has seen immediate aggravation from the third decimal trituration. If there be much general erethism or fever, Aconite may be given; but not otherwise. There is a subacute form of catarrh of the bladder which is apt to result from local damp and cold, and which is very liable to become chronic: here you will find *Dulcamara* very effective.

Chronic cystitis is common enough, though generally secondary to stricture, stone, diseased prostate, &c. You are not the less to apply to it your specific remedies, while of course you will not neglect the treatment appropriate to the primary affection, or

such emptying and washing out of the bladder as may conduce to your patient's comfort. But instead of drenching him with decoctions of pareira, buchu, or triticum repens, study the symptoms of his case, and give him small doses of the remedy most homœopathic thereto. This may be Cantharis, Cannabis, Terebinthina, Copaiba, Dulcamara, or Pulsatilla; and if no definite indications for either is present, you may ring the changes upon them. A still greater favourite of my own is the *Chimaphila umbellata*, which I have often used with advantage. It has to be given in the lowest dilutions or the mother-tincture.

Irritable Bladder, without inflammation, pain, or morbid state of the urine, is often a symptom of gout, when *Nux vomica* is very helpful for it. It may also arise from disease elsewhere, as in the kidneys, the uterus, and the rectum; and here too, though the cause must if possible be removed, Nux may do much by diminishing reflex irritability. If it seem a simple hyperæsthesia, you will generally get good results from a persevering use of *Belladonna*. I would only make one exception to this recommendation, and that is in cases where the irritability is diurnal only. I advise you here to substitute *Ferrum*. This application of the metal we owe to Dr. Cooper. His cases* are peculiarly instructive. The first was "a light-haired, pale complexioned, delicate little girl," who had been suffering for two weeks from "incontinence of urine, coming on nearly every half-hour, sometimes oftener, but only in the day-time, and invariably ceasing on her re-

* See *Annals*, v., 399.

tiring to bed at night, and when lying down during the day." She had been taking much allopathic medicine, chiefly iron. After Podophyllum had been taken for three days without avail, Dr. Cooper, suspecting that the iron had caused the trouble, gave Arsenicum as an antidote, and in less than a week no trace remained of her distressing malady. Then the brother of the little girl, two or three months afterwards, was afflicted in a precisely similar manner; and as there was with him no antecedent history of pernicious medication, he got Ferrum phosphoricum 1 with speedy and complete success. The next case was of a woman, æt. 65, a teetotaller: her symptoms were aggravated after drinking tea. The same medicine and dose cured in a few days: the trouble had lasted six months. The fourth case was after parturition, and the vesical disorder was accompanied with metrorrhagia and a sense of bearing down and weakness in the hypogastrium. All the symptoms disappeared in a few days under the iron. In these cases the phosphate was given; but in a fifth the acetate acted equally well, and in the 6th dilution. In the sixth case—a man—the phosphate was again successfully prescribed: it seemed to him as if any fluid he took went right through him ten minutes after.—I have myself several times verified this experience.

An acute form of irritable bladder is described by Bähr as cystospasmus, by Jousset as "tenesme vesical;" but it is generally known in England as

Strangury.—By this term (of which dysuria is a practical equivalent) I mean frequent, difficult, and painful micturition,—a small quantity only being

passed at a time. It is, I suppose, an affection of the neck of the bladder, and may be either nervous or inflammatory. When it occurs in an acute form —and I know few seizures more painful—do not care to inquire to which of these categories it belongs, but give your patient repeated doses of *Camphor*, and I promise you that you will earn his grateful thanks.* The same treatment is applicable when absorption of cantharides from a blister is the cause of the symptoms. In cases of less urgency, you will with advantage discriminate between the inflammatory and the nervous variety. In the former, you can hardly do better than give *Cantharis* itself, if your patient be of the male sex. But if the dysuria occur, as it very often does, in a woman, I commend to you *Copaiba* and the *Eupatorium purpureum*. The cases in which I have seen the former act so well have all been women advanced in life; but I do not know that it has any special suitableness to these. In nervous dysuria you will find *Belladonna*, in the 1st dilution, a rarely-failing remedy. If you should want another, you may consider *Apis* and *Capsicum*.

Pace Sir Henry Thompson, I shall still continue to speak of

Paralysis of the Bladder.—His term "atony" may be preferable, but for the present the affection is best known by the other name. It sometimes occurs idiopathically, as in a case described by Sir B. Brodie.† Here *Opium* ought to be its remedy; and the same medicine might help the catheter to

* See *Pharmacodynamics*, sub voce.

† *Op. cit.* (4th ed.), p. 101.

prevent accumulation of urine in typhus. More commonly it is a result of over-distension, and *Arnica* is under such circumstances extremely helpful, in addition to the mechanical (and perhaps electrical) aid you will of course afford. When paralysis of the bladder occurs in connection with disease or injury of the spine, it might be thought that little could be done for it. But I have seen power return, and ammoniacal urine become healthy, in a case of this kind, under the influence of drop doses of the tincture of the muriate of iron.

These are forms of paralysis of the fundus of the bladder—the detrusor urinæ; and constitute the paralytic form of *retention* of urine. But the same condition may obtain in the sphincter, causing partial or complete *incontinence*—enuresis. Of the nocturnal form of this trouble, so common in children, I shall speak when upon their special maladies. As occurring in adults you will occasionally find *Gelseminum* useful for it, and still more *Causticum*.

Stone in the Bladder calls for our medicines only to diminish the inflammation it sets up; and of these I have spoken under cystitis.

Cancer of the Bladder is hardly likely to be touched by anything you can do for it; but the hæmorrhage to which it gives rise may be checked by Hamamelis or Ferrum muriaticum.

Passing now from the bladder to the *urethra*, and reserving gonorrhœa and gleet for the diseases of the male sexual organs, I have to tell you what homœopathy can do in the treatment of

Stricture.—You may think that I am here pre-

suming upon the province of Surgery; but it is not so. Let me cite Sir B. Brodie's sketch of the usual history of these cases. "The patient voids his urine in a diminished stream. The diminution gradually increases, being sometimes attended with a slight mucous or muco-purulent discharge. By-and-bye there is a complete retention of urine. This subsides spontaneously, or is relieved by art. After an interval, which may vary from weeks to months, or even to years, he is overtaken by another attack of retention. During the whole of this time the stream of urine continues to become smaller; it is flattened, or otherwise altered in shape, or divided into two. At last the urine never flows in a stream larger than a thread, nor without great effort and striving." Now there are three stages in this melancholy progress in which our medicines will render effectual help.

1. The first is in the attack of retention, when the stricture is narrowed by spasm or inflammation, or both. When pure spasm is present, it will generally yield with great rapidity to repeated doses of *Camphor*. When inflammation predominates or complicates, as from gonorrhœa or irritating injections, you may depend with equal confidence upon *Aconite*. With these medicines, and the warm bath, you will seldom need the catheter; though you must always be prepared to use it if the distension is great.

2. I think there is no doubt but that the incipient symptoms of organic stricture of the urethra may be in many cases abolished by the administration of *Clematis*. The testimony to its value is very

general, as I have shown in my *Pharmacodynamics*. There seems no reason why coagulable lymph effused here should not be absorbed, while fresh, as it may be elsewhere.

3. When organic stricture has become confirmed, so that mechanical dilatation is indispensable, Dr. Yeldham testifies to the great advantage of having such medicines as *Aconite* and *Cantharis* to control all inflammatory and spasmodic tendencies prior to the introduction of instruments. Aconite, moreover, administered after their passage, has been found to prevent the sometimes perilous rigor which in susceptible persons follows the operation.

The surgical diseases of the prostate, *i.e.*, the mechanical consequences of its enlargement, belong to those of the urinary organs. But physiologically the gland is a part of the male sexual system; and its only disorder which is under medical control—viz., inflammation—rarely occurs save in connection with gonorrhœa. So I will speak of it in my next letter.

LETTER XXXVII.

DISEASES OF THE MALE SEXUAL ORGANS.

In the present letter I shall begin, if I do not finish, the consideration of the maladies affecting the male sexual organs, including those of the testicle, the spermatic cord, the prostate gland, and the penis and scrotum.

Of the diseases of the *testicle* I shall speak first of **Orchitis.**—We are most familiar with this disease when occurring secondarily to gonorrhœa. In these cases it seems to be the epididymis on which the stress of the mischief falls; while in orchitis from cold, from sexual excess, or from mumps, the body of the gland with its investing serous membrane are the parts mainly affected. I do not think that this need cause any difference in the treatment; save that as parenchymatous orchitis is generally more painful than epididymitis, especially if the tunica albuginea is involved, it would require *Hamamelis* in preference to *Pulsatilla.* These are the two great remedies for orchitis. Pulsatilla has hitherto given me every satisfaction; it is the standard remedy for the affection in the homœopathic school, and Jousset, Yeldham, and Jahr express perfect confidence in it. But I cannot ignore the warm commendations given by such excellent authorities

as Drs. Ludlam and Franklin to Hamamelis; and Dr. Jousset says that he has found it of much service in the more severe cases. Besides these locally-acting remedies, *Aconite* and *Belladonna* must be held in reserve; the former to be given if there is much fever and arterial tension, the latter (as Dr. Yeldham well says) "when there is great sensitiveness of the nervous system, and intolerance of pain, and where the pain partakes of the character of neuralgia." I should say that, in citing this author, I am referring to the third edition of his excellent *Homœopathy in Venereal Diseases*. Jahr, too, I quote mainly from his treatise on the same subject, which I have mentioned when speaking of syphilis.

I have not mentioned *Clematis* among the ordinary remedies for orchitis, though it had some repute among the older homœopathists, and the case Dr. Ransford has communicated to the twenty-fifth volume of the *British Journal of Homœopathy* (p. 659) shows that it can sometimes act rapidly enough. I know not, however, of any indications which should lead us to prefer it to Pulsatilla and Hamamelis. Bähr recommends it only in the subacute form of the malady which sometimes ensues upon gleet. The Mercurius recommended by this author and others for gonorrhœal orchitis I can hardly think appropriate.

I will next speak of

Sarcocele.—This is a term including every variety of solid enlargement of the testis. When the tumour is carcinomatous, enchondromatous, cystic, or fibro-plastic, it hardly comes within the range of medicine; and any interference must be in

the way of castration. Simple, strumous, and syphilitic sarcocele are the varieties of the disease of whose treatment I shall speak.

1. Simple sarcocele means chronic orchitis, with induration. The Pulsatilla and Clematis I have mentioned in connexion with the acute disease have occasionally proved useful here; but more important remedies are *Spongia*, *Rhododendron*, and *Aurum*. The first two seem to act mainly on the tunica vaginalis of the cord and gland, the latter upon the body of the testis; though Dr. Yeldham advises Aurum to be given when neuralgic pains affect the cord more prominently than the testicle, and when the former is palpably enlarged. It is probably the most active remedy we have in simple sarcocele; and I myself have had excellent results from it.

2. Strumous sarcocele may be either chronic orchitis in a patient having this diathesis, or actual tubercular deposit—the latter generally in the epididymis. In the one case *Spongia* would bid fair to be useful; in the other a general anti-scrofulous treatment, medicinal and hygienic, would probably give the best results.

3. For syphilitic sarcocele Dr. Yeldham recommends *Mercurius biniodatus;* but *Aurum* also ought to be serviceable.

Irritable Testicle is so often a symptom of other mischief—as varicocele, disease of the prostate or prostatic urethra—or a result of improperly-regulated sexual functions, that *tollere causam* must be its usual treatment. *Ignatia* might be a helpful medicine.

Neuralgia testis may be said to exist when,

without or besides morbid sensibility of the gland, paroxysms of sharp pain occur in it from time to time. This, too, is frequently caused by self-abuse, so that a causal treatment might be the most effectual. When it cannot be so accounted for, you will think of *Aurum*, *Hamamelis*, and *Colocynth* for its relief. The first is suggested by Dr. Yeldham's experience with it in orchitis. To the second we are led by the symptoms elicited in Dr. Burt's proving of the drug on himself.* I have myself seen it of much benefit in a case of neuralgic pain in the testicles, with heat and morbid sensibility. The action of Colocynth on the spermatic and ovarian nerves was developed in the Austrian provings; and, though verified principally in women, bids fair to find its application to the male sex also.†

Passing now to the functional disorders of the testes, we will speak of

Satyriasis.—This affection in its higher grades, where it constitutes almost a form of mania, is happily very rare. Should you meet with it, the most helpful medicines would be *Phosphorus* and *Cantharis*,—the latter if any local irritation could be discovered, the former when the derangement seemed of nervous origin. In less severe cases, where the patient himself comes to consult you for the sexual excitement with which he is worried, *Picric acid* is the first medicine you should think of. In some cases *Nux vomica* or *Platina* might be useful,—the former in strong adults, addicted to

* See *Pharmacodynamics*, sub voce.

† See *Monthly Hom. Review*, xii., 733.

alcohol and coffee, the latter in young persons of feminine constitution and temperament.

Impotency.—In undertaking the treatment of a case of this kind, you will of course begin by ascertaining whether your patient has any discoverable disease of the testis or cord, or of the kidney; whether he is dyspeptic, or has oxularia; and whether it is moral treatment rather than medical which is required. When these causes of impotency have been eliminated, there remain three others to which his trouble may be traced, and which require treatment accordingly.

1. The fault in many instances is in the nervous centres. Sometimes the sexual weakness is one element in general paralysis, especially locomotor ataxy. Sometimes there is a history of a blow or fall, when you will think of Arnica or Hypericum. You will observe cases of this variety, moreover, in which the loss of power is not in the testicles, but in the ejaculatory, erectile, and intromittent functions. This, which is a true paralysis, has been caused and may be cured by *Arsenic*. In some cases of conjoined sexual atony and cerebral depression *Kali bromatum* might prove useful; and *Selenium* is to be considered.

2. Impotency may be the result of over-indulgence of the sexual functions, in which event it is usually complicated with spermatorrhœa (q. v.). Rest to the exhausted organs, and the administration of *Phosphorus* or *Phosphoric acid*, according to the symptoms, are the remedies.

3. A premature senility, or a sort of general eunuchism with or without atrophy of the testicles,

may be the condition of the patient who consults you for impotency. *Baryta carbonica* is good here; and *Conium* is so homœopathic that it ought to be of service. The same may be said of *Agnus castus*, which Stapf states that he has several times used with success in impotence. Perhaps *Camphor* should be added to the list.

Sterility in the male subject—i.e. capacity for sexual intercourse but inability to procreate—so generally depends upon organic causes that it rarely comes within the reach of medicine. If it be associated with atrophy of the testicles, the medicines capable of causing this atrophy, viz., *Iodine* and *Conium*, might be tried.

Spermatorrhœa.—We owe to Lallemand the demonstration of the frequent dependence of this trouble upon chronic inflammation of the prostatic portion of the urethra, with the seminal ducts and vesicles, and the prostate. But we are not, I think, to follow him in the treatment of such cases by the local application of nitrate of silver,—roughly homœopathic though it be.* We shall accomplish the same end by our internal medicines, which by elective affinity seek out and influence the affected part. The chief of these are *Cantharis* and *Staphisagria*. Dr. Kidd speaks highly of the former;† and I have myself seen great benefit result from the latter.

* A milder local treatment is advocated by Dr. Vaughan-Hughes in a paper on this disease, under the title of "The Irritable Prostate," in vol. v. of the *Annals*. You will weigh his recommendations in unusually obstinate cases.

† *Annals*, v., 131.—Sir H. Thompson cures such cases by blistering the perineum: is he not using the specific influence of Cantharis in so doing?

Excluding the comparatively rare instances in which spermatorrhœa results from rectal irritation, which must be treated with reference to the latter region; and from suppressed cutaneous eruptions, where Sulphur is required, the only other form of spermatorrhœa we have to combat is the atonic, from masturbation or sexual excess. Hahnemann and his immediate followers, as Hartmann, consider *China* specific in this condition. It would suit the condition of morbid irritability in which it commences admirably. "The frequent and morbid excitement of the sexual organs, resulting in an involuntary emission of semen, and caused even by slight abdominal irritations, is permanently relieved by Cinchona:" so writes Hahnemann. Later on *Phosphorus* and *Phosphoric acid* become our most suitable medicines, the former when irritable weakness, the latter when simple debility is present; and, in alternate use and varying dilutions, will be found very serviceable.

This is my experience; but other authors speak highly of *Sulphur* and *Nux vomica*—Jousset saying that he owes a radical cure to the former, in the 12th and 30th dilutions. Bähr commends *Digitaline*, in the third decimal trituration, as the most effective remedy we possess against too frequent emissions. I have several times adopted this piece of practice with success. Jahr gives Phosphoric acid 18 in the passive form of spermatorrhœa, supplemented (if need be) by Sulphur, Conium, and Sepia; and Nux vomica 30 when the condition is more erethistic, succeeding it where required with Phosphorus and Calcarea.

Hydrocele, in its common vaginal form, has not unfrequently been cured by homœopathic remedies. "Acute hydrocele," i.e., inflammation of the tunica vaginalis independently of the other contents of the scrotum, would probably find its best remedy in *Spongia.* But chronic hydrocele is rather a serous dropsy. *Pulsatilla*, *Rhododendron*, and *Aurum* are again the medicines which have done the good service to the testicle; but *Graphites* is to be added. Cases illustrative of the action of Pulsatilla and Graphites by Dr. Black may be read in the seventh volume of the *British Journal of Homœopathy*, (p. 525); and there is a case cured by Rhododendron by Dr. Hastings in the eighteenth volume of the same journal (p. 351). I have myself seen a hydrocele disappear under Aurum.

In cases which refuse to yield to this treatment, you will consider the arguments of Dr. Jousset, to which I have already directed your attention,* and which go to prove that the *Iodine* injections so successful in hydrocele cure, not by setting up inflammation, but by a specific alterative influence exerted upon the serous walls of the sac. He recommends the injection of "eau iodée" with a capillary trocar. I have seen the fluid become absorbed under the internal and local use of the iodide of potassium. Dr. Hempel says that in children Calcarea is an excellent remedy.

The disorders of the *spermatic cord* which come before us for treatment are varicocele and retraction of the testicles.

* *Pharmacodynamia*, sub voce *Iodium.*

Varicocele is as open to specific treatment as is varix occurring elsewhere in the body, and by the same medicines, viz., *Hamamelis* and *Pulsatilla*, whose affinity for the testicle gives them especial power over this local variety of the complaint. You may use a suspender or apply the pressure of a truss as you please; but I think you will find that the "radical cure" of varicocele is better obtained by the use, internal and external, of these specifics than by any of the operative procedures now in vogue.

Retraction of the Testicles must imply a spasm of the cremaster muscle. We are familiar with it as a symptom of the passage of a renal calculus; and even in apparently idiopathic cases it would be well to see if there is any obscure urinary irritation at the bottom of it. But if none such is discoverable, you will do well to consider the frequent appearance of this symptom among the subjects of lead-poisoning, and also Teste's statement, that he has employed *Plumbum* with particular success in "an excessively painful retraction of the testicles and penis, which seemed to re-enter the hypogastrium (in consequence of prolonged venereal excesses and repelled tetters)."

When now we come to the *prostate* gland, you will naturally think of that chronic enlargement of its substance which is one of the troubles of old age. I cannot tell you that medicine has any control over this; nor indeed is it likely, the affection being, as Sir H. Thompson points out, a simple hypertrophy. I can only speak of the treatment of acute and chronic inflammation of the gland.

Prostatitis is rarely seen save as a complication of gonorrhœa or gleet. In its recent form opinion seems divided as to the superior value of *Mercurius* or *Pulsatilla;* but all authorities agree that these are the two leading remedies. The only exception is Jahr, who would have us rely upon *Nitric acid* 30. If the inflammation tends to linger in a sub-acute form, Dr. Yeldham recommends the administration of grain doses of *Kali iodatum.* Chronic prostatitis may be helped by Pulsatilla, but finds a still more efficient remedy in *Thuja*, on which—in varying attenuations—its subject should be kept for a long time.* Here, too, Jahr recommends Nitric acid.

The treatment of prostatitis must be somewhat modified if suppuration is probable, or has actually occurred, which often happens in strumous subjects. Here, whatever other remedies may be given, *Sulphur* becomes of prime importance. Dr. Yeldham recommends the tincture in the acute stage to aid Mercurius; and Jahr relies on the 30th dilution, in concert with his Nitric acid, in chronic suppurations of the gland.

We have lastly to consider the diseases affecting the *penis* and *scrotum*, and will begin with the most common and central of all the maladies affecting the male sexual organs,

Gonorrhœa.—The abortive treatment of this disease is only possible in its earliest incipience and its non-inflammatory forms. If you get the opportunity of attempting it here, you may use mild injections after the old-school fashion, or may try *Sepia*

* See *Brit. Journ. of Hom.*, xxiv., 499.

30 night and morning as recommended by Jahr, who says that with it he frequently cures gonorrhœa then and there. A less known remedy, Bignonia, is praised by some for the same purpose.

I have no experience of this practice, but can confidently recommend the following treatment for the fully-established disease. If your patient has it for the first time, and the inflammatory symptoms run high, put him on a low dilution of *Aconite* or *Gelseminum*, according to the amount and kind of constitutional disturbance, and trust to that alone. A case of Dr. Pope's in the twenty-fifth volume of the *British Journal of Homœopathy* (p. 508) will show you what Aconite can do, and the virtues of Gelseminum find abundant evidence in Dr. Hale's *New Remedies*. When the inflammatory symptoms have subsided, or if they have been moderate from the first, give *Cannabis sativa* steadily. It seems generally agreed that this medicine must not be much, if at all, attenuated. Even Jahr recommends the 3rd dilution; but most of our therapeutists use the mother-tincture, and are not particular about the number of drops. The only other remedy likely to be required is *Cantharis*, which should be given intercurrently with the other medicines when the urinary symptoms indicate that the inflammation is extending towards the bladder. It is also useful where painful erections occur.

The above has always been my treatment of gonorrhœa, and it fairly represents that of our school. Bähr is the only marked exception. He would have us give Mercurius solubilis for the first ten or twelve days, and then (when the symptoms are less active

Hepar sulphuris till the close. He admits that four weeks are required for the duration of the disease under this medication, but asserts that orchitis and prostatitis hardly ever occur, and that in very few cases does a secondary discharge remain. He allows Cannabis to be preferable only in non-inflammatory cases. Jahr, giving the latter medicine alone, claims always to effect a cure in two or at the most three weeks. He recognises the value of occasional doses of Mercurius (vivus, 2nd trit.) if Cannabis hangs fire. Dr. Yeldham gives the same metal, in the form of corrosive sublimate (five-drop doses of the 3rd decimal) in alternation with Aconite for the first week of inflammatory cases; and Dr. Jousset employs the salt in a weak injection to check lingering discharge. *Mercurius*, therefore, in some form or other, plays no unimportant part in the homœopathic therapeutics of gonorrhœa as of syphilis. *Copaiba*, which is quite homœopathic to the morbid process—as I have shown in my *Pharmacodynamics*—is favourably spoken of both by Yeldham and by Jousset; but no distinctive place is assigned to it. The former also commends Thuja, which we have seen to have produced a more outspoken urethritis than has been obtained from any other drug; but which has been little used in acute gonorrhœa. Of the Petroselinum recommended by Hahnemann as an alternative to Copaiba we have no later experience.

Chronic gonorrhœa—"gleet"—is not readily amenable to internal remedies. Those of which we have spoken in relation to the acute stage are sometimes of service, especially *Thuja*, after which *Nitric*

acid may come in usefully. We have also some testimony in favour of Zincum muriaticum 3 (Tessier), Kali iodatum 3x (Franklin), Matico 1x (Kafka), and Sepia 30 (Jahr). More commonly, the best way of treating gleet is to prescribe medicines suited to the state of the general health (which is nearly always depressed), such as Sulphur, Nux vomica, or Ferrum; and to medicate the urethra locally by injections. Those recommended by Dr. Yeldham are effectual and uninjurious, viz.: half a drachm of Goulard's extract to an ounce of distilled water, or an infusion of powdered Hydrastis root in the proportion of an ounce to the pint.

Of the complications of gonorrhœa I have spoken in their proper places.

Balanitis is not a very serious matter; but any one will thank you for telling him how rapidly it may be subdued by *Mercurius*. In neglected cases the local use of Calendula (as advised by Dr. Yeldham) is most helpful.

Soft Chancre, with its suppurating bubo, is now generally recognised as a local, though specific and contagious affection,—as standing, in fact, in the same category as gonorrhœa. The very reasons which have led me to maintain that *Mercurius* is antipathic in relation to the hard chancre show that it is homœopathic to the soft; and you may rely upon it with the utmost confidence, and in quite moderate dosage. It cures, not because of the influence it exerts over the syphilitic virus, but in virtue of its power of causing ulceration generally and at this particular spot. *Nitric acid* is here, as in ulcers of the mouth, an effectual ally to it; and the two

medicines often come in usefully to reinforce one another's action when it is flagging.

Of the treatment of the accidents of chancre I have discoursed when upon syphilis. I have only now to speak of that of the chancrous bubo. Yeldham and Bähr concur in recommending that the Mercurius the patient is taking should be steadily continued when this complication appears, as its best remedy. *Hepar sulphuris* may be substituted if suppuration appears inevitable. The former was in the habit at one time of opening the abscess early, but he has now so frequently seen it disperse without breaking that he gives it a larger chance of doing so. Jahr and Gaspary have had correspondingly good results from *Carbo animalis*. Of the treatment of phagedænic bubo I will speak in Dr. Yeldham's words. "It demands," he says, "the most careful management, both local and constitutional. The former consists, first, in the use of warm linseed poultices; and, secondly, of Calendula lotion, in the proportion of one part of the tincture to eight of water. Cotton-wool should be soaked in this, and laid in, and over, the wounds. The lotio nigra may sometimes be advantageously substituted for it. The constitutional treatment consists in the administration of Merc. sol. or the biniodide of Mercury, in from five to ten grain doses of the 2nd decimal trituration, if mercury have not already been given; or, if it have, of Acidum nitricum, in ten-drop doses of the 1st or 2nd decimal dilution; or of Kali hydriodicum, in five-grain doses, three times a day. The patient's powers should, at the same time, be sustained by a generous diet, to which a table-spoonful

of cod-liver oil every night is an excellent addition. He should also keep himself quiet, and as much as possible in the recumbent posture. Movement, from the peculiar situation of the disease, tends to retard the healing process" (*Op. cit.*, 3rd ed., p. 92).

Elephantiasis of the penis and scrotum, and prurigo of the latter, belong to cutaneous diseases; but I must speak of the form of cancer which affects the parts, and which is nearly always

Epithelioma.—If this could be seen and treated early, good results might be obtained from *Thuja.* Later, *Arsenic*—internally and locally—would probably do all that could be expected from medicine.

Inflammation of the Scrotum is either of the diffuse form, affecting the abundant cellular tissue; or one threatening mortification, analogous to the noma pudendi of the other sex. *Apis* for the former, *Arsenicum* for the latter, would be the suitable medicines.

LETTER XXXVIII.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

The Ovaries and Menstruation.

The disorders peculiar to the female sex will next engage our attention, and from the frequency with which they come under our notice will demand a careful consideration. For the same reason, I shall have abundant material on which to draw. Besides the sections devoted to this subject in our systematic works, we have several special treatises on gynæcological therapeutics, among which I may specify those of Ludlam, Guernsey, Leadam, Matheson, Jahr, Croserio, and Peters. Dr. Ludlam's *Lectures, clinical and didactic, on the Diseases of Women* have deservedly reached their third edition. Though "clinical," and therefore occasional, they are so numerous as to embrace nearly the whole range of the subject: they are brimful of practical observation, and are couched in language which makes them most pleasant reading. The *Obstetrics** of Dr. Henry N. Guernsey (which is also in a third edition) is of a different type. It represents the choice of remedies upon the grounds of minute symptomatology and "key-notes," of which this gentleman is a leading advocate, and for this purpose may constantly be consulted; but it is hardly to be read continuously.

* More fully, *The Application of the principles and practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and young Children.*

Dr. Leadam published some twenty years ago a volume entitled *The Diseases of Women, homœopathically treated;* and a recently issued second edition embodies the results of his experience since that time. Dr. Matheson has given us some valuable practical material in his four lectures *On some of the Diseases of Women, their pathology and homœopathic treatment*, delivered in 1876 at the London Homœopathic Hospital. Jahr's *Homœopathic Treatment of Diseases of Females and Infants at the Breast*, and Croserio's *Homœopathic Manual of Obstetrics*, represent an older and more limited homœopathy; while Dr. Peters has founded on Rückert's collection of recorded experience several of his useful treatises. I shall also have to refer you to several contributors on a large scale to uterine therapeutics in the pages of our journals, among whom I may specify my industrious friend, Dr. Edward Blake.

I begin with the diseases of the *ovaries*. Very little was known at one time of the action of medicines upon these organs; and we had to rely mainly upon their homology with the testes for the ascertainment of remedies suitable to their corresponding morbid conditions. Experience confirmed indeed the soundness of the inference; but we have now, from the large amount of *usus in morbis* on record, and from the many provings instituted by women, a number of well-defined ovarian remedies, and can use them with much precision.

I will speak first of ovarian inflammation—

Ovaritis.—There is much difference of opinion

among pathologists as to the frequency of the occurrence of real inflammation of the ovaries, and as to its ever appearing save as secondary to uterine disease. My own judgment goes with Dr. Ludlam (who has devoted two excellent lectures to the subject) in favour of both the frequency and the primariness of ovaritis, at any rate in a sub-acute form. Sudden suppression of the menstrual flow, as from cold or coitus; inordinate sexual indulgence or ungratified sexual desire; mechanical violence or the irritation of emmenagogues—these are some of its most common causes, and suggest the form of disease I wish you to have in your mind as our object of treatment.

In managing recent ovarian inflammation, whether acute or sub-acute, the most important indication for our choice of remedies is the presence or absence of involvement of the investing peritoneum. Should this feature exist—as indicated by the character of the pains—you will do well to make it your first consideration. All our remedies for peritonitis are available here, and have been found useful, as *Belladonna* by Bähr and Ludlam, *Colocynth* by the latter, *Bryonia* by Jahr and Leadam, *Mercurius corrosivus* by myself. The general indications for these medicines regulate their employment here, and I need not repeat them. When, by one or other of them, you have eliminated the peritonitic element of the case, or when it is absent from the first, *Pulsatilla* and *Hamamelis* are our remedies, as in orchitis. Here also the former suits the sub-acute, the latter the more intense forms of the malady; and either may be aided by Aconite if required. Of late, *Apis* has received much commendation in parenchymatous ova-

ritis: "stinging pain" is said to be a special indication for it. Dr. Guernsey places Cantharis also in the first rank among the remedies for this state.

By these medicines, with suitable general management, you will generally succeed in preventing ovarian inflammation from becoming chronic. Should you find it, however, in this condition, you may undertake its treatment with good hope of success. The first question must be whether you have induration or abscess to deal with. In the former case *Conium*, *Platina*,* and *Graphites*† are in most repute: sterility in the married, tardy and scanty menses in all, are indications for these drugs. Dr. Guernsey adds *Thuja*, when the left ovary is affected, and there is much pain, with great aggravation at the catamenial period. Palladium is another medicine which, though little known as yet, seems to have a true ovarian action, and must not be lost sight of. In ovarian abscess *Lachesis*, first recommended by Dr. Hering, has found several praisers; but you must not neglect our accredited remedies for suppuration elsewhere, as Mercurius when it is threatening, Hepar sulphuris and Silica to moderate it when established, and China and Phosphoric acid to combat the drain on the system.

Ovarian neuralgia.—Of all our authors, Ludlam and Guernsey alone devote a section to this malady. It is true that a large proportion of the cases so called depend on a chronic sub-inflammatory state of the surface of the organ and of the adjacent peritoneum (ovarian folliculitis and pelvi-peritonitis).

* See *Brit. Journ. of Hom.*, xxv., 157.

† See *Ibid.*, xxxi., 183.

When it is so (as suggested by the presence, in addition to the occasional paroxysms, of permanent tenderness and enlargement, and perhaps continuous pain) medicines should be selected suitable to the inflammatory as well as the possible neuralgic element in the case. Such are *Hamamelis* and *Colocynth*,—the first being appropriate where the ovary itself, the second where its peritoneal envelope is the part affected; while both reach to neuralgia of the part. But there may unquestionably be a pure neurosis of the ovary, answering to the irritable and neuralgic testicle. When you have sought for and removed any eccentric sources of irritation which may lie at the root of such a malady, you will seek its remedies among our neurotic medicines. Dr. Ludlam speaks highly of *Atropia* (3rd trit.) at the time of attack, and of *Zincum*, in the form of the valerianate (3rd dec. trit.), in the intervals. He also mentions *Naja* as having proved useful: it has become my own favourite medicine for obscure ovarian pain, not frankly inflammatory. Dr. Guernsey commends *Staphisagria* where the affection is of mental origin.

Ovarian dropsy.—In thinking over the possible curability of this disease, it must be remembered that it corresponds, not with hydrocele, but with cystic disease of the testicle. As the only help for the latter is castration, so it would appear that ovariotomy is quite in place for the former. Dr. Leadam considers this to be true as regards the multilocular growths, but thinks from his experience that homœopathic remedies have considerable power over those of unilocular character. He has seen

many such "which have been left untouched, either from the patients having been delicate, or too feeble, or supposed to have a tinge of consumption about them, or of cancer, go on perseveringly with treatment for a long time, and at the last their forms have gradually diminished, and their strength has recovered." He mentions several instances of the kind. Dr. Guernsey extends this favourable prognosis to all kinds of ovarian enlargements. "The profession has come to realise," he says, "that all such growths are of dynamic origin, and that the persistent use of a remedy homœopathic to the particular case in question will certainly so counteract the diseased condition as to make the tumour disappear." In the *Hahnemannian Monthly* for December, 1877, he collects a number of cases in which this result seems to have followed upon homœopathic treatment.

It was only fair to place these hopeful statements before you, though I confess that they go beyond my own experience and expectations. However, as there is no hurry about ovarian dropsy, it is worth while allowing them to encourage us to try the effects of treatment before resorting to operative measures. The medicines recommended for consultation by Dr. Guernsey are Apis, Arnica, Arsenicum, Belladonna, China, Conium, Graphites, Iodium, Lachesis, Lycopodium, and Zincum. Of these *Apis* and *Iodium* are the two which seem to have most evidence in their favour. Several cases showing activity on the part of the former have come from America; and a German colleague has communicated one in which a complete cure resulted from the use of the Iodine

waters of Hall. Dr. Jousset would bring Iodine to bear more directly by injecting "eau iodée" into the sac. Another hopeful medicine is *Kali bromatum*, to which we can credit at least three apparent cures.*

If ovariotomy is decided upon, our remedies for peritonitis and vomiting go far to improve the chances of the patient's recovery from the operation.

I will take next the disorders of *menstruation*, which occupy a common ground with the diseases of the ovaries and those of the uterus; and will speak first of

Menorrhagia.—I think the best division of the cases in which this trouble occurs to be that of Dr. Guernsey, who classifies menorrhagia as organic, sympathetic, or functional. Organic menorrhagia implies that some local disease of the womb is present, of which the hæmorrhage—generally intermenstrual as well as menstrual—is but a symptom. Sympathetic menorrhagia is that which appears in Bright's disease and in tuberculosis, in the inhabitants of malarious districts, and in the subjects of lead-poisoning. The persistent treatment of these cases must of course be that of the primary disease. But you must not therefore suppose that you cannot diminish the profuseness of the menstrual flow at the time. What Dr. Kidd has told us may be done with Sabina, Secale, and Ferrum in the menorrhagia of fibrous tumours†—Dr. Jousset speaking of

* See *Pharmacodynamics*, sub voce.

† See *Brit. Journ. of Hom.*, xx., 52.

similar results from Ledum and Platina in more attenuated forms—is true also of other instances of the organic and sympathetic forms of the disease.

While, therefore, I shall be speaking of the remedies for functional menorrhagia only, you will understand that the indications given for them are those which should also influence our choice in cases where the affection is secondary.

The remedies for menorrhagia are, in the first rank, Crocus, Sabina, and Ipecacuanha; in the second, Arsenicum, Belladonna, Calcarea, Chamomilla, China, Hamamelis, Nux vomica, Platina, and Secale.

Crocus is invaluable in functional menorrhagia, when the discharge is blackish, and lumpy or tenacious like pitch. There is no medicine I have given more frequently, or with better effect, than this, when the trouble has occurred in youngish women. I have generally administered it during the period, and China in the interval. The dark and clotted condition of the discharge has been my indication for its choice: I have never met with the "sensation as if something were alive in the abdomen," which is said to be so characteristic of it.

Sabina is suitable where the blood is bright red, with which the accompanying symptoms generally correspond to indicate hyperæmia—approaching to inflammation—of the uterus. I find such a condition present in *menorrhagia* less frequently than that which calls for Crocus or Ipecacuanha; but, when it occurs, Sabina is very effective in its removal. Dr. Matheson (who has an excellent lecture on menorrhagia) esteems it "a remedy which

will cure a larger number of cases of simple and uncomplicated menorrhagia and metrorrhagia than any other medicine in the whole Homœopathic Materia Medica." If metrorrhagia is included, I agree with him. It should be given both during and between the periods.

Ipecacuanha may be given where neither Crocus nor Sabina, nor any of the more specially-defined remedies of which I shall speak presently, is indicated. It is particularly called for where much nausea is present. It is most suitable at the time of the period itself.

The other anti-menorrhagic remedies are called for under the following conditions:—

Arsenicum, in material doses, has proved curative in some obstinate cases, perhaps of chronic endometritis.*

Belladonna may be given when the menstrual and uterine symptoms are those of Sabina, but the cerebral and general condition is that belonging to the polychrest, which is also indicated by the uterine tenesmus characteristic of it.

Calcarea is suitable, during the intervals, in cases where the menorrhagia is but one element of general mal-nutrition. The patient should be one suitable for the remedy, though she need not have the damp cold feet so much insisted upon by Drs. Guernsey and Skinner. According to Hahnemann, the period should anticipate, as well as be in excess, if Calcarea is the remedy.

Chamomilla has undoubted control over hæmorrhage from the womb; and may be given in menor-

* See *Hahn. Mat. Med.*, Part I., p. 18 (Arsenic).

rhagia when it has been brought on by disturbing emotions, and where sensibility, local and general, is abnormally exalted. A black and clotted discharge, with pain in the back, indicates it; and also an extreme irritability of temper occurring at every period.

China is of course the best medicine for relieving the debility incident to menorrhagia. But it is also homœopathic to the disorder itself, producing a flow like that of Crocus; it is accordingly specially useful to reinforce that medicine in the menstrual intervals. It helps, moreover, to restore the periodicity in cases of irregularity.

Hamamelis, like Ipecacuanha, may be often given with advantage at the time of the flow, when no special indications for other medicines are present.

Nux vomica is a useful adjunct to the hygienic remedies on which we must mainly depend when menorrhagia occurs as a consequence of a too stimulating diet, with sedentary habits, in comparatively plethoric subjects.

Platina has long been a favourite homœopathic remedy for this trouble: it seems best suited for cases due to premature or excessive development of the sexual instincts, and where in older women it is associated with melancholia. Its catamenia are too early and long continued, as well as profuse.

Secale seems, at first sight, suitable only as an antipathic palliative to give temporary aid in extreme cases. But the evidence of dosage goes to show that it has a true homœopathic relationship to uterine hæmorrhage, for it often proves curative

in the dilutions from the 6th upwards.* Even in this form it seems best suited to atonic conditions of the uterus, as in women who have long resided in tropical climates: Dr. Guernsey adds that its appropriate subjects are thin and cachectic.

The foregoing remedies are those to which my own knowledge and experience relate as helpful in menorrhagia. Several others, however, are indicated by our various authorities, of some of which I must speak; though I cannot do more than refer you to the list of eighty-four characterised by Dr. Guernsey. Bähr mentions Phosphorus where the menses are delaying but profuse, and cause much debility and back-ache; also when menorrhagia occurs in nursing women (Dr. Guernsey indicates Calcarea and Silica here). He thinks that menorrhagia often depends upon the stasis of the blood caused by heart disease, and that Digitalis is here required. Jousset considers menorrhagia to have frequently the same significance as bleeding piles, and in such cases gives Nux vomica or Ignatia—the latter if the menses also anticipate. Dr. Leadam gives full and valuable indications for twenty medicines, including most of those above mentioned: his list may well be consulted in difficult cases. He has had good effects from the constitutional course of treatment recommended by Dr. Patzack, consisting of Calcarea, Sulphur, China, and Nux vomica given in rotation during the intervals. Dr. Matheson's recommendations are much the same as my own; and so also are those of Dr. Carfrae, in a clinical lecture on menorrhagia which appears in the eighth volume of

* See Teste, *sub voce*.

the *Annals*, save that he makes more use of five-drop doses of the mother-tincture of Secale than seems to me consistent with genuine homœopathic treatment.

This is all I have to say about menorrhagia, properly so called; for other remedies for uterine hæmorrhage unconnected with menstruation have yet to come before us, and will do so when we speak of metrorrhagia. I have now to direct your attention to the opposite condition—

Amenorrhœa.—I include under this heading all marked deficiencies of the catamenial flow, whether in quantity or quality, down to its complete absence. I will not now speak of the form of this disorder which comes before us in those entering upon puberty, as I shall have to speak of their troubles under the heading of "Critical Age." I am thinking at present of those in whom the menses are suddenly suppressed, or gradually diminished until they finally disappear.

The menses which a chill or mental emotion has suddenly suppressed may often be restored there and then by the timely administration of *Aconite*, which may sometimes be aided by Belladonna or Glonoin if the head is much congested. If, however, you are too late for this, and the next period fails to appear, a more directly acting remedy is required; and this homœopathy has supplied for the great majority of cases in the shape of *Pulsatilla*. A course of this medicine, continued during one or two intervals, rarely fails to set matters right: it has acted well in different cases alike in the 12th attenuation and in five-drop doses of the mother-tincture. Helleborus,

Cyclamen, and Senecio are alternative remedies of the same kind, and might help us should Pulsatilla fail. If chlorosis has set in in consequence of the menstrual suppression, it may yield to these remedies; but if it be considerable, you will materially aid the restoration of health by a chalybeate course. The case I have cited when writing upon anæmia illustrates the advantage of this method.

Cases in which the catamenia are simply suspended, *i.e.*, fail to occur at the expected time, are generally due to change of climate or mode of life, and rarely cause any derangement of health or require treatment. But the most important variety of amenorrhœa is that in which the discharge, having diminished in amount for two, three, or more periods, or the interval having become longer and longer, has finally ceased. This is generally dependent upon constitutional causes, and the menstrual suppression is but a symptom of the deranged health of the whole system. It is rare that the error is on the side of plethora. Where it is so, *Belladonna* should be given during the intervals, and Aconite at the periods; and the obvious hygienic regulations observed. Far more commonly the general condition is one of mal-nutrition and debility. If this be simply chlorotic, I would refer you to the remarks I shall presently make on the treatment of that malady. If it be (as Dr. Ludlam points out that it frequently is) the incipient stage of the tubercular cachexia, *Calcarea*—as recommended by him—is an important remedy. When no such definite disorder is present, you must treat the patient according to her symptoms with such remedies as Graphites,

Sepia, Sulphur, Natrum muriaticum, Plumbum, and Conium. *Graphites* stands next to Pulsatilla in the frequency of its usefulness for defective menstruation. Costiveness and tendency to eczematous cutaneous eruptions are its special indications; and it is perhaps better when the menses are delayed, scanty, and painful than when they are altogether absent. *Sepia* is most useful when there is much leucorrhœa, and where the general dyscrasia is considerable: the rectum also may give evidence of the existence of portal or pelvic congestion. *Sulphur* is valuable in scrofulous or otherwise unhealthy constitutions, with tendency to papular skin eruptions and temporary congestions or flushes of heat. *Natrum muriaticum*, like Graphites and Sepia, has constipation among its indications; and, with the latter, is most useful in chronic cases with greatly impaired nutrition, as evidenced especially by the appearance of the skin, which is dry, harsh, and sallow. The same is to be said of *Plumbum*, which was introduced as a remedy for chlorosis by Dr. Winter, of Lunenburg. You will find his paper translated, with some additional remarks by Dr. Drysdale, in the first volume of the *British Journal of Homœopathy*. *Conium* is homœopathic where the amenorrhœa is part of a general depression of sexual activity; in which case the salts of Baryta also might be useful.

Vicarious Menstruation is rather an annoyance than a disease of moment. Dr. Leadam recommends Ferrum, and Dr. Dunham Bryonia, as ordinarily the most suitable remedies for re-diverting the menstrual nisus to its proper seat. Hamamelis, also, has occasionally effected this purpose.

I have last to speak of painful menstruation,

Dysmenorrhœa.—In undertaking the treatment of a case of this kind, you will of course begin by eliminating the purely mechanical variety of "obstructive dysmenorrhœa." Whether arising from congenital narrowness of the cervix, or from subsequent flexion of the womb, in either case it seems to require mechanical treatment, though the latter is somewhat (as we shall see) under the influence of medicine.

Functional dysmenorrhœa implies that the ovaries and uterus (chiefly the latter) cannot perform their periodical duties without pain. This of course may result from their being in a condition of chronic inflammation, in which case nothing is required for the special pain of the period. But even when they are otherwise sound, they may suffer unduly during the menstrual nisus. Either their natural hyperæmia oversteps the boundary of health, or their nerves are abnormally sensitive; or the uterine muscular fibres are prone to spasm or stiffened by rheumatism. The leading medicines for dysmenorrhœa will find their place under one or other of these forms.

Obstructive dysmenorrhœa, *i.e.*, where the pain is felt chiefly if not entirely before the flow is fully established, is (when not mechanical) due to narrowing of the cervical canal by congestion or spasm. If from congestion limited to the uterus itself, the remedies I shall mention as suitable for that condition—especially Sabina or Sepia—should be given during the intervals, and either *Aconite* or *Pulsatilla* at the time,—the former when the discharge is

bright red, and the patient of sanguine constitution, the latter when she is lymphatic, and the blood is dark and clotted. If the congestion be more general—as shown by constipation, hæmorrhoids, hepatic disturbance, and so forth—*Collinsonia* is a good medicine, both at the periods and between them. For the spasmodic form I find *Gelseminum* (not higher than the 1st decimal dilution) a most excellent remedy; it is best given, as Dr. Ludlam recommends, in *warm* water, even a teaspoonful of cold fluid being apt to bring on the pains in this affection. Gelseminum, however, is scarcely more than palliative at the time; and *Caulophyllum* is the best medicine to be given as curative during the intervals. Its action upon the uterus is like that of Secale, but with the difference (so important here) that it influences the cervix as well as the fundus. The *Viburnum opulus* has been much used of late in this form of dysmenorrhœa, both at the time and prophylactically. Its *modus operandi* is uncertain; but the lowest dilutions seem required.

Another form of obstructive dysmenorrhœa is only secondarily so,—the primary fault being in the uterine mucous membrane. I speak of the affection called "membranous dysmenorrhœa," in which the menstrual decidua is so abnormally large and thick as to cause severe pain in its expulsion. This is sometimes the result of chronic uterine inflammation or congestion, as in a case recorded by Dr. Matheson, and cured by him with Belladonna and Mercurius.* More frequently, I apprehend, ovarian

* See *Annals*, viii., 252.

Irritation is at the bottom of the morbid exfoliation of the lining membrane of the uterus; and here we must look for more recondite remedies. The most promising is *Borax*, cures with which have been reported by Dr. H. Bennet from the old school, and Dr. E. M. Hale from our own.* Material doses were employed; but the drug has unquestionably a specific relation to morbid and painful uterine conditions. Dr. Ludlam has reason to think, from observations he has made, that this malady is often traceable to repercussion of a cutaneous eruption; and here finds Sulphur of service.

Non-obstructive dysmenorrhœa, where the pain continues during the flow, means an abnormal sensitiveness of the nerves of the ovaries or uterus, or of both. It is probably in ovarian dysmenorrhœa that the virtues of *Hamamelis*, which is praised by many in this disorder, find their scope. When it is rather the uterus which suffers neuralgic pain in the performance of its monthly function, *Chamomilla* and *Coffea* are recommended; and will often (the former especially when the temper is much disturbed by the suffering) give full satisfaction. Should they not succeed, or should the general hyperæsthesia calling for either be absent, I can commend to you the *Xanthoxylum fraxineum*—one of the lately introduced American remedies. I am in the habit of giving this medicine in most cases where dysmenorrhœa co-exists with some degree of menorrhagia; and can speak of several cures from it. If Dr. Massy's key-note for it—"prolongation of the pain down the crural nerve"—is confirmed, it

* See *Brit. Journ. of Hom.*, xxix., 746.

would seem to correspond to ovarian dysmenorrhœa also.

There are certain cases of this affection in which the uterus seems to be "rheumatic," as it might well be in common with other muscles. Guaiacum has been, since Dewees' time, a favourite remedy for this condition in the old school: in our own, *Actæa racemosa* takes its place.

There is little to add as from others. Guernsey and Leadam give their usual long list of possible remedies. Dr. Jousset mentions Magnesia carbonica as having often succeeded with him where the periods delay, and especially where the flow is arrested during the pains.

I had intended speaking here of chlorosis, as a condition almost if not quite always associated with disordered menstruation. But this letter has already been a sufficiently long one; and perhaps, after all, chlorosis most properly belongs to the maladies incident to sexual involution, among which accordingly I will consider it.

LETTER XXXIX.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

The Uterus.

I now come to the morbid states of the *uterus* itself. Taking the organ first as a whole, we have to consider its hyperæmic conditions. Of these acute metritis is rare, save after parturition, where it will receive subsequent attention. Chronic hyperæmia of the uterus—as from sub-involution and the various causes of determination or stasis of blood in the organ—is common enough, and the only question is whether we shall call it congestion or inflammation. The general *consensus* of recent writers is in favour of the latter view, so I will speak here of

Chronic Metritis.—I think nevertheless that a difference must be made in our treatment according as the phenomena are more purely congestive or present (at times at least) frank signs of inflammation. The former class of cases are those most apt to arise from excessive or abnormal sexual excitement and from obstructive dysmenorrhœa on the one hand, from venous stasis owing to portal or pelvic congestion on the other: the latter are chiefly those consecutive upon acute metritis or sub-involution. We thus have three forms of uterine hyperæmia which we may roughly designate as arterial congestion, venous engorgement, and parenchymatous in-

flammation respectively; and to these three forms we may adapt our remedies.

For arterial congestion of the womb your choice will generally lie between *Sabina*, *Belladonna*, and *Lilium tigrinum*. The first should be chosen in preference where there is much tendency to hæmorrhage, and consentaneous rectal or vesical irritation, or both; the second where there is the characteristic sensation of pressure downwards, as if the contents of the pelvis would be forced out, which I have described as tenesmus of the cervix; the third where there is much general nervous irritability and local pain and sensibility, with tendency to diarrhœa.

For venous congestion the highest place is taken by *Sepia*, which controls the whole range of the malady, and rarely fails to benefit it. An alternative remedy is *Murex purpurea*, which is preferable where the catamenia are free—those of Sepia being rather scanty. Where the liver is much at fault, *Magnesia muriatica* often relieves both that and the accompanying uterine troubles; while, when the rectum is the starting-point of the affection, *Collinsonia* may be of the utmost service.

In genuine inflammatory conditions Dr. Matheson (one of whose lectures is on metritis) would have us rely almost exclusively upon *Belladonna*, of whose efficacy (in the lowest dilutions) he speaks in the warmest terms. In cases of old standing, where induration has supervened, several practitioners have obtained excellent results from *Aurum*. Dr. Leadam advises that, whatever other medicines are given, a frequent resort should be made to intercurrent courses of *Sulphur* as an "antipsoric," and

Dr. Jousset also lays much stress on the constitutional origin of metritis.

Hysteralgia.—By this name I would describe the "irritable uterus," which is sometimes a congested one, and still oftener a flexed one, and requires treatment accordingly. But when all such cases have been eliminated, there remain behind some to which the description of Gooch and Ferguson applies, in which the uterus, without recognisable lesion, is a constant source of trouble in itself and to the whole system. None of the old remedies are so good for this complaint as the *Actæa racemosa*. The frequent presence of a rheumatic tendency in the patients strengthens the indications for it. I recommend you to continue its use, in varying dilutions, for a considerable length of time. The Lilium tigrinum, also, may possibly be found useful here.

I need hardly point out the importance of the general management of such cases. It is fully sketched by Dr. Ludlam, who has a most excellent clinical lecture on the malady.

Endo-metritis.—I use this term to designate inflammation of the mucous membrane lining the body of the uterus. It is rarely met with save in its chronic form, when it constitutes one of the forms of leucorrhœa. When you feel sure of its existence, I would advise you to rely upon *Arsenicum* in its treatment. This medicine is especially useful when menorrhagia is a prominent symptom of the disease.

I come now to the important and difficult subject

of the treatment of the inflammations, indurations, and ulcerations of the os and cervix uteri. Some of these belong to metritis, and some to endometritis; but they occupy so special a place of their own that I prefer to discuss them separately, which I will do under the heading of

Cervico-metritis.—The tendency of all inflammations of this part being to form ulcers, their treatment has, in the old school, mainly consisted in the employment of the caustics which are so liberally used in similar breaches of the surface in other parts. To the homœopathist, however, no such inference is possible. There seems to him no reason, *à priori*, why ulcerations of this part should not be as curable by internal remedies and healing applications as those which occur elsewhere. Yet the prejudice in favour of local caustics is so strong, and the temporary relief they afford is so obvious, that their relinquishment is one of the most difficult tasks the convert to homœopathy has to perform. I am persuaded that he must perform it, if he wishes to be thorough in his new system, and not a mere eclectic. In this view I am supported by nearly all those in our ranks who have cultivated gynæcology. Dr. Madden's published experience is especially instructive upon this point. Having devoted a good deal of attention to uterine diseases, and feeling far from satisfied with the results of internal medication in ulceration of the cervix, he proposed and for some time practised the local application of caustics (see his elaborate paper in the *British Journal of Homœopathy*, vol. ix., p. 11). But before many years had passed over, we find him candidly avowing that

he had found the practice ultimately injurious, leading to the development of disease in other parts (see vol. xi. of the same journal, p. 638). He finally told us (*Annals*, vol. v., p. 129) that he never used any stronger application to the uterus than weak Calendula lotion. Dr. Ludlam represents a similar view, saying*—"That the general profession will one day, and very soon, concede and decide that the cauterisation of the neck of the womb for ulceration is quite as indefensible and harmful as the cauterisation of the throat and larynx in diphtheria, I have no doubt." Drs. Jousset and Matheson both think caustic applications rarely required; while the more strictly Hahnemannian school, as represented by Drs. Guernsey and Skinner† and (to some extent) Leadam, tell us that internal remedies are all-sufficient without any local treatment whatever. The only really dissentient voices I have heard from our ranks are those of Dr. Moore, of Liverpool, who —from twenty years' experience—concludes that though simple ulcers of the womb can be healed without local applications, granular ulcers, deep-seated scrofulous and syphilitic ulcers require caustics for their cure; and Dr. Edward Blake, who appears to find the whole gynæcological apparatus of the old school necessary for the treatment of the diseases of women.

If, however, we are to dispense with these potent measures, we must all the more carefully select our

* In his paper on Uterine Therapeutics, read at the British Homœopathic Congress of 1875 (see *Monthly Hom. Review*, xix., 673).

† See *Brit. Journ. of Hom.*, xxxvi., 194.

specific remedies. The main distinction I apprehend to be between true cervical metritis, which is a parenchymatous inflammation, and what we may call endo-cervicitis, or catarrh of the mucous lining of the canal. Correspondingly, we may have ulceration within or without the cervix;—the surface affected in the former case being that of a freely-secreting glandular organ, covered with columnar epithelium,—in the latter that of an ordinary mucous membrane with squamous epithelium, covering a fibro-muscular structure. Now endo-cervicitis and ulceration within the cervix always come before us clinically in the form of leucorrhœa, and under that heading I will immediately speak of them. Cervical metritis sometimes occurs in an acute form, as in a case well described by Dr. Ludlam. More frequently we meet with it as a chronic affection, and generally in connection with a similar condition involving the body of the womb. In all these cases *Belladonna* is the great medicine, and should be persevered with until all tenderness and engorgement have disappeared, or until its action seems exhausted. Dr. Matheson has the utmost confidence in it; and Dr. Moore states that its influence in hyperæmic states of the os uteri is "most marvellous." If you need an ally to it, you may find it in *Tartar emetic*, which Dr. Ludlam has lately praised in this condition, which he calls "chronic corporeal cervicitis." Should ulceration have occurred, but be superficial only, *Mercurius solubilis* (as recommended by Dr. Matheson) or *Arsenicum* (the latter if the pain is burning, the patient weak, and the discharge thin) should be given internally,

and injections of Calendula (one part to eight, or weaker) employed. If it be more deeply excavated, and the visible portion of the os and cervix be swollen and indurated, *Mercurius corrosivus* is my favourite medicine; and, as this condition nearly always exists in chronic cases, I always begin with it in them, using Calendula or Hydrastis as an injection. Besides these medicines, Jahr recommends Nitric acid, and Leadam Lycopodium in ulceration of the os,—the latter giving a long list of possible remedies for it, with their indications, which you may consult in difficult cases.

You will of course look carefully after syphilis in your patient, and treat its local manifestations as you would do if they appeared elsewhere.

I have now to speak of

Leucorrhœa.—This is indeed a symptom rather than a disease, and may be associated with many of the uterine maladies we have already considered or shall yet have to consider. But there are several varieties of leucorrhœa which come before us for treatment as such; and the remedies for these I shall now consider.

First, we have leucorrhœa occurring in connection with general debility—as from residence in tropical climates, over-lactation, &c., implying an atonic state of the uterus, but nothing more. In addition to the general measures you will here adopt for strengthening the system, you will remember the special virtues of *Helonias* as a uterine roborant. If, nevertheless, the leucorrhœa persists, you will find *Pulsatilla* here as elsewhere the specific remedy for the morbid activity of the glands of the cervix.

A still more common form of leucorrhœa is that which comes before us in those who have had severe abortions, or who have borne children too frequently. Here, I apprehend, besides debility, there is passive uterine congestion. Accordingly, *Sepia* is our chief remedy; and with the aid of general and local bracing will do great things for our patients.

When leucorrhœa from either cause, but especially from the latter, has lasted some time, irritation, going on to inflammation and ulceration, of the glands of the cervix is set up, as has been shown by Dr. Tyler Smith. Accordingly, when Pulsatilla and Sepia have been fairly tried, but without success, or when from the symptoms or an examination you diagnose endo-cervicitis, you must resort to more deeply acting medicines. Of these I regard *Mercurius* and *Iodium* as the most important, and they follow one another with much effect. The lowest attenuations seem best for either. Sometimes, when the discharge has become white and milky, but continues profuse, *Calcarea* or *Silica* may come in usefully; and if, on the other hand, it degenerates into an acrid and offensive fluid, *Kreasote* becomes the best remedy.

Of vaginal leucorrhœa I shall speak when I come to the affections of that canal.

I have thus endeavoured to indicate the principal remedies for the principal forms of leucorrhœa. Should you meet with a case which falls under none of these headings, or refuses to yield to these remedies, you must just treat it symptomatically, according to the colour, quality, and consistence of the discharge, the concomitant symptoms, and so on.

The medicines supposed to be suitable for these will be found in the Repertories.

As to vaginal injections in leucorrhœa, my own experience is decidedly in their favour. Free irrigation of the os and cervix daily with cold water is of unquestionable service; and something is to be said for the injection of a solution of the medicine which is being given internally, or of *Hydrastis* or *Calendula*. The use of medicinal astringents, however, I do not recommend. In endo-cervicitis there is no advantage in injections, as they hardly reach the interior of the cervical canal; but Dr. Ludlam finds the occasional insertion of a tampon saturated with glycerine to be of much assistance.

Displacements of the Uterus, — including ante- and retroversion, and prolapsus—will next engage our attention. It may be thought that medicines can have little to say to these mechanical disorders. But remember how often the flexions of the womb depend upon congestion of the organ or the presence of fibrous tumours in its walls, and how prolapsus generally implies weakness of the uterine supports; and the place of medicines as remedial agents is evident. What they can sometimes do may be illustrated by the following case.*

"In 1858 I was called to see an unmarried woman of thirty who had been ill for three years, and had never got much relief from any medical advice she had received. I found her general health much impaired, with constant pain in the back and pelvic region, with extremely painful menstruation, her spirits depressed, and herself convinced

* *Amer. Hom. Review*, v., 321.

that no one had understood her case, and feeling that there could be no cure for her. In my examination of the case I learned from her that, three years previously, while assisting her father to lift some heavy article, she had felt something give way, and had become sick immediately; had kept her bed for some time after; had got little help from any medicine, and had slowly recovered so as partially to resume her labours, but had never been well since, nor ceased to suffer in the back and lower part of the abdomen.

"On making the necessary examination, I found the uterus retroverted, the os pressed high up against the pubes, the fundus low down in the hollow of the sacrum. The slightest attempt to replace the organ gave such severe pain as to make me desist immediately; and, after two futile attempts, I decided to try Sepia 30, and see her again in a few days. I then found her feeling better, but she said that each repetition of the medicine gave pain from the inguinal region to the pubes, 'a kind of drawing pain.' I ordered a continuance of the Sepia, and saw her again about a week after my first examination. To my great joy I found the cervix uteri had descended an inch or more, and the fundus correspondingly ascended. I can hardly express the delight felt at this discovery, believing from that moment that the idea so long cherished would be fully realised, and that my patient would be really cured when the uterus had regained its normal position, and I did not doubt that the means which had so well begun the work would complete it.

"I need only add that the first menstruation after the treatment commenced was accomplished with comparatively little suffering, and that as the cure progressed the suffering ceased. The cure went steadily on, and at the third examination the position was normal; and, although the patient was obliged to rise several times each night to

wait on an aged grandmother, and did not relax from her usual duties about the house, she had no relapse. Some two years after I went to ascertain if she still remained well, and found that she had steadily gained in health, and had no return of the disease."

This case is reported by the late Dr. Mercy Jackson, of Boston; and by a reference to the article on Sepia in my *Pharmacodynamics* you will see that to the end of her career she continued to get similar results from the medicine.

I may also refer you to a paper by Dr. Liedbeck, of Stockholm, in the twentieth volume of the *British Journal*, in which he relates some experiences with Belladonna as a uterine remedy. Two of the cases cured by it were of retroversion. He prefers using it in the form of an ointment, which is to be rubbed in to the hypogastrium and thighs. There are also some cases of prolapsus on record cured by Secale;* and one mentioned by Rückert, from lifting a heavy load, in which Nux vomica and Aurum proved curative. Then Dr. Preston communicates† his experience with Ferrum iodatum in uterine displacements in general, which seems to have been very satisfactory.

You will thus see that we have no inconsiderable evidence as to the power of homœopathic remedies over the various forms of uterine displacement. Dr. Guernsey goes so far as to say that there is no case of the disease in which, replacement having once been effected, and rest in a suitable posture being secured, complete recovery may not ensue under the

* See *Brit. Journ. of Hom.*, i., 407.

† See *Ibid.*, xxv., 497.

administration of the suitable medicines. It is true that the case he instances, in which a fallen womb of ten years' standing, being restored to its position, returned no more after the administration of Conium, does not prove much. It is no uncommon thing for such a proceeding to be followed by a cure without Conium or any other medicine,—adhesions forming between the (generally) ulcerated cervix and the vagina, which prevent the return of prolapse. But his large experience can hardly deceive him when he speaks of the general curability of these displacements by medicinal means, without the use of pessaries or uterine supporters of any kind; and I think I am justified in advising you in all save the most purely mechanical cases to begin at least with medicinal treatment alone. The remedies already mentioned—*Belladonna*, *Ferrum*, *Secale*, and *Sepia*—are those which seem most frequently serviceable; and I may add to them *Stannum*, which in prolapsus has really great power. Dr. Guernsey gives indications for some fifty drugs, which you may consult if you have a troublesome case to manage.

Even if, after a fair trial of remedies, mechanical support seems indispensable, do not therefore discontinue them, as they may hasten the time when a radical cure shall have been accomplished, and pessaries be no longer needed.

I have now to speak of the medicinal treatment of the morbid growths of the uterus. And first, of

Uterine Fibroids.—The main use of remedies in the management of this disease is to check the

hæmorrhages which accompany it, at any rate in its interstitial and sub-mucous forms. Of these I shall speak under the head of metrorrhagia. Whether we can depend upon specific medication to reduce the size of the growths, or favour their diminution or expulsion, is as yet uncertain. There is a paper on the subject by Dr. Kidd in the twentieth volume of the *British Journal*. He bears testimony to the value of Mercury in discussing these tumours, recommending the bichloride (gtts. j—iij of the 2nd dec. dilution) where profuse muco-purulent excoriating leucorrhœa exists, and the biniodide in cases characterised by a stony hardness of the tumour without much excoriation. The cases he gives, however, hardly bear out his suggestions, as in one of the four only was any impression made upon the tumour. Here, moreover, Mercurius corrosivus was the remedy, although no leucorrhœa was present. Dr. Helmuth, of New York, who has contributed a paper on the subject to the twenty-third volume of the same journal (p. 538), is less sanguine as to the results of homœopathic medication; and Dr. Jousset expresses himself to the same effect. He writes, however,—"I have just obtained the complete disappearance of a fibrous tumour which had reached the size of a fœtus at term. The patient was treated principally with Platina, administered for the hæmorrhages symptomatic of her malady." He does not mention whether this occurred at the menopause, or after childbirth—periods well-known to be favourable to the spontaneous decay of these tumours, and of which we may avail ourselves in endeavouring to make an impression upon them.

I need not remind you of the value of ergot here, when hypodermically injected in the neighbourhood of the tumour; but, as the procedure is no application of the method of Hahnemann, it is outside my present range. Dr. Battye's favourable results with Silica are of more dubious significance.*

Uterine Polypi.—There are several instances recorded in homœopathic literature in which polypi have been expelled from the uterus apparently under the action of homœopathic remedies. Dr. Petroz, considering them to be a manifestation of the "sycotic" diathesis, treated them with Thuja, and relates† a case in which under its influence a large one came away which had caused distress for a long time. In the twenty-sixth volume of the *British Journal of Homœopathy* are recorded two cases, in one of which five fibrous polypi were expelled from the interior of the uterus under the use of Conium, and in the other one from the vagina under Thuja and Calcarea. I confess I am more inclined to view these occurrences as spontaneous than as effects of medication. The analogy of nasal polypi, in which our medicines are so often helpful, hardly holds good here; as uterine growths of this kind are either fibroids which have become united to their original site by a pedicle only, or mucous follicles which have enlarged and protruded the mucous membrane that covers them. Dr. Guernsey, who is generally so satisfied with internal medication, recommends surgical measures here; and Leadam is

* See *Pharmacodynamics*, p. 705.

† *Memoire sur la sycose*, in Cretin's edition of his collected writings.

in favour of removal at first and subsequent homœopathic medication to obviate recurrence.

Uterine Cancer.—There are three forms under which this terrible disease may present itself, and in which we have to consider what homœopathic medication can do for it.

1. The first, and most common, is scirrhus of the os and cervix. If you can catch this morbid condition in its incipience (which is unfortunately rare), I think that something may be done for it by *Arsenicum iodatum*, in the lower triturations. Our experience is not decisive enough for me to say more at present, but I commend this to you as a promising piece of practice. I cannot say whether it or any other medicine is of use when ulceration has set in.

2. We next have the "cauliflower excrescence" of the os, which—when malignant—is an epithelioma. I say, when malignant, for there seems no doubt that papillary growths of perfectly benign character may occur here from gonorrhœa or from local irritations. *Thuja* would unquestionably be curative of these, but it is uncertain whether it can modify malignant papillomata. In the case recorded by Dr. Quin in the first volume of the *Annals* it seemed of striking service, but Jahr says that he has never derived the least benefit from it. He, with Wahle and Kurtz, has much confidence in *Kreasote* in these cases: and it certainly bears some homœopathic relationship to them.

3. The third form of uterine cancer is the "malignant sarcoma." Of the treatment of this formation we have no knowledge whatever; but, since it seems to originate from the con-

nective tissue, I should suggest the trial of *Silica.**

I cannot thus say anything definite as to the possibility of cure of uterine cancer by our remedies, and think that, wherever removal of the growth is possible, we should advise it. Where, however, no surgical measures are used, even though we fail to effect a cure we can do much by way of palliation. Argentum, Arsenicum, Lachesis, and Secale may ease the pains; Kreasote may check vomiting and improve the discharges; Hamamelis or Sabina may stop hæmorrhage; Sepia may ameliorate the whole condition of the womb. Other remedies may be indicated by the symptoms, and will not fail to relieve accordingly. Your patients with uterine cancer may be thus led in comparative ease down the path of decline till death closes the scene.

An accident which may occur in connection with any of the uterine affections now mentioned, but which requires its own special treatment, is

Metrorrhagia.—For arresting an existing uterine hæmorrhage we have excellent remedies in Ipecacuanha, Sabina, Secale, and Hamamelis. *Ipecacuanha* is suitable where no very distinctive features are present. Jahr says that he always begins with it unless any other medicine is plainly indicated, and often finds it sufficient. *Sabina* is of the utmost value where the hæmorrhage is connected with uterine congestion or inflammation, and when the patient is robust and florid, and the flow bright-coloured. *Secale* takes its place when the constitutional and local state is of an opposite character.

* See *Pharmacodynamics*, p. 705.

But, unless forcing pains are present, I hardly think the medicine homœopathic; and am in the habit of relying upon *Hamamelis* where the flow is dark, passive, and painless.

For obviating the tendency to metrorrhagia the remedies suitable to the disease on which it depends are generally the most effective. But where this symptom calls for treatment of its own, medicines like Ferrum, Plumbum, and above all *Arsenicum* are indicated. Dr. Ludlam has communicated some valuable experience with *Nitric acid* in those passive but prolonged metrorrhagias which sometimes follow abortion, and which he connects with an injured state of the mucous lining of the uterus.

The medicines I have mentioned under menorrhagia may also come into play here. As regards particular forms of the trouble, I can only say that Jousset has found Ledum, Platina, and Argentum of most value in that which accompanies uterine fibroids. This writer also signalizes an empirical remedy—the "Thlaspi bursa pastoris," as one that has frequently rendered him good service in obstinate cases. He gives the mother-tincture.

A word about Hydrometra and Physometra, in case you should ever encounter these rare affections in that idiopathic form for which alone remedies are useful. The first has been cured by *Sepia*.* For the second Dr. Guernsey recommends Bromine, Phosphoric acid, and Lycopodium; but Dr. Ludlam has related a case brought on by worry and fatigue after parturition, where *Belladonna* proved curative.

* See *North Amer. Journ. of Hom.*, iii., 89.

LETTER XL.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

The Peri-uterus, Vagina and Vulva, and Mammæ.

Before leaving the uterus, I must speak of two affections which belong to its surroundings and connections. These are perimetritis and pelvic hæmatocele.

Perimetritis.—By this name I mean to designate the pelvi-peritonitis of Bernutz and Goupil, which is, as its name imports, an inflammation of that portion of the peritoneum which dips down into the pelvis, and constitutes the broad ligaments of the uterus. I thus exclude the "parametritis" of the Germans, the "pelvic cellulitis" of our English nomenclature, which hardly ever occurs save in the puerperal state, and will be considered in its proper place.

The only one of our authors who mentions perimetritis is Dr. Jousset, who in his *Leçons* relates two cases, and discusses the pathology and therapeutics of the malady. The medicines he recommends are *Aconite* (in pretty strong doses), *Colocynth*, and (from the analogy of its action on the pleura) Cantharis. I can hardly advise more suitable remedies than the two first named, unless Mercurius corrosivus should be found as useful here as it is in inflammations of the abdominal peritoneum.

Pelvic Hæmatocele.—We owe to Dr. Jousset a lecture on this accident also; and his remarks, with a paper communicated by Dr. Dyce Brown to the British Homœopathic Society, constitute the only homœopathic literature of the subject with which I am acquainted.

There are three occasions in the clinical history of pelvic hæmatocele at which our medicines may interpose with advantage. The first is where the primary hæmorrhage is still going on. Here *Hamamelis* would suit both the nature of the trouble and the source whence it proceeded. The second is when the effusion is intra-peritoneal, and has set up inflammation. The medicines already recommended for pelvi-peritonitis would now come to our aid. Lastly, when all was quiescent, the re-absorption of the effusion might be aided by *Arnica* and *Sulphur*. Dr. Brown's case did very well under such treatment,—Aconite, Belladonna, Mercurius corrosivus, and Arnica being the medicines successively given.

The less important morbid states of the *vagina* and *vulva* must next come under our notice.

Vaginitis may come before us either as acute or as chronic.

1. Acute vaginitis is generally the main element of gonorrhœa in the female. When it is so, and Aconite and Cantharis have been given if required, instead of the Cannabis we should administer to the other sex, I recommend *Sepia*. In simple acute vaginitis, as from cold, Aconite may be followed by *Mercurius*, as advised by Bähr. In diphtheritic va-

ginitis, as occasionally observed in the course of the toxæmic diseases, local antiseptic measures seem the best aids we can give to the remedies for the general affection.

2. Chronic vaginal catarrh is the basis of vaginal as distinguished from uterine leucorrhœa. Mercurius and Sepia are here also the principal remedies (Dr. Jousset recommends the latter in the 1st and 2nd triturations); but *Calcarea* is good in scrofulous subjects, *Pulsatilla* in those that are chlorotic, and *Kreasote* where the discharge is of bad character and acrid quality.

Vaginismus.—In undertaking the treatment of a case of this distressing malady, the first necessity is to ascertain if the husband is at fault. Scanzoni has usefully directed us to this element of the trouble,* and we may with advantage adopt his hints as to the general management of the patient. But cases will often occur in which such measures are insufficient, and you then have a substantive malady to treat—a reflex hyperæsthesia of the nerves of the part. Dr. Skinner† tells us that Sir James Simpson, who saw multitudes of instances of the affection from all parts of the world, admitted that in a great many of them it was a pure neurosis, only to be reached by long-continued courses of anti-neuralgic medicines like iron and arsenic; and that, in spite of these remedies and surgical measures, failure to cure was the rule in his hands. Dr. Skinner himself records two cases of apparent cure. In the first, *Silica*—given because of the concomitant head symptoms—removed these and the vagi-

* See *Practitioner*, i., 381. † *The Organon*, i., 76.

nismus in a fortnight; and, as the patient had not applied to him for two years since, he fairly counts her recovery to have been permanent. In the second case, a temporary removal of the trouble (which had lasted two years) twice occurred—the first time under *Nux vomica*, the second under *Ignatia*. A few weeks after the change wrought by the latter, her husband was drowned, so it is impossible to say whether the trouble might not have returned.

These remedies seem excellently suited to the pathology as well as the symptomatology of the disease, and should be considered in any case which may come under our notice. I may mention that vaginismus has been observed as one of the effects of lead-poisoning, which gives us Plumbum as a possible remedy for it.

Prolapsus vaginæ, after reposition, and with the aid of recumbency, may be materially aided by *Stannum*.

Vulvitis, as occurring in children, will be considered hereafter. In adults, acute vulvitis rarely occurs save in connexion with vaginitis, of which it forms a part and in whose treatment it shares. When it does appear independently, there being no drug which has so intense an action upon the external genitals as *Arsenicum*, I should be disposed to rely upon it in preference to any other medicine. Chronic vulvitis is either eczematous or follicular. The former (with pruritus vulvæ) will come under our notice in connexion with the diseases of the skin. For the latter, Mercurius, Thuja, and Sepia have been recommended.

Acute labial abscess (I speak of the cir-

cumscribed variety, generally, if not always, an inflammation of the vulvo-vaginal gland) requires different remedies from those of vulvitis, in which the surface is the part mainly affected. There is a case in the twenty-fourth volume of the *British Journal of Homœopathy* in which *Apis* seems to have arrested the progress of the inflammation. Jahr says that "an inflammatory swelling of the labia majora, if not very intense, generally yields to a single dose of Sepia 30, and if acute, and threatening to suppurate, to a single dose of Mercurius."

Cancer pudendi is, like that of the external generative organs of the other sex, usually of the epithelial variety, and is somewhat amenable to treatment. *Conium*, *Arsenicum*, and *Thuja* are the medicines likely to help. In a case which I had the opportunity of treating for a short time I saw marked relief from the lancinating pains afforded by the higher dilutions of the two former medicines.

Nymphomania is generally associated with some irritation of the external parts, and I accordingly mention it here. It is happily rare in the present day; but our older Homœopaths seem to have had some experience in its treatment. Hahnemann himself has recorded a case,* in which *Hyoscyamus* was the principal remedy. *Platina* also is generally recommended: it would be especially serviceable when ovarian irritation lay at the root of the symptoms. *Gratiola* is said to have caused, and *Origanum* to have both caused and cured this form of mania.†

* See *Brit. Journ. of Hom.*, vii., 494.

† See *North Amer. Journ. of Hom.*, xv., 62.

The treatment of the affections of the urinary organs in the female does not differ from that of the similar disorders occurring in the male subject. But one of these is peculiar to the former sex, and deserves special mention. I mean

Vascular Tumour of the Urethra.—Before resorting to surgical measures for this trouble, it might be well to try the administration of *Thuja*, to which medicine its nature and origin strongly point or of the *Eucalyptus globulus*, with which a very competent observer, Dr. Woodbury, of Boston, U.S., professes to have obtained several cures.

Before leaving the female organs of generation I must say something about

Sterility.—Many of the ovarian, uterine, and vaginal diseases already enumerated are associated with sterility, and the treatment of the latter will accordingly be that appropriate to the former. But if none of these exist, and no mechanical impediment to the ingress of the spermatozoa be present, and there be no fault on the husband's side, then a course of homœopathic medication may be tried with fair hope of success. The constitution of the patient, and any symptoms of ill-health she may have, must be taken into account in your prescription. Apart from these *Borax* and *Conium* are the medicines most in repute: the former is said to be indicated by the co-existence of an acrid leucorrhœa, the latter is suitable to depressed ovarian activity.

The diseases of the *mammæ* of most frequent occurrence and practical importance are those which

occur during lactation. These will be considered among the disorders incident to the puerperal state. But I must speak here of certain tumours of the breast, viz., the simple glandular, the irritable, and the scirrhous.

Chronic Mammary Tumour, simple and painless, may be fatty in nature, when a course of *Calcarea*, in various dilutions, might be given with advantage. Sometimes it is an induration left behind after mastitis, for which *Graphites* is much commended. More commonly it is a circumscribed hypertrophy of the glandular and connective tissue, with more or less cystic formation. I do not know if any case of this kind has been cured by homœopathic medicines, though I should feel encouragement in trying a course of one or all of those—Hydrastis, Phytolacca, and Conium—which I shall presently mention as possessing an elective affinity for the breasts.

Irritable Mammary Tumour is somewhat analogous to ovarian neuralgia and irritable testicle. Sir Astley Cooper, as you probably know, had a great opinion of *Conium* in its treatment; and in our school we rank this medicine very high among those which act upon the breast. I have found it especially useful where painful glandular enlargements have followed blows upon the breast. Dr. Jousset praises Murex purpurea here, as nearly infallible in calming the pains; and Jahr speaks of dispersing the tumour with Calcarea, Chamomilla, Belladonna, Lycopodium, and Phosphorus. More recently, two of the American indigenous remedies have acquired high repute in the treatment of mam-

mary tumours. These are *Phytolacca* and *Hydrastis*. The action of Phytolacca upon the breasts is well illustrated by Dr. E. M. Hale in an article upon it in the twenty-first volume of the *British Journal of Homœopathy*. He states that he has treated several cases of irritable mammary tumour successfully with Phytolacca in the lowest dilutions. Hydrastis has a still more general reputation. I shall have to speak directly of its claims as a remedy for mammary scirrhus. But if you will read Dr. Bayes' paper on the subject in the *Annals* (vol. iii., p. 489), and the discussion following, you will find that even those who doubted its efficacy in the malignant, spoke highly of its power over the simple tumours of the breast. It may be used externally as well as internally with advantage.

Mammary Scirrhus.—I speak only of this form of cancer of the breast; as there is no doubt that the encephaloid variety ought to be removed by operation as soon as detected. But as we have some prospect of being able to cure, or at any rate to retard the progress of scirrhus in this situation, the question between submission to immediate surgical measures and a trial of homœopathic medication may fairly be raised.

In speaking of the power we have over mammary scirrhus, I am not referring to anything which our ordinary medicines can do,—not even including *Conium*. Dr. von Viettinghoff speaks of this medicine as "specific in cancerous induration of the mammæ attended with lancinating pains." But his cases do not bear out his assertion. That it will to some extent relieve the pains themselves I do not

doubt; but I think it has yet to be proved that it has any power of checking the progress of the disease. The remedy whose introduction has given us new hope is the *Hydrastis Canadensis*. You will remember the facts and cases I brought forward when lecturing upon this drug.* Should a patient come before you affected with this disease, you will do well to look over the observations to which I have there referred. If the case be one of those in which benefit may, upon those data, reasonably be expected from Hydrastis, viz., "scirrhus in an early stage occurring in well-developed breasts," you will do well to give it a fair trial. Administer it internally in varying dilutions, and apply it externally in not too strong a lotion (20 drops of the tincture or strong infusion to a pint of water for continuous use, ʒj to ℥ij to relieve pain). When the medicine acts the improvement is speedy; so that if after a month or two there is no change for the better there is no longer hope from this source to stand in the way of an operation, if that be otherwise admissible. If, moreover, after temporary improvement from Hydrastis a relapse occur, there is little use persisting in it.

Should operation be inevitable, you will consider the evidence adduced by Drs. Marston and MacLimont in favour of enucleation by chloride of zinc in preference to excision by the knife. Their papers on the subject are in the twenty-first and twenty-third volumes of the *British Journal*. Dr. Edward Madden, of Birmingham, has taken up their prac-

* See another striking case recorded by Dr. Kidd, in his *Laws of Therapeutics*, just published (p. 230).

tice, and tells me he gets excellent results therefrom.

Silica in substance, and Arsenicum in the higher dilutions, have been found palliative of the pains of scirrhus while unbroken; chlorate of potash and citric acid locally when ulceration has occurred.

The *coccyx* is so intimately related with the female sexual organs that I may speak here of the only malady of which it is the seat—

Coccygodynia.—A full account of this not unfrequent affection is given by Dr. Guernsey, with indications for a number of medicines. I can confirm his view as to "traumatism" being the most frequent cause of the pain—the injury is often, I think, received during childbirth; and also as to the value of *Arnica* under such circumstances, though I have not found a "very high potency" necessary. In other cases owning the same origin, *Rhus* or *Ruta* may be useful; and where the pain is not traceable to injury, *Phosphorus* or *Lachesis*. The last medicine is specially indicated (Dr. Guernsey says) when all the suffering is experienced on rising from a sitting posture.

LETTER XLI.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

Pregnancy and Parturition.

I have now to consider the maladies—hitherto purposely omitted—from which the woman is liable to suffer in discharging her great function of maternity. We will take first the disorders of *Pregnancy*. The treatment of these is very fully discussed in the treatises of Leadam and Peters; and I shall make much use of their recommendations. I shall draw also upon an excellent little manual by Dr. Pope, entitled *A Medical Handbook for Mothers*.

There are two primary facts about every pregnant woman,—that her blood is super-fibrinated, and her nervous system hyperæsthetic. The former lies at the bottom of the sub-febrile condition which is sometimes met with in the early, but more frequently in the later months of pregnancy. This is greatly under the control of *Aconite*. The excess of fibrin is a physiological, not a pathological change; and it has overstepped the boundary of health when fever is induced by it. The hyperæsthesia, also, need not be morbid. It does not take much, however, to fret it into irritability of temper, sleeplessness, and other mental disturbances. It is probably also the cause of the readiness with which other organs sympathise with the uterus,—reflex excitability

being increased. Hence also the cramps and spasms and "fidgets," and the "false pains," which are observed in these subjects. The remedies for each of these will be given as we go on. I mention the general condition chiefly to suggest that it indicates the higher dilutions of our medicines as most suitable for the disorders of pregnancy,—an indication which experience has generally confirmed.

I will take the ailments of the pregnant woman in the same order as that in which I have been considering the maladies of the human species in general. Accordingly, having already spoken of the fever which is her special blood-disease, I will pass on to the disorders of her brain, spine, and nervous system in general.

Mental disorder—in fully developed mania or melancholia—attacks not so much the pregnant as the puerperal woman. But there is a condition of mind met with in the former, which is unquestionably morbid. It is characterised by irritability of temper, readiness to shed tears on slight provocation, undue fear of the approaching confinement, and so on. A good many medicines are méntioned by Peters and Guernsey as suitable to special shades of this state of mind. I myself have found *Actæa racemosa* so beneficial for it, that I have rarely had to resort to any other remedy. If I needed such, I should expect to find it in *Pulsatilla*, which Dr. Leadam commends highly. When crossness is the most evident symptom, *Chamomilla* is useful; and when the dread of death in the approaching confinement amounts to monomania, *Aconite*.

The headache of pregnant women is not, to my

knowledge, different from that which they have at other times, and whose treatment we have already discussed. In the early months it is usually nervous, in the later months congestive. You will remember, of course, that it is sometimes one of the warning signals of the supervention of albuminous nephritis.

Sleeplessness in these subjects often arises from a febrile state of system, and will be removed by *Aconite*. When this cause is not operative, you will find *Coffea* or *Pulsatilla* useful when the patient cannot get to sleep for a long time after retiring, *Nux vomica* or *Sulphur* when she sleeps at first, but wakes early in the morning and cannot get off again. In the later months sleep is often hindered by cramps in the calves, or a sense of painful restlessness in the lower extremities, which they call "fidgets." Here I have found *Chamomilla* very beneficial. Dr. Leadam speaks highly of *Veratrum* for cramps.

The digestive organs sympathise with the gravid uterus more, perhaps, than any other part of the body. Tooth-ache, salivation, vomiting, heartburn, constipation—are well-known troubles of pregnancy. Let me give you some hints as to their treatment.

The tooth-ache of pregnancy may either be a sympathetic neuralgia, or may arise from caries of the teeth produced or furthered by the patient's condition. In the latter case *Kreasote* (and, as some say, *Staphisagria*) will act as well as in other circumstances. But in the former the ordinary medicines—Aconite, Belladonna, Coffea, and Chamomilla—will rarely give more than temporary relief; while

uterine medicines like *Sepia* and *Magnesia carbonica* are curative. *Calcarea*, also, is recommended; perhaps best in the form of C. fluorica.

Salivation is one of the most obstinate of this class of affections. *Mercury* and *Iodine* are homœopathic enough: I wish I could say they were curative. Perhaps the new medicine, *Jaborandi*, may prove more effective. Dr. Leadam recommends Sulphur, followed by Natrum muriaticum (when there is much gastric and buccal disorder) or Arsenicum in obstinate cases.

The vomiting of pregnancy must generally be treated otherwise than as an affection of the stomach. *Nux vomica*, which is perhaps its most important remedy, probably acts by diminishing the reflex excitability which enables the uterus to disturb the stomach. *Kreasote*, whose sphere is "sympathetic vomiting," is a remedy of the same kind. Again, *Sepia* is one of our best medicines for this trouble; and here we must suppose that the action is upon the uterus itself, the starting-point of the morbid circuit. It is especially useful when the uterus has previously been unhealthy. It is only when the stomach has become irritable, and most of the food is rejected as soon as taken, that *Ipecacuanha* is suitable; and even here it is best alternated with Nux vomica. Apomorphia should be considered in obstinate cases.

Heartburn is often a great trouble with these patients. It is not necessarily associated with acidity: if the latter be present to any extent, you may give *Calcarea*, and let your patient take freely of the sub-acid fruits, which are always grateful to

her. If the heartburn stand alone, *Pulsatilla* and *Capsicum* are the most useful medicines.

Respecting the strange tastes and longings which pregnant women not uncommonly display, I think it well to gratify them unless the substance desired be injurious, as chalk or cinders, or the digestive organs be obviously disordered. In the latter case, treat these upon the usual principles. The longing for chalk often implies acidity, and that for cinders flatulence, so that *Calcarea* and *Carbo vegetabilis* may remove the symptoms. Other medicines are recommended for the various morbid cravings by Leadam, Guernsey, and Peters; but I know not on what grounds.

Constipation is no uncommon accompaniment of pregnancy, especially in the early months, when I suppose it to depend upon a sort of congestive inertia of the lower bowel. Better than all the ordinary remedies for this trouble (which, however, must be used if specially indicated) I find the *Collinsonia Canadensis*, which I recommend to be given in the 1st, 2nd, or 3rd dilution. It is no less useful for hæmorrhoids, when these occur in connexion with constipation.

Diarrhœa is far less common than constipation. *Pulsatilla* is generally its remedy, the characteristic indication being often present that the stools occur mainly at night. *Secale*, and *Phosphorus* or *Phosphoric acid*, are sometimes preferable,—the latter especially when there is prostration and loss of flesh. In obstinate cases, Leadam and Jahr concur in recommending *Sulphur*.

The only symptoms of the respiratory organs with

which I am acquainted in connexion with pregnancy are cough and dyspnœa. The cough is either from vascular fulness of the chest, when *Aconite* will relieve; or is a spasmodic one, from reflex excitation. *Belladonna*, in the first decimal dilution, has been my favourite medicine in the latter case. But should any of the indications, now familiar to you, for Ipecacuanha, Hyoscyamus, Corallium, Drosera, or Conium be prominent, you will do well to give these medicines as though no pregnancy were present. The dyspnœa and oppression often complained of in the later months is gastric rather than pulmonary; and I can quite believe Dr Leadam that *Nux vomica* is its best remedy, though Lycopodium and Apocynum must be remembered.

The bladder, from its proximity to the uterus, is even more liable to be affected than the rectum in pregnancy. In the early months it is usually a sympathetic tenesmus of the neck which is present. I have found *Belladonna* here again very useful, in the 1st decimal dilution; but Jahr says that *Pulsatilla* will hardly ever fail to relieve. *Nux vomica* and *Cantharis* are possible alternatives, and smelling at Camphor will often give temporary relief. Towards the end of the time, the frequent calls to pass water are, I think, of mechanical origin, — the capacity of the viscus being diminished by the pressure of the womb.

A much more important affection of the urinary organs induced by pregnancy is albuminuria, with its accompanying anasarca. This is an indication (as you know) of the supervention of a form of

Bright's disease in the kidneys. I had thought it a venous congestion, of mechanical origin, liable to go on (like that of cardiac disease) to induration and atrophy; and had supposed Colchicum to be its most homœopathic remedy. Later observation, however, has shown it to be a true tubular nephritis; and we thus have explained the repute which *Arsenicum* and *Apis* have gained in its treatment. Dr. Ludlam speaks still more decisively in favour of *Mercurius corrosivus*. With one or more of these remedies you should ply your patient, so that she may not incur the risk involved in her reaching the time of parturition with albumen still passing in her urine.

And now of the troubles which the gravid uterus causes to itself, and to other parts of the female sexual system.

Sometimes the commencing enlargement of the womb is attended with much distress. Here Dr. Leadam recommends *Nux vomica*, *Pulsatilla*, or *Belladonna*,—according to the symptoms, or the patient's constitution.

In others the natural enlargement of the breasts at this period causes undue pain and tension. *Conium* and *Pulsatilla* are suitable here when neuralgia predominates, *Bryonia* and *Belladonna* when the symptoms are rather inflammatory.

Pruritus pudendi is a very troublesome accompaniment of early pregnancy. *Collinsonia*, *Caladium*, and *Ambra* are its best internal remedies; but local palliatives are required. You must not forget that follicular vulvitis (q. v.) is sometimes present as the cause of this trouble.

As the uterus increases in weight, it often causes a very distressing dragging pain in the lumbar region. I mention this pain because it has often been relieved by a curious medicine for it, *Kali carbonicum*. Leadam mentions Nux vomica, Rhus, and Arnica as occasionally required.

Sometimes the uterus itself is the seat of pain, and resents pressure and the movements of the child. This is described by Cazeaux as rheumatism of the womb. *Actæa racemosa*, with or without *Aconite*, ought to benefit it.

The "false pains" of later pregnancy have generally been checked by *Chamomilla* in my hands; but Drs. Drury and Leadam both recommend the higher potencies (12th or 30th) of *Pulsatilla*. Sometimes, when they seem truly uterine, and recur regularly as if parturition were beginning, I have seen them rapidly banished by giving after each a drop of the mother-tincture of *Secale*. *Caulophyllum* also is suitable here.

I have last to speak of the important subject of

Miscarriage.—The treatment of this accident is prophylactic as well as curative. The fault which causes the tendency to its occurrence may lie with the ovum, with the placenta, or with the uterus itself. If the ovum be the cause, it is usually that it is syphilitic. If the mother also manifest symptoms of this taint, by treating her accordingly you may remedy the infant's condition. But if she be free, I think it well to try whether the administration of occasional doses of a high dilution of *Mercurius* may favourably modify the nutrition of

the fœtus. This plan has proved very successful in the case of scrofulous offspring,—Sulphur and Calcarea being the medicines given.

The error of the placenta which leads to abortion is usually fatty degeneration. It would be worth trying the administration of *Phosphorus* in cases where this change was deemed likely to supervene. When the womb itself, without extraneous reason, is given to casting untimely fruit, medicine can do much in the way of prevention. Ascertain first whether its irritation is secondary to that of the ovaries; and if so, treat the latter organs,—as with *Apis*, which Dr. Guernsey recommends, and which has caused abortion when given to pregnant women. If not, remember that the muscularity of the uterus is small during the earlier, greater during the later months of pregnancy. In abortion occurring during the earlier months, accordingly, *Sabina* would be more suitable than *Secale*, and vice versâ if the contrary obtained. These are the medicines most in repute for the prevention of the habit of abortion.

When hæmorrhage and pains indicate that miscarriage is imminent, we have some remedies which will materially aid perfect rest in averting the accident. First, you will ascertain the cause; and if this be mechanical, will give *Arnica*, if emotional—as from fright or other nervous agitation—*Chamomilla*, or *Aconite* if the fear continues. If neither of these causes is in operation, and the symptoms have occurred spontaneously, the *Sabina* or *Secale* already recommended as preventives will be no less useful as curatives. If pains are present, it is best

to give a dose after each; but if there is hæmorrhage the doses must be frequently repeated.

Should abortion prove inevitable, you must take the proper measures for promoting the complete emptying of the womb, and the subsequent recovery of the patient. Medicines do not play an important part here; but Dr. Guernsey has found *China* of great help when "the membranes of an early ovum remain for weeks, keeping up a more or less constant hæmorrhage." It is, he says, not only of value as remedying the results of the loss of blood, but as "serving in a remarkable manner to arouse the expulsive action of the uterus."

I come now to the disorders incident upon *Parturition*. This, like pregnancy, ought to be a physiological process; but too often in our day and society it presents pathological features. These we are often enabled by homœopathic medication so to modify that they give place to the normal phenomena of the process. Many of them, of course, are beyond the reach of such means; and you will understand that in those dystocic conditions I have left unmentioned you must do your best upon the common principles of the obstetrical art. Perhaps we have fields here yet to conquer; for indeed this is a department which has not been assiduously cultivated by homœopathic practitioners. The position in which most of us are placed, in this country at least, makes it impossible for us to attend confinements. The result is that we have little practical experience of the application of our remedies to the accidents of labour; and I shall therefore rely mainly, in addition to my

own limited experience, upon the recommendations of those few who have devoted themselves to this branch of practice.

The earliest object for which you may have to administer medicines to a parturient woman is to rectify a mal-presentation. It seems at first unlikely that such an effect can be looked for from drugs. But we have a sure basis on which to act, viz., the occasional occurrence, and therefore the possibility, of spontaneous version. If the uterus can effect this change to the norm, there is no reason why it should not be aided towards it by specific remedies. *Pulsatilla* (generally given in high dilutions) is the medicine credited with the power of furthering natural version. In a paper on "Homœopathic Tocology," by Dr. Fincke, in vol. vi. of the *American Homœopathic Review*, you will find a collection of the cases in which under homœopathic treatment a mal-presentation has been rectified; and further experience of the same kind is recorded by the late Dr. Mercy Jackson, in the Transactions of the American Institute of Homœopathy for 1875. They may of course have been coincidences; but you cannot do wrong, should you encounter a case of this kind, to give a dose of Pulsatilla 30, and wait a while for a chance of a favourable change.

The next *contretemps* which may need help is a rigid and undilatable condition of the os uteri, hindering progress. Dr. Leadam tells us that results of magical rapidity may almost always be obtained here from the 30th dilution of *Belladonna*.* *Experto crede* is all I can say. Dr. E. M. Hale reports

* *Monthly Hom. Review*, xii., 657.

a case of this kind in which, after the failure of Belladonna, Pulsatilla, and Aconite, *Caulophyllin*, in half-grain doses every fifteen minutes, effected dilatation in an hour. Dr. Guernsey gives indications for (besides these remedies) Aconite, Chamomilla, Actæa, Gelseminum, and Lobelia. I should have thought that the last two could only have acted antipathically.

We will suppose that now the os is properly dilated, but the pains too feeble to bring the child into the world without assistance. Dr. Leadam tells us that we have two excellent medicines for this condition, *Pulsatilla* and *Secale*, both in the 30th dilution. As far as I can make out the distinctive spheres of the two, according to his experience and that of Croserio, it is that Pulsatilla is most suitable when the pains are from the first irregular and unsatisfactory, Secale where they are weak from general or uterine exhaustion. I confess that this action of Secale in infinitesimal doses is at present a mystery to me. But it is well vouched for, and the following case from Croserio seems to show what it can do.

"In the case of a woman, 26 years of age, in her first labour, in whom the sacro-pubic diameter of the superior strait did not offer more than two inches and a-half, I had the patience to wait for seventy-two hours the natural efforts of labour. The head being in the first position, at the end of the second day it began to engage in the superior strait. At the end of the third day, the pains slackened very much; the woman became very feeble, was pale, exhausted, and had lost all hope. I put Secal. cor. 30 into a glass of water, and gave her a teaspoonful at 11

o'clock in the evening. Some minutes after she fell asleep, and slept very quietly for three-quarters of an hour, when, awakened by a violent pain, she made a courageous effort, and two hours after gave birth to a child, pale and in a state of asphyxia, but which was recalled to life by proper care. The recovery of the mother proceeded in a regular manner."

Coffea or *Chamomilla* may be useful if the pains are hindered by being excessively felt, or by the general nervous susceptibility of the patient.

Should the uterine inertia arise from the fœtus being already dead, Dr. Leadam states that a dose of *China* 18 before Pulsatilla or Secale is very serviceable. The same medicine should be of service if loss of blood is the cause of the deficient pains.

And now, with or without these aids, the infant is born; but the placenta has not been extruded into the vagina. Can we aid its detachment by medicines? It seems that we can. A dose of *Arnica* may in all cases be given as soon as the child is separated. If this is insufficient, Pulsatilla or Secale may be given as for deficiency of uterine contractions during the previous stage. "But in some nervous subjects," writes Dr. Leadam, "where tremors supervene during this stage, an equally, or, in cases more especially where there is a tendency to hæmorrhage, even a more singularly effective remedy is *Ignatia* 3."

Once again a dose of Arnica may be given before the patient is left, as a prophylactic against after-pains. Of these more anon; but I must not leave the subject of parturition without noticing its two most formidable accidents, hæmorrhage and convulsions.

Of

Post-partum hæmorrhage Dr. Leadam writes —"Its treatment by homœopathic remedies offers to the patient an immunity from danger—not unfrequently the difference between life and death—compared with which allopathic practice in the most experienced hands is a perfect nullity." Dr. Guernsey speaks still more strongly of the efficacy of our medicines in this perilous accident. But you will say, "Surely the one thing we have to do in post-partum hæmorrhage is to obtain contraction of the uterus. We can accomplish this most effectually by cold and pressure. We hardly care even to give ergot, so little time have we for waiting for medicinal action. The administration of infinitesimals seems too supererogatory here to be thought of." I must confess that I sympathise with you in this objection, so far as the primary importance of such measures as the application of cold and pressure is concerned. I cannot think that our attention should be diverted from these potent means of inducing uterine contraction by any question of medicines. Nevertheless, our old teachers have been wont to tell us that ergot has its place in the prevention, at any rate, of post-partum hæmorrhage. To give, when this is apprehended, one or two doses of the drug during the last pains, or before the extraction of the placenta, is always reckoned good practice. Here, then, our medicines have their sphere in lieu of ergot, as before in undue protraction of labour. "The circumstances," writes Dr. Tyler Smith, "which interfere with efficient uterine contraction after delivery, or produce inertia, are many of them

the same as those which lead to powerless labour. Amongst these circumstances are, a general relaxed habit of body, weakness of the abdominal muscles, and umbilical hernia. Such conditions are frequently found in the greatest degree in women who have resided in tropical climates. They occur also in women who have borne large families." Here *Secale* is indicated; and if the efficacy of the 30th dilution be substantiated, it will be better than the crude drug. "The uterus often flags when labour has been long delayed from any cause, whether the womb be simply inert, or worn out by prolonged action." *Pulsatilla* would be called for by inertia, *Arnica* by fatigue of the organ. "The same result may sometimes, but far less frequently, spring from exactly opposite causes. After a very rapid labour, or after the extraction of the body immediately after the birth of the head, the uterus may suddenly fail." Here *Ignatia* would be suitable.

For administration during hæmorrhage itself, Dr. Leadam recommends Ipecacuanha, Sabina, Crocus, Chamomilla, Belladonna, Hyoscyamus, Ferrum, or China according to the well-known indications for each, such as I have mentioned when speaking of menorrhagia and metrorrhagia. Dr. Guernsey gives indications for many more drugs. He is so confident of the efficacy of the suitable remedy, that he puts aside all the measures ordinarily employed as needless, and relies upon medicines alone. "The most prompt and most efficient measure in such cases," he writes, "according to my experience and that of a very large number of able homœopathic practitioners, is to apply that remedy which is homœopa-

thic to the totality of the case. This can be done as quickly as any other procedure, and will be found efficient even in those cases where the blood flows *pleno rivo* and threatens almost immediate dissolution." I must confess that my own faith has not been hitherto robust enough to dispense with the pressure and cold by which I had learned in student-days to check post-partum hæmorrhage, and which I have always found effectual. I do not doubt, however, that the medicine most appropriate to the metrorrhagia present may be of service; and the power of *China* to relieve exhaustion, and of *Ferrum* to remove the quasi-congestive head symptoms resulting from this cause, is beyond dispute.

Puerperal Convulsions must be discussed here; as they more frequently complicate labour, present or imminent, than the puerperal state proper. In treating a case of this kind, you must first ascertain if albuminuria is present, and the convulsions are uræmic. Should it be so, you may give the remedies whose indications I shall mention presently; but your main duty is to relieve the pressure on the kidneys by emptying the uterus as speedily as possible.

Abnormal reflex excitability is at the bottom of non-albuminuric puerperal convulsions. For this *Ignatia* and *Hyoscyamus*—the latter especially—are most valuable remedies; and one or other should be administered whenever you see reason to dread convulsion. *Chamomilla* and *Coffea* are less frequently indicated;—if the pains, or the sense of the pains, be excessive, they might be suitable. If

the patient is actually in a convulsion, or the fits are recurring rapidly, *Belladonna* is the classical remedy. But I would suggest *Hydrocyanic acid* as a possible alternative, especially in uræmic cases. While you are giving frequent doses of the proper medicine, you will see that no eccentric irritation—gastric, rectal, vesical—which you can remedy exists or remains. But I would not advise you to interfere with the uterus.

I think that by these means you will be able to dispense with the once universal bloodletting in puerperal convulsions. *Aconite* may sometimes be given with advantage, when of old the lancet would have seemed demanded by the symptoms. The chloroform inhalations of modern practice are not open to the same objection; and in the uræmic form at least I should have no hesitation in using them as a temporary expedient till I could effect delivery, should homœopathic medicines seem insufficient for the purpose.

A dose or two of *Opium* is often very useful for relieving the condition of brain left behind after puerperal convulsions; and should uræmia in parturient women take rather the form of coma I should prescribe it in preference to any other medicine.

Some cases by Dr. Wielobycki illustrating the action of several of these medicines may be read in the fifth volume of the *British Journal of Homœopathy*. I may, to encourage you, conclude with what Dr. Leadam says of the treatment of puerperal convulsions: "This is one of those diseases in which the superior efficacy of homœopathic remedies is beyond

doubt. The extreme severity of the attack, the imminent danger, and the fearful consequences would daunt the moral courage of a man who had not perfect confidence in his remedial results; and the contrast between the action of the *vis medicatrix naturæ*, which must be slow, and the rapid effects which follow the application of the homœopathic remedy, is sufficient here, at any rate, to determine to what influence recovery is due."

LETTER XLII.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

The Puerperal State and the Critical Age.

The disorders of the *puerperal state* will next engage our attention.

When the patient is a multipara, your first thought must be to diminish the severity of her after-pains. For this purpose the dose of *Arnica* I have recommended you to give before you leave your patient will do much. But if at your next visit you find that the pains are distressing, you must prescribe specially for them. *Gelseminum*, in the 1st decimal dilution, is the medicine on which I am accustomed to rely; and Dr. Leadam confirms my recommendation. Chamomilla or Coffea, and sometimes Ignatia or Pulsatilla, may be required, —the two former by the excessive sensibility of the patient. When the pains are intestinal rather than uterine, *Cocculus* is the most suitable medicine; and when they press upon the rectum or bladder, *Nux vomica*.

If the perinæum is torn, you will find the local application of *Calendula* of the utmost service to promote healing and union.

The bladder may at this time require assistance. If no urine has been passed within twelve hours of the labour, you will do well to give a dose of *Aconite*

—say the 3rd decimal—every fifteen minutes, and wait to see the effect. If this should not succeed in an hour, give *Belladonna* (in a higher dilution) after the same manner.* You will rarely need the catheter. I know nothing of "incontinence of urine" after labour (the dribbling from an over-distended bladder must not receive that name): Dr. Leadam recommends Arnica and Belladonna for it.

Very painful hæmorrhoids are sometimes developed after labour. Dr. Leadam recommends *Pulsatilla* 30 for this trouble, and relates a striking instance of its efficacy. In a case I once saw, very rapid relief was given by Aconite and Belladonna.

Morbid conditions of the lochia occasionally require attention. If the sanguineous character continue too long, *Sabina* should be given. If the discharge becomes offensive, without uterine mischief or neglect of cleanliness to account for it, Sepia, Secale, Carbo animalis and vegetabilis have been recommended; but the most general consent is in favour of *Kreasote*, which I have myself seen act very satisfactorily. Suppression of the lochia nearly always indicates supervening fever or inflammation, and is the signal for *Aconite*. If the lochia continue too long, but of natural quantity and quality, Dr. Leadam speaks highly of *Calcarea* 30. This is generally a symptom of sub-involution of the uterus, and Dr. Lawrence Newton esteems Calcarea the best of remedies to promote the restoration of the organ to its norm.† *Caulophyllum* 3 has also been given with success.

A few words upon the management of the bowels

* See *Brit. Journ. of Hom.*, xxvii., 360. † *Ibid*, xxviii., 241.

after labour. I need hardly say that homœopathy, always repugnant to purgatives, repudiates them here with especial abhorrence. We regard them as unnecessary, and often injurious. Dr. Tyler Smith says that "left to themselves, the bowels would probably pass a week or ten days in a state of inactivity." The real fact is that spontaneous evacuation generally takes place about the fourth or fifth day. If it be delayed beyond the sixth, you may with advantage treat the patient as for constipation, premising a simple enema to remove accumulations. The rectum is generally at fault, and *Collinsonia* the most applicable remedy; but Dr. Leadam speaks highly of Veratrum and Zincum. If the torpor be in the colon, Bryonia, Opium, and Nux are more suitable, according to the usual indications.

Diarrhœa is not common: when it occurs, *Hyoscyamus* or *Pulsatilla* will be the remedy,—the latter when the evacuations are most frequent at night.

The disorders of lactation play an important part among puerperal maladies; but of these I will speak separately farther on.

I have now to discuss the treatment of the great phlogoses and neuroses which attack the lying-in woman. This I shall do under the heading respectively of puerperal fever and puerperal insanity.

Puerperal Fever.—The pathological questions raised by this disease are of the utmost interest. Are the various inflammations—metritis, peritonitis, pelvic cellulitis, uterine phlebitis—of the puerperal state only local manifestations of a febrile blood-poison? is this latter anything *per se*, or is it only

an altered form of the erysipelas with which—if not with other toxæmiæ—it is interchangeable? what are its laws as to spontaneous origination, epidemic influence, and spread by contagion?—these are some of the points which obstetricians are actively discussing. I think that for our therapeutical purposes we need not go beyond the conclusions arrived at by Gooch.* There are two leading forms of the disease. In the first, the inflammation, wherever it is seated, is primary, and the fever is sympathetic therewith. In the other the symptoms of an adynamic fever are present from the commencement, and local affections may or may not be developed.

1. When a chill, followed by the development of pain and tenderness, indicates the supervention of inflammation, you would naturally put your patient upon *Aconite;* and you might do worse. Evidence has been accumulating of late, however, in favour of *Veratrum viride* as more suitable in the premonitory stage of these inflammations, which are always somewhat erysipelatous in nature. Thus, Dr. Ludlam writes:—"It appears to be especially adapted to the relief and removal of puerperal inflammation. For many years I have been in the habit of prescribing it whenever, in a lying-in woman, the first symptoms of pelvic or peritoneal congestion show themselves; and when my directions have been faithfully followed, the result has been most happy. It restores the milk and lochia, when these have been suddenly suppressed, quiets the nervous perturbation, relieves the tympanites and the tenesmus, whether vesical or

* See his essay on Puerperal Fever in the New Sydenham Society's edition of his works.

rectal, and frequently cuts short the attack. When called in season, I have seldom failed to set aside a threatened cellulitis by the same means. My custom is to give it in the second or third decimal dilution."

Should, however, the symptoms gain ground, you must substitute or alternate a more locally acting medicine. When the uterus itself is inflamed (puerperal metritis) I can confirm Hartmann's recommendation of *Nux vomica*, in the higher dilutions. I have been astonished at the rapidity of its action. When the inflammation attacks the peritoneum (puerperal peritonitis), *Belladonna* is most frequently required, though Bryonia and Mercurius corrosivus must not be forgotten. *Colocynth*, which is quite homœopathic to peritonitis, is recommended where tympanites is excessive. Should the areolar tissue be the seat of the mischief (pelvic cellulitis) *Apis* is the medicine most likely to avert suppuration: if this is inevitable, Silica should be administered to favour the completion of the process.

2. In the most virulent form of puerperal fever proper, which kills in a day or two, the only hint I can give for treatment is Dr. Tyler Smith's statement that "the blood in these cases resembles that of persons killed by lightning or *Hydrocyanic acid*." In less *foudroyant* cases you will give, besides free support and stimulus, either *Arsenicum* or *Lachesis*; and to these general consent gives *Hyoscyamus* as a valuable auxiliary.

Besides these chief forms of puerperal fever, uterine phlebitis, whether primary or secondary, requires special treatment. *Pulsatilla* or *Hama-*

melis for the primary inflammation, when you can diagnose it; *Lachesis* or *China* for the resulting pyæmia—are the medicines.

Puerperal Insanity may take the form either of mania or of melancholia. *Stramonium*, *Hyoscyamus*, or *Cannabis Indica* ought to help puerperal mania. The distinctive indications for the two former I have already given when speaking of simple mania. The Indian hemp would be specially called for when the mental delusions were of an exalted character. For puerperal melancholia Platina, Pulsatilla, Aurum, and Agnus castus are suitable; but I have most confidence in *Actæa racemosa*.

The disorders of *lactation* are greatly under the control of our medicines.

At the first coming in of the milk, *Aconite* will hasten the resolution of the fever, and *Bryonia* will relieve undue engorgement of the breasts threatening inflammation.

If the milk is late in appearing, or becomes afterwards diminished in quantity, *Agnus castus* and *Asafœtida** are the medicines recommended. Sometimes a single dose of Calcarea will effect the desired improvement.

Sulphur, *Calcarea*, *Silica*, or *Mercurius* may be given according to the symptoms when the quality of the milk seems to be at fault, and the child rejects it.

Sore nipples require local applications, among which Calendula is important. *Phellandrium* is

* See *Brit. Journ. of Hom.*, ii., 417.

said to remove pain felt in these after each application of the child. Where this pain is of a neuralgic character, and shoots from the point of the nipple through to the scapula, Dr. Guernsey speaks in high terms of the value of *Croton*.

In weaning, *Bryonia* will prevent engorgement of the breasts, and *Pulsatilla* or *Calcarea* is recommended to diminish the flow of milk.

China is, as might be supposed, of the utmost value against the effects of over-lactation.

And now of the treatment of acute mastitis,—the much-dreaded "milk-abscess." I can nearly always promise you an arrest of this inflammation if taken sufficiently early. *Bryonia* is the great medicine for the purpose, in the 6th or 12th dilution. *Belladonna* is much praised by Dr. Jousset, and is said to be preferable "when the tumid breast exhibits a surface with erysipelatous redness, and is glossy;" but I have never had occasion to use it internally, though before I became acquainted with homœopathy the external application of the ointment was a favourite practice of mine. Dr. Guernsey speaks highly of Graphites in cases where there are so many cicatrices from former suppurations that the milk can scarcely flow. *Phosphorus* is recommended when it is too late to prevent suppuration, to relieve pain, hasten the termination of the disease, and promote the healing of the abscess. It has several times cured a fistulous condition of the breast left behind after milk-abscess. When the "caking" of the breast, whether acute or chronic, is very great, *Phytolacca* is recommended to us by Dr. E. M. Hale; and from what I have seen of its

action I am disposed to confirm his good opinion of it.*

The last puerperal disorder of which I shall speak is the "white leg" or

Phlegmasia alba dolens.—When the symptoms of this disease depend upon a phlebitis extending from the uterine into the crural veins, *Pulsatilla* or *Hamamelis* will pretty speedily effect their removal. But I imagine that the lymphatic vessels are often as much to blame as the veins; and that the latter are as frequently obstructed by coagula from a distance as primarily inflamed. I have certainly found it an obstinate affection; and Dr. Leadam's indications for remedies read as if hypothetical rather than the result of successful experience.

Besides pregnancy and parturition, there is another great process through which the woman has to go, though only once in life. It is that of sexual evolution and involution,—the former occurring at puberty, the latter at the climacteric age. At both ends of the process peculiar disturbances of health are apt to occur, so as to make either a critical period for its subject. Of the maladies incident to this *critical age* I shall now speak, ere I leave the disorders of the female sexual system.

The derangements to which the first establishment of menstruation is subject are of divers kinds. If its commencement be too long delayed, and the health of the patient is evidently suffering from

* There is a good paper on this subject by the late Dr. Mercy Jackson in the *Brit. Journ. of Hom.*, vol. xxiv., p. 406.

lack of the fulfilment of the function, you must administer appropriate remedies. Jahr's experience here is that of most other therapeutists. "If in the case of young girls the menses delay their first appearance, *Pulsatilla* does much good, especially if in the place of the menses a leucorrhœal discharge sets in, and the patient looks pale and is troubled with determination of blood to the chest; in such circumstances *Sepia* sometimes proves still more effective, although I never like to resort to Sepia until Pulsatilla, which often acts more speedily, is found wanting. If instead of the anæmic condition which is adapted to these two remedies a state of plethora obtains, I first give *Bryonia* instead of Pulsatilla, more particularly if this condition is accompanied by rush of blood to the head and frequent nose-bleed, and in the place of Sepia I give *Calcarea*. By pursuing this course I often accomplish my end with tolerable speed, although I have had cases that could only be brought round by other remedies." Dr. Leadam strongly recommends *Sulphur* in the anæmic form.

These same medicines, of course, would be appropriate if menstruation, though fully established, was deficient from the first,—again supposing the patient's health to be suffering therefrom. The remedies I have mentioned under amenorrhœa would also be appropriate here, and especially *Graphites*. Again, when the flow is always too profuse, you will bring to bear upon the patient the medicine suited to her form of menorrhagia, according to the indications given under that heading. Remembering, however, that the disorder is one of the growth of

the body, you will as a rule give the preference to *Calcarea.*

An important morbid condition incident to the period of sexual evolution, and co-existing with either deficient or excessive menses—though far more commonly with the former—demands separate consideration. It is

Chlorosis.—I follow Immermann* in restricting this term to that change in the blood which occurs in the early years of the woman's sexual maturity, and which consists in a diminution in the amount of hæmoglobin contained in the nutrient fluid. It differs from anæmia in the absence of any of the causal factors which belong to that condition, and in the limitation of the morbid change to the red corpuscles.

Now the treatment of this malady is one of the few things upon which traditional medicine plumes itself. "There is scarcely any point in therapeutics," says Immermann, "so fully established as the remarkable efficacy of iron in removing all the symptoms of chlorosis. * * The bold and free use of iron is of more importance than a meat diet, exercise, sleep, a country life, sea-bathing, mountain air, regulation of the emotional life. I do not hesitate to say that a couple of boxes of steel pills or any other active preparation of iron will do a chlorotic girl more good than the most complicated plan of treatment in which iron occupies only a subordinate place." Is this homœopathy? and, if not, can we do better? I have fully discussed the rationale of the hæmatic action of *Ferrum* in my lecture on that

* Ziemssen's *Cyclopædia*, xvi.

drug, and have come to the conclusion that it is a specific stimulant to the blood-making processes, very probably homœopathic to the morbid condition present in chlorosis, and certainly curative in many cases in small doses, not very infinitesimal indeed, but of such fractional minuteness as most of us ordinarily use. While, therefore, I fully admit that if we should attempt to treat chlorosis without iron we should in most cases undergo the reproach of nihilism which Immermann casts upon us,* I do not feel that in using it (save when I administer it as a food) I am going outside the sphere of the Hahnemannic method.

In thus speaking I believe I express the mind of most practitioners of our school. Thus, Bähr says of Ferrum—"this medicine is a real specific for simple, uncomplicated chlorosis: every simple case of this disease yields to the curative action of iron." He recommends the first or second decimal trituration of the Ferrum redactum as the most suitable form —in which I entirely concur with him. Jousset says that iron is the medicine which oftenest corresponds to the *ensemble* of the symptoms, and of which we should make most frequent employment: he prefers the acetate or protoxalate, and gives about three grains of the first decimal trituration twice a day. When, therefore, Jahr says that "small doses" of Ferrum have not had the least effect in his hands, we can only suppose his usual globules of the 30th to be meant, in which case his results are not surprising. He tells us indeed that "in very many cases" Pulsatilla, Sulphur, and Cal-

* *Loc. cit.*, p. 557.

carea—given successively in this form—"are sufficient to bring about a blooming state of health;" but does not mention how long the "cure" takes.

Bähr and Jousset agree that there are cases of chlorosis in which iron is not so effective as other medicines, and chief of these they count *Arsenicum*. To the latter, the co-existence of menorrhagia is the great indication for it: the former recommends it where iron has been abused, and where there is "a high degree of debility, with excessive irritability, œdematous paleness, cardiac disturbances even during rest, and complete gastro-ataxia." It would also be suitable in the rare "febrile chlorosis," where pyrexia, dropsy, and petechial effusion approximate the condition to that of the "pernicious anæmia" in which iron is useless, but for which Arsenic is our most promising remedy.

I now pass to the other extremity of the woman's sexual existence, and speak of the troubles incident to the "change of life." What I have to say is in the main a reproduction of a short paper "On some Remedies for Climacteric Sufferings" which I published in the twenty-fourth volume of the *British Journal of Homœopathy*, some thirteen years ago. The subject is but lightly touched in our systematic works.

1. There are few women to whom the menopausia is not a time of considerable distress. They cannot call themselves, or be treated as, invalids; yet they rarely feel at ease. One of the most common of their troubles they call "flushes." They "come over," as they express it, in sudden heats, sometimes dry, more commonly accompanied with perspiration,

but rarely if ever preceded by chill. The attacks last but for a few minutes, but recur frequently, and cause indescribable discomfort. The pathological condition appears to be an ataxia of the vaso-motor nerves, analogous to that of the cerebro-spinal system which obtains in hysteria. There is no arterial tension, and Aconite does not help. But we have a valuable remedy for it in *Lachesis*. Administered in the 6th or 12th dilution, it will rarely fail to reduce the trouble to a minimum, and to gain us the grateful thanks of our patient. I owe the original suggestion of this medicine to Dr. Madden. Dr. Gray and others have found *Sanguinaria*, and Drs. Ringer and Edward Blake *Amyl nitrite*, useful for these flushes; so that you have something to fall back upon, should Lachesis fail you. Jaborandi promises to be useful when the flushes take the form of sudden perspirations.

2. There are two forms of distress in the head complained of by menopausic patients. The one appears to be a special local manifestation of that general hypermobility of the vascular nerves which I have already described. There is little or no pain; but the patients complain of great giddiness, with rush of blood, throbbing, beating, and roaring, sometimes with noises in the ears. Lachesis helps this, but not very decidedly. On the other hand, it finds in *Glonoin* a most efficient remedy. I believe that Dr. Kidd was the first to suggest this medicine for the malady in question; although the pathogenetic indications for it are so strong as to make it wonderful that no one had pointed out its applicability before. I have always used it, as recommended by

Dr. Kidd, in the 3rd decimal dilution. Amyl nitrite, also, should be useful.

The other head affection of this period of life is a true ache, a burning pressure upon the vertex. Sometimes it is here, as elsewhere, a symptom of debility from loss of fluids; as when the shifting menses occasionally stream forth profusely. In these cases the patient often complains of a feeling as if the head were opening and shutting. The medicines are obviously *China* and *Ferrum*. Quite as often, however, there is no such cause present to account for it, and the distress is purely sympathetic. In this case I have rarely failed to relieve with Lachesis; and *Cactus* may supply its place when needed.

3. The third climacteric affection I have to mention is "sinking at the stomach," and is very common. I have reason to suppose that the solar plexus with its ganglia is the seat of this distressing sensation, which is by no means confined to menopausic subjects. In idiopathic cases unconnected with this change in the system, I find *Hydrocyanic acid* an invaluable medicine. But in the sufferers under consideration its place seems taken by the *Actæa racemosa*. "Faintness at the epigastrium" is a symptom of frequent recurrence in its pathogenesis; and its relation to the uterus makes it specially suitable. I give it in the 2nd and 3rd decimal dilutions, and rarely find it fail to relieve.

When speaking of *Aconite* as inapplicable to the flushings of the menopausia, I did not mean to exclude it generally from the treatment of climacteric sufferings. "Of all medicines," says Dr.

Leadam, "Aconite is the most soothing at the climacteric period, especially when the individual is robust and plethoric, or if there be any evidence of local or general increased action;" and Dr. Ludlam writes—"The wonderful influence of Aconite over most of the derangements of the circulation at the climacteric has long been known. It is an invaluable and almost indispensable remedy." It acts best, I think, as Dr. Leadam says, at a medium or high attenuation.

LETTER XLIII.

DISEASES OF THE SKIN.

I have now to speak of the homœopathic treatment of cutaneous diseases. We had not much special literature on the subject till last year, when Dr. Lilienthal gave us his *Treatise on Diseases of the Skin*—a compilation, it is true, but a very useful presentation of our knowledge of cutaneous therapeutics. We may, however, claim for homœopathy, in the essential meaning of the term, Mr. Hunt's book on the treatment of diseases of the skin by Arsenic, as it is in virtue of its power of causing nearly every form of cutaneous disease that it has so wide a range of usefulness therein.* His mode of treatment, moreover, is (save as regards dose) typically that of homœopathy, inasmuch as it seeks to *cure* these maladies from within, by internal medication, rather than to suppress them by local measures, as it is now the fashion to do. However untenable Hahnemann's psora-doctrine is as regards the definite malady, scabies, with which he connected it, it is—I believe—entirely true in respect of skin-disease in general. It is very rare that this is primarily parasitic or purely local. It nearly always has its roots in the system at large,—at any rate in the recesses of the part at which it appears; and

* See *Brit. Journ. of Hom.*, xxi., 660.

we hold it bad practice, and fraught with injury, to be content with abolishing its superficial manifestations. It is much easier to do this, and quicker in the doing, than to cure the morbid state on which the cutaneous malady depends; and the homœopathic treatment of these affections is often slow in comparison with that of the specialists of the old school. But I think that if you could trace the subsequent medical history of a dozen patients treated on one or the other plan respectively, you would be satisfied of the superiority of internal medication in regard to the interest of the patient as a whole.

My classification of skin-diseases will present little that is novel. It will be substantially that which has prevailed in the English school since the days of Willan.

In the order *Exanthemata* we shall have to consider (erysipelas having already come before us as a general disease) erythema, urticaria, and roseola.

Erythema occurs under two forms.

In the first the blush is continuous, and the skin smooth. It is that which arises from local irritation, from frequent suffusion of the skin (as in the face from alcoholic drinks or dyspepsia), and from insolation. The cause having been removed, *Belladonna* will be found an excellent remedy for erythema of the face or the upper part of the body, and *Mezereum* for that of the legs (where it often occurs in oldish people from obstructed circulation, and is called erysipelas).

Of the second form of erythema the e. nodosum is the type,—e. circinatum, marginatum, and tuber-

culatum being merely varieties thereof. This eruption approximates to the true exanthemata, being preceded and accompanied by pyrexia, with articular pains. It is supposed by some to be a rheumatic affection—"rheumatic purpura" it is called by Hardy. It differs from simple erythema in that some effusion has occurred. *Apis* is generally allowed to be effective in its treatment; though *Arnica* and *Rhus* are recommended, and have much to be said in their favour. The benefit obtained from *Quinine* in old-school practice is so great, and its power of causing an exanthem has now received so many illustrations, that I am much inclined to suppose it to exert a specific influence here, especially as (according to Jousset) its relation to acute rheumatism is of the homœopathic kind.

Urticaria.—In this disorder—the familiar "nettle-rash"—the most obvious homœopathic remedy would be the *Urtica urens*, the stinging-nettle, whose effects the malady so much resembles, and which has caused the characteristic wheals when taken internally by its provers. I believe that it is esteemed by some practitioners, and Bähr counts it the principal remedy. I have myself always treated the acute affection (I have twice had it in my own person) with *Apis*, which is no less true a *simile* to the exanthem, and corresponds better to the nervous and circulatory disturbance often present. Under its use I find the symptoms disappear within three days, while Mr. Erasmus Wilson states their natural duration to be seven.

In chronic urticaria—where any unusual article of diet or change of temperature will bring out the

rash—these remedies will rarely be sufficient, and resort must be had to others of a profounder and longer action. Anacardium, Antimonium crudum, Arsenicum, Chloral, Copaiba and Dulcamara have all been found capable of producing the eruption, and may find place in its treatment. *Antimonium crudum* is most suitable, with regulation of the diet, when the exciting cause is gastric; *Dulcamara* when it is atmospheric; *Anacardium* when it is emotional (this medicine corresponds especially to the form known as u. tuberosa). Mr. Hunt gets excellent results from *Arsenic* in obstinate cases; and Drs. Dyce Brown and Burnett, with Mr. Clifton, have shown the virtues of *Chloral*, in about grain doses. I used to treat these cases, when without special indications, with Arsenicum and Apis in alternation; but of late have found Chloral a single and sufficient substitute.

Roseola requires no treatment beyond a few doses of *Aconite* or *Belladonna* according to the symptoms.

One species of the order *Papulæ*—Strophulus—belongs to the maladies of children. The other two are lichen and prurigo.

Lichen.—For the simple form of this disease we have no better medicine than *Sulphur*, whose eruption is characteristically papular. For lichen urticatus *Apis* is preferable, and the "prickly heat" of the tropics seems to belong to this category. In the lichen agrius of the old writers (and also in the lichen ruber of Hebra) *Arsenic* is indispensable.

Prurigo (which, as will be seen, I fully recognise

as distinct from pruritus) is also, when recent, often removed by *Sulphur*, and when chronic by *Arsenic*. Dr. C. Wesselhœft has recently recorded some striking cures of it by *Rhus** (of which the venenata variety is generally preferable); and Mezereum must not be forgotten.

I now pass to the order *Vesiculæ*, which is headed by one of the most frequent and important of skin affections—

Eczema.—In simple acute eczema you will very rarely have occasion to use any medicine but *Rhus*. It is exquisitely homœopathic, and rapidly curative. Its only rival is *Croton*, with which I often precede it when the itching is unusually severe. Rhus is Jousset's, and Croton is Bähr's principal remedy for eczema simplex; so I have good support for my recommendations.

In eczema rubrum *Mercurius* ought to be the specific remedy, as this is pathologically identical with the eczema mercuriale. I have found it, in the form of the corrosive sublimate, of much value. Jousset recommends Cantharis in the early inflammatory stage; and here also Mezereum must not be forgotten.

In eczema impetiginodes I am inclined to think *Antimonium crudum* the most suitable remedy. I do not follow the latest pathologists in including under this heading all the forms of impetigo, which is—at any rate clinically—a distinct cutaneous affection.

In chronic eczema—when the original vesicles

* See *New Engl. Med. Gazette*, March, 1875.

have become transformed into crusts, rhagades, and thickenings—*Arsenic* is again an excellent remedy; but Homœopathy has discovered another in *Graphites*, with which, as a rule, you will do well to commence the treatment. "Quite recently," writes Bähr, "we have cured eczema of seventeen years' standing with Graphites, the patient being otherwise in perfect health. She had to continue the remedy for over six months in the fourth to the sixth (decimal) trituration, but even the excessively hypertrophied ears finally resumed their normal shape." The oozing of a glutinous moisture is considered by Dr. Guernsey a special indication for this drug.

Some local varieties of eczema deserve special mention. On the hands it appears, when affecting the dorsum, as "bakers'" and "grocers' itch," where *Bovista* is recommended; in the palms it is "psoriasis palmaris," and here Graphites and Hepar sulphuris are excellent. When occurring behind the ears it is a very troublesome affection, and often needs local measures: *Oleander*, however, has cured it. Eczema scroti is especially amenable to Croton.

Herpes, when occurring on the face, should it need treatment at all, would probably get it best from Rhus; and in its preputial form Mercurius solubilis, which has caused it, is sufficient for its removal. When either of these affections tend to recur, Bähr recommends Hepar sulphuris. But the two most common and important forms of herpes are h. zoster and h. circinatus.

1. Herpes zoster—zona, "shingles"—is a common and interesting disease, especially for its connections with nerve-pathology. It has been treated homœo-

pathically by many remedies,* but I hardly think we need go so far afield. When occurring in young or middle-aged persons, I have always treated it with *Rhus;* and my experience has been that of Dr. Russell,† that this medicine is of itself sufficient to relieve pain and itching, to shorten the duration of the eruption, and to prevent *sequelæ.* In old people, however, the latter were apt to occur, in the shape of both pruritus and neuralgic pain, until (at Bähr's recommendation) I began to substitute *Mezereum* for these subjects, with which I have been thoroughly satisfied. Ranunculus, Cistus, and *Arsenic* are other drugs which have caused the phenomena of h. zoster, and the latter is forcibly suggested by the vesicular eruption, burning pain, and neuralgia which constitute the affection. Bazin and Trousseau recommend it.

The neuralgic pains which remain behind after shingles are very obstinate; but all the remedies above mentioned have been found useful for them, as also the Dolichos pruriens.

Two interesting records of experience with shingles were communicated to the *British Journal of Homœopathy* for 1877,—the one by Dr. Ker, the other by Mr. Clifton. The former speaks well of Mezereum for the remaining pains, and in one case had good results from Dolichos. The latter shows how often neuralgic pains precede by some length of time the eruption, and relates instances in which Staphisagria and Causticum proved best for these, and Apis for the eruption. Dr. Wilkinson speaks highly of a Cantharis lotion locally.

* See *Brit. Journ. of Hom.*, xx., 492. † *Ibid.*, x., 605.

2. Herpes circinatus (which must not be confounded with tinea circinata—"ringworm of the surface") has in my hands, since the proving of *Tellurium* produced so similar an eruption, always been treated by this remedy; and I have never failed to cure it speedily thereby.

Pemphigus, when recent, may be cured by *Rhus*, as I can testify. When chronic, there is such a body of evidence in favour of *Arsenic* as being specific that it would seem loss of time to give any other medicine. The same remedy would also be suitable in those grave forms of the disease (non-syphilitic) which sometimes appear; and which—as the p. foliaceus—may even threaten life.

I now come to the order *Pustulæ*, which includes impetigo, ecthyma, and rupia.

Impetigo.—Some forms of this malady, under the names of porrigo capitis and crusta lactea and serpiginosa, are peculiar to children. In adults, I find *Viola tricolor* very effective in recent simple impetigo of the face. A more lingering form of this malady is curable by *Tartar emetic*, as Dr. Dudgeon has shown;* and I once found this medicine very effectual in i. erysipelatodes. Antimony is, indeed, the great medicine for pustules, as Rhus is for vesicles and Sulphur for papules. For chronic impetigo it acts best, I think, in the form of *Antimonium crudum*, to which *Kali bichromicum* may be added as often very effective. You would still, however, be within the limits of homœopathy if you fell back upon Arsenic, which Mr. Hunt

* *Brit. Journ. of Hom.*, xxiv., 311; xxix., 405.

finds as valuable here as in chronic eczema and psoriasis.

A case of impetigo figurata is on record as cured by Conium.*

Ecthyma. — "The pustules," says Erasmus Wilson, "following the irritation of *Tartar emetic* are ecthymatous;" and in the simple form of the disease no remedy could be more effectual. In ecthyma cachecticum deeper-acting medicines are required; and these we may find in *Arsenicum* or *Lachesis* if the pustules appear on the arms, *Secale* if they invade the legs.

Rupia is the syphilitic ecthyma of adults, and requires the treatment suitable to the diathesis.

And now of the *Squamæ*, which are pityriasis, psoriasis, and icthyosis.

Pityriasis.—This affection of the skin is, in its simple form, the most frequent among the cutaneous changes induced by *Arsenic*, and p. rubra has been observed as an effect of the drug. I can hardly recommend any other medicine, and in this I am supported by Jousset and Bähr. The latter prefers Graphites in pityriasis capitis. Teste thinks Cantharis the most suitable remedy when the disease occurs in children.

Psoriasis.—This disease also has found in *Arsenic* so specific a remedy, that, as it has also been caused by it,† we need hardly look farther for its help. It is Jousset's chief medicine for it; and Dr. Arcularius—who is making cutaneous disease a

* *Brit. Journ. of Hom.*, xxii., 569.

† See Stillé, *Therapeutics and Mat. Med.*, 4th ed., ii., 823.

specialty in New York, some day (I hope) to our great advantage—reports two cases cured by the 30th dilution. *Sepia* is another drug which has been commended: it would be especially suitable to women with uterine ill-health. I have myself had very good results with *Mercurius solubilis* in re cent cases. Carbolic acid and Manganum have found favourers in France.

The affection we used to call lepra seems now to be recognised as merely a circinate form of psoriasis. In a case I once treated, the constitutional symptoms led me, after Mercurius, to Iodine, and a speedy and permanent cure rewarded my choice.

Icthyosis.—This (happily) rare disease, always hereditary or congenital, seems little amenable to treatment, even with Arsenic. I should suggest *Hydrocotyle* as a possible remedy for it.

I have now discussed the recognised "orders" of cutaneous disease, and must reserve its remaining varieties for another letter.

LETTER XLIV.

DISEASES OF THE SKIN (*continued*).

I will now speak of the affections of the several constituents of the skin.

The only disease of the *papillæ* of which I can speak is

Verruca, the wart.—When a single one of these excrescences appears, you may generally cause its withering away by touching it daily with the mother-tincture of *Thuja*. If crops of warts appear, give the medicine internally, in the medium dilutions. Should it not be entirely successful, follow it up with *Calcarea carbonica*. This, which is my own experience, is substantiated by most of our therapeutic writers; but Jahr adds Natrum carbonicum and Causticum as remedies frequently effective, and the former has effected several cures in the hands of Dr. Turrel.*

The affections of the *sebaceous glands* are seborrhœa, molluscum, and acne.

Seborrhœa requires local treatment mainly, but there seems no reason why it should not be aided by internal remedies. Kafka is the only one of our authorities who notices it: he recommends various medicines, especially *Natrum muriaticum*, but I can only mention *Iodine* as of much promise. The improvement in the beauty of the hair and the

* See *Bibl. Hom.*, Nov., 1876.

cleanness of the scalp which I have mentioned as following its use in scrofulous subjects probably depends upon an influence on the sebaceous glands of the part.

Molluscum.—The sole fact about the treatment of this malady which I can find in homœopathic literature is a case mentioned by Dr. Dudgeon in the first part of the *Hahnemann Materia Medica* (p. 50). He states that in this instance the tumours were disappearing under the action of *Silica* and *Lycopodium*. As I suppose that a wen is a single molluscum, it seems to the point when I refer you to a case of Dr. Belcher's,* in which a crop of these excrescences on the scalp disappeared under the action of *Kali iodatum*.

Acne.—The simple form of this disease, as it often occurs in young people, may generally be cured by *Belladonna* if the patients are full-blooded, by *Pulsatilla* if they are pale and slender. The connexion of the affection with sexual evolution probably explains the value of these remedies. In more chronic cases, which yet are acne simplex, *Sulphur* is useful; and it is often beneficial to touch each prominence daily with a camel's-hair brush dipped in the mother-tincture. When acne indurata is present, *Iodine* and *Bromine*—especially in the form of their combination with potassium—are indicated by their well-known pathogenetic effects. Acne rosacea is a very obstinate affection. The iodides of Sulphur and Arsenic, the bromide of the latter, and Carbo animalis seem to promise best in its medicinal treatment. Dr. Salzer recommends

* *Brit. Journ. of Hom.*, xxvii., 336.

Hydrocotyle, and Bähr finds a wash of two drachms of Sulphur lotum to two ounces of water very effective.

A word as to the recommendations of our authors here. Jousset advises Kali iodatum and Tartar emetic. Bähr thinks local treatment most effective. Kafka praises Phosphorus in obstinate cases, and Hepar sulphuris when the disease assumes a pustular form.

Under the head of affections of the *hair-follicles* I have to speak of alopecia and mentagra.

Alopecia includes as its simplest form the "falling of the hair" which results from local or general debility. *Phosphoric acid* is often very serviceable in these cases. If the baldness be complete, whether general or in patches, you will of course first enquire after a syphilitic history; and if the taint be detected, you will, I think, find *Fluoric acid* the specific medicine for this local manifestation of it. In non-syphilitic cases Mr. Hunt leads us to expect great things from *Arsenic;* and, as this drug has caused alopecia, even in the "areata" form, you will feel encouraged to follow his guidance.

Mentagra.—This is commonly called "sycosis menti," but I have used the term sycosis for another purpose. It is essentially a chronic inflammation of the hair-follicles of the beard. *Tartar emetic* and *Cicuta* have cured it; and Bähr has had excellent results from *Graphites* (4th and 6th decimal triturations). Jahr says that he has cured a number of cases with Calcarea 30, in rare doses.

I will now treat of a number of miscellaneous

affections of the skin and the sub-cutaneous cellular tissue, which I will take as I find them in the nomenclature of the London College of Physicians.

Among general diseases are ranked lupus, rodent ulcer, and true leprosy.

Lupus, when occurring in the tubercular "non-exedens" form, has proved amenable to *Apis*,* *Hydrocotyle*,† and *Kali bichromicum*.‡ In lupus exedens, Bähr speaks well of Lycopodium and Graphites, but especially of *Aurum muriaticum*, and Jousset of *Hydrastis*. With this drug, he writes, externally and internally used, he has achieved several cures in cases very far advanced. Mr. Hunt thinks *Arsenic* the one and only remedy for the "exedens" form.

Rodent Ulcer.—Of the treatment of this malignant affection of the face we have no homœopathic experience; but I should suggest *Arsenic*, locally and constitutionally, as a possible remedy.

Elephantiasis.—This is the true leprosy of the ancients, and of the East at the present day. The *Hydrocotyle Asiatica* is an esteemed native remedy for the disease. Its proving has displayed its elective affinity for the skin, and "lepra tuberculosa," which is a European approach to elephantiasis, has more than once yielded to it. I once obtained great benefit from it in a case simulating the Barbadoes leg. The *Anacardium orientale* is another remedy of the same kind. Dr. Sircar tells

* *Annals*, vol. ii.

† *Brit. Journ. of Hom.*, xvi., 463; *Monthly Hom. Review*, xx., 509.

‡ *Ibid.*, xxxii., 643.—Dr. E. Blake here records three cases of cure. He found the 5x dilution of the drug more effective than the 3x.

us that the native doctors in Hindostan are afraid of handling the drug for fear of getting this very disease, which, he has been told by his friends among them, has actually occurred in some instances. He adds that he has been using the drug in leprosy (in the 6th dilution), and can report remarkable benefit from it.

Dr. Jousset says that he has obtained a brilliant success in a leper of 16, in the second (ulcerative) period of the disease, with *Hydrastis*, given internally in the mother-tincture, and the same applied locally to the sores, diluted to one-tenth or one-fifth with water.

And now of some more local, or at any rate localised, affections of the skin.

Furuncle—Anglicé, boil—is a trouble with which you will be glad to know our means of dealing, as it is very common and very painful. I can recommend the following bits of treatment to you with much confidence. If you can catch a boil in the stage of inflammatory engorgement, before matter has formed, it may almost always be blighted by repeated doses of the 1st dilution of *Belladonna*. Dr. Cl. Müller makes the same statement about the local application of compresses wetted with a solution of tincture of *Arnica*, a drop in an ounce of water; and Dr. Wyld of lime-water.* Dr. Madden says that, even later, progress may be arrested by the third trituration of *Silica*. Of these measures I have no experience; but I can affirm that if the boils, like sorrows,

"come not single spies,
"But in battalions"

* See *Monthly Hom. Review*, xxii., 366.

—if they recur again and again, the constitutional tendency may nearly always be checked by a course of *Sulphur*.

The local management of boils, should they not have been blighted in their incipience, is mainly a surgical matter; but possibly suppuration is favoured and expedited by Hepar sulphuris and Silica.

Carbuncle is often nothing more than a large, multiple boil, and requires treatment accordingly. Dr. von Grauvogl says that it may be dispersed by repeated doses of *Arnica* internally; and similar success has been obtained with iodine, lime-water, and camphor locally applied. But when from the outset the inflammation is of a low type, and accompanied with fever and prostration, special measures must be adopted. Both Jousset and Bähr recommend *Arsenicum* to be given, and no better remedy could be chosen for the general symptoms; but they do not claim for it any modifying influence over the progress of the carbuncle itself. Jahr says that, finding it (with several other remedies) inoperative towards forwarding the suppuration and dispersion of the phlegmon, he at last hit upon *Bryonia*, which "hastened the process of suppuration, sometimes reducing the period to five or six days," instead of two or three weeks. "In two cases," he writes, "where I was called at the commencement, I was even enabled to effect the dispersion of the swelling."

The later medicinal treatment of carbuncle consists in giving *Silica* to check excessive suppuration, with *China* or *Lachesis* if there is evidence of exhaustion or blood-poisoning.

Whitlow is another of the local inflammations

which, like boil and carbuncle, are allied to erysipelas; and hence I mention it here. It may certainly often be arrested by the timely administration of *Silica*, or of its analogue *Fluoric acid*. When the disease is fully established, you can conduct it through its course with considerable mitigation of suffering by the persistent use (as Dr. Bayes recommends) of *Hepar sulphuris*, or of Silica again if the bone has become affected.

I will speak next of

Ulcers.—These, of course, are not diseases of the skin; but I cannot well range them under any other category. All, except sometimes the "weak" and "indolent," require and repay constitutional treatment; but all, save the "scrofulous," need local applications also. These last will often heal spontaneously as the general health improves under such medicines as *Sulphur* and *Calcarea*. When they are slow to fill up, the phosphate may be advantageously substituted for the carbonate of lime, according to Dr. Beneke's suggestions.* "Weak" and "indolent" ulcers should be treated by the local application of *Calendula*, in the proportion of a drachm of the tincture to an ounce of water. You should see that the lint soaked in the solution fits accurately to the ulcerated surface, and does not overlap the surrounding skin. If Calendula fails, apply *Kali bichromicum*, gr. j. ad aq. ℥viij., in the same manner. These applications are tolerably efficacious even by themselves; but they are much aided by the well-understood management which includes rest and support.

* *Brit. Journ. of Hom.*, xvii.

The remaining forms of ulcer require both constitutional and local treatment. For the "inflamed" ulcer, if it is the raw surface itself that is red and hot, *Arsenicum* will be most suitable, with water dressing: if the surrounding skin is the seat of chronic inflammation, give *Belladonna* and apply Calendula or Hydrastis in the manner practised at the London Homœopathic Hospital.* The "irritable" ulcer is rather intractable. I think *Lachesis* a good medicine for it; but find it usually necessary to seal it up, so as entirely to exclude the contact of air. Lachesis is no less useful for "phagedænic" and "sloughing" ulcers, as also is Arsenicum: the best local applications for these are a lotion of *Hydrastis* or of *Kreasote.* For the "varicose" ulcer, when threatening, I can again recommend Lachesis, which will often arrest the mischief. When established, its treatment is that of the varicosis itself; and if Hamamelis be the drug selected, it can with advantage be applied locally.

To these hints, derived mainly from my own experience, I may add some observations from others. Jahr speaks warmly of the advantage of commencing the treatment of all chronic ulcerations with *Sulphur* 30; and Dr. Clotar Müller praises the same drug in the tinctura fortissima.† Next to it he ranks *Mercurius;* and the power of this poison to induce ulceration of the skin ought certainly to be turned to more use than it has yet received. A list of medicines suitable to ulcers, with their respective indications, is given by Dr. Franklin in his *Surgery,*

* See *Annals,* v., 356, and *Monthly Hom. Review,* Sept., 1867.

† *Brit. Journ. of Hom.,* xxxii., 237.

and by Dr. James Jones in the twentieth volume of the *Monthly Homœopathic Review*. I would remind you, also, of what I have said in my lectures of Asterias and of Pæonia. Mezereum is recommended by Dr. Dunham for mercurial and mercurio-syphilitic ulcers of the lower extremities.

I have now to say a few words upon the parasitic diseases of the skin—ringworm, scabies, favus, and the rest. Of all of them I would say two things. First, it is simply foolish to neglect local applications in these affections. If a patient came to you complaining of itching at any part of the surface, and you found lice to be present, you would of course adopt measures for killing the vermin, and would not think of prescribing medicines homœopathic to the sensations caused by them. So is it with scabies and its fellows. But, secondly, you should not fail to treat with the suitable remedy any derangement of health which may co-exist; and you may not uncommonly in this way obtain a spontaneous disappearance of the local disorder—the parasite seeming to be starved out, as it were, by the alteration in the quality of its soil.

And now of the special disorders. Reserving ringworm for the diseases of childhood, I shall speak here of the other forms of tinea, and of scabies.

Tinea is a generic name, applicable to all parasitic affections, whether they be of animal or of vegetable origin. The "tinea tonsurans" is the ringworm of the scalp, whose consideration I have deferred. "Tinea favosa" is now commonly called "favus." Teste curiously enough says that the treatment of this

disease is one of the triumphs of homœopathy, recommending Sulphur, Dulcamara, Viola tricolor, Oleander, and Hepar sulphuris according to the symptoms. I must follow Bähr, Jousset, and Kafka in recommending epilation and parasiticidal applications. "Tinea circinata," or ringworm of the surface (which must not be confounded with herpes circinatus, which is a constitutional affection), must be similarly treated (without epilation), as also "tinea decalvans"—the parasitic form of alopecia areata, and "tinea" or "pityriasis versicolor" (chloasma). Sulphurous acid makes an excellent lotion for these affections.

Scabies.—It was a long time before the followers of Hahnemann, influenced by his mistake in connecting chronic diseases with the itch-eruption, could bring themselves to believe that scabies was a purely local disorder, produced by the presence of an acarus. Bähr, in maintaining this view fifteen years ago, speaks apologetically of differing herein from the majority of his colleagues. Now, however, I apprehend that there is no diversity of opinion on the subject. Jahr, who fairly represents the older homœopathists, is as convinced as Bähr that scabies cannot be cured by internal remedies alone, and that those who profess to have effected such cures must have been mistaken in their diagnosis.

Most of us use sulphur ointment to destroy the acarus; but Jahr recommends a more agreeable substitute in the form of the oil of lavender, which he finds very effectual. Internal remedies are only needed when scratching or too violent local applications have induced great irritation of the skin.

Sulphur itself is quite applicable here; as also are *Croton* and (where ecthymatous pustules have been developed) *Sepia.*

I have last to speak of

Pruritus.—This malady is so often dependent on phthiriasis, that enquiry must first of all be made as to the presence of pediculi, and, if they are found, treatment be instituted accordingly. Idiopathic pruritus, in its general form, is happily not common. If you have a case to treat, try first what can be done by attending to the general health, and improving the condition of the skin by baths, frictions, &c. If it does not thus yield, consider the exact nature of the itching, and the circumstances under which it is aggravated or relieved, and look out these symptoms in a good repertory. In this way, you will possibly find in Opium, Nux vomica, Mercurius, Sulphur, or some less-known medicine the remedy of which you are in search.

The local varieties of pruritus—all haunting the intracrural region—are generally symptomatic, and demand a careful enquiry into their causes. Sulphur and Lycopodium are sometimes useful for pruritus ani, and Caladium, Ambra, Carbo vegetabilis, and Collinsonia (Jousset and Bähr add Lycopodium and Conium) for pruritus pudendi. But local pruritus is very rebellious against internal remedies; and you will generally have to resort to external applications, among which borax, carbolic acid, and mercury in various forms are the most effective. Sometimes a lotion of Hamamelis is of much service.

LETTER XLV.

DISEASES OF THE LOCOMOTIVE ORGANS—CASUALTIES.

As I am now entering the surgical sphere (though only on its medical side), it will be well that I should mention our sources of information as to what homœopathy can accomplish here. They come principally from America, where alone our practitioners are sufficiently numerous to allow of their cultivating surgery as a specialty. I would name Dr. Franklin's *Science and Art of Surgery*, Dr. Helmuth's *System of Surgery*, and Dr. Gilchrist's *Homœopathy in Surgical Diseases* as especially worthy of your attention.

As the organs of locomotion I shall class the Muscles, Bones, and Joints; and in the present letter will put down what I have to say upon the treatment of their morbid conditions.

And first, of the *muscles*. As there is no reason why these organs should not be attacked by inflammation, I will speak of

Myositis, though I confess I know nothing practically about it. Should you encounter it, you will remember what I have said when lecturing upon *Bryonia*, that both the symptoms of the provers and the post-mortem appearances make it probable that this medicine is a specific irritant to muscular fibre.—Bähr gives some instructions as to the treatment of "psoitis."

A far more frequent affection of the muscles is that now known as

Myalgia.—I need not tell you how much we are indebted to the late Dr. Inman of Liverpool for the identification of myalgia as a pathological entity. But we owe to Dr. Madden its naturalisation—so to speak—in homœopathic regions, and the establishment upon a firm basis of its chief remedies. You will find the paper of his to which I refer in the twenty-fifth volume of the *British Journal of Homœopathy*, and I feel sure that you will derive many a valuable hint from its perusal. *Arnica* is the grand remedy for myalgia in all its forms, especially when it results from fatigue or injury of the muscle. Even the heart, when its muscular walls have been strained by over-exertion, as from rowing, may have its integrity restored by this medicine, of which Dr. Bayes has furnished some valuable cases in point.* Another useful medicine for myalgia is *Actæa racemosa*, which is of especial service in women and other nervous subjects. *Gelsemi num*, also, is of decided usefulness, as recommended by Dr. E. M. Hale, for acute general myalgia, with feverishness, as from unwonted or undue bodily fatigue.

I have now to speak of the so-called muscular rheumatisms, including pleurodynia, lumbago, and torticollis. I know that there is much question now raised as to the really rheumatic character of these affections—Jousset and Bähr among ourselves denying it as strongly as Garrod in the other school. I am myself inclined to think that each

* *Applied Homœopathy*, sub voce.

has its "rheumatic" form, though lumbago and torticollis may—as I have mentioned of pleurodynia—occur under other pathological conditions. I will speak of these two affections, accordingly, as separate maladies.

Lumbago.—I agree with Jahr that the chief remedy for this affection is *Rhus*. It suits equally well that form which originates in a sudden exertion and that which results fron exposure to cold and damp; though in the former case it may be reinforced by *Arnica*, and in the latter may be preceded by *Aconite*, especially if the lumbar muscles seem chiefly involved. Rhus acts mainly, I think, on the lumbar fascia.

Bähr prefers *Tartar emetic* even to Rhus and Arnica in lumbago. He gives the second or third decimal trituration. Jousset agrees with his colleague Dr. Cretin in esteeming *Nux vomica* very highly. I have found it of much service when the pains have been remittent, and have suggested spasm of the muscles as being present.

Of torticollis, or

Stiff-neck, I have only to say that, in my experience, it has yielded rapidly to *Aconite* when resulting from a draught of cold dry air, to *Dulcamara* when the cause has been exposure to damp. Of the spasmodic form I spoke in my nineteenth letter. I see that Dr. Jousset has obtained frequent success from the Belladonna I there suggested, giving it in low attenuation or mother-tincture.

The first disease of the *bones* of which I shall speak is

Periostitis.—Of the syphilitic and mercurial forms of this disease, which are usually circumscribed, I will speak immediately under the head of "nodes." The diffuse form is either acute, from cold or injury; or chronic, from rheumatism or scrofula. The specific tissue-irritants of the periosteum which we possess are *Mezereum*, *Phytolacca*, *Mercurius*, *Silica*, *Kali bichromicum*, and perhaps *Guaiacum*. In acute periostitis I recommend (in common with Bähr and Franklin) the first of these; but, when suppuration threatens, Mercurius should be given; and, if it has taken place, Silica is indicated, and should be persevered with until all symptoms have subsided. The propriety of incision, whether subcutaneous or direct, is a surgical question which I must leave to your discretion. "Periosteal rheumatism" is hardly an inflammation: I have already spoken of its treatment. Chronic periostitis in strumous subjects will commonly yield to the general diathetic measures you will adopt; but one or other of the medicines above mentioned may help in its removal. Ruta and Asafœtida are spoken of as periosteal remedies: I have no knowledge of them in this capacity. The first is recommended especially in periostitis from mechanical injury.

Nodes are either "soft" or "hard." *Silica*, which is good for either, is especially suitable to the former. When soft nodes form on the scalp, *Kali bichromicum* is perhaps superior in efficacy to Silica. For the genuine hard syphilitic node, with its nocturnal pain, we may try *Aurum*, which is homœopathic enough; but must be prepared to fall back upon the

Iodide of Potassium, with whose application homœopathy seems to have little to do. You will see the rationale of the action of this remedy discussed by Dr. Madden in his paper upon it in the twenty-sixth volume of the *British Journal of Homœopathy*. You will see also that we have no reason for expecting that its virtues will be displayed in infinitesimal doses.

Osteitis, in the acute form, is practically identical with acute necrosis, as which I shall consider it. Chronic inflammation of bone, whether primary, or extending from the periosteum, is syphilitic, mercurial, or scrofulous. If syphilitic, the first question is whether the patient has been mercurialised. If not, *Mercurius* suggests itself as in every way a most homœopathic and suitable remedy. *Aurum* is its most important ally; and the two medicines may reinforce and replace one another until the cure is complete. Too often, however, the osseous disease owes its origin to the improper use of mercury; and here our primary aim must be to antidote the poison. *Nitric acid* is the most important agent we homœopaths have for this purpose; and then comes Aurum again, and *Staphisagria*. These medicines are likely to suffice when the mercurialisation has not been extreme. But if the patient is in the latter unlucky case, or if the syphilitic diathesis is very pronounced, I cannot but think the ordinary prescription of Iodide of Potassium still more satisfactory.

Chronic scrofulous osteitis is nearly, if not quite always, caries; of which I shall now speak.

Caries is reputed incurable under ordinary treat-

ment, and is relegated to the knife. We have better auguries. Let me cite the following case:—it is given by Dr. Laurie in his *Elements*.

"A boy became affected, after scarlet fever, with caries of the temporal bone, which, during a period of five or six years, periodically broke out afresh, discharged an offensive pus, and then healed again. The entire left side of the cranium was arrested in its growth, and consequently rendered much smaller than the other side; the left eye also appeared strikingly smaller than the right one. The intellect of the boy was, nevertheless, not in any way affected. Several remedies improved, but failed in curing the caries. After the employment of *Fluoric acid* the attack came on earlier, and in a more aggravated form than usual, but never returned. From that time onward the lesser half of the cranium commenced to grow, and the previous inequality of size between the two sides of the head became gradually less, and finally imperceptible."

Besides Fluoric acid, its chemical congener, *Silica*, is a valuable medicine for caries, as also are *Phosphorus* and *Acidum phosphoricum*. The last should especially be chosen when there is free suppuration, and hectic is present. Jahr advises that in scrofulous subjects the treatment should always be commenced with *Sulphur*, after which, he says, we shall get much better results from Silica and the other special remedies. If the caries be syphilitic or mercurial, the treatment I have indicated for osteitis arising from these causes is required.

Necrosis is, I imagine, not uncommon as an acute disease. I have seen three well-marked examples of it; and one of the patients all but succumbed to the intensity of the sympathetic dis-

turbance. I can say nothing as to the effect of medicines upon the progress of the inflammation. *Aconite* in semi-material doses, internally and locally, would seem best calculated to be of service. Whether subsequently to an acute attack, or primarily chronic, we have often to treat a necrosis already accomplished, and the dead bone awaiting detachment. Here, as in caries, the question of surgical interference will arise; and here, as in caries, I would recommend you to refrain. Give *Silica* as your basis remedy, bringing to its aid occasionally any another medicine which the general condition may seem to demand. You will see exfoliation gradually taking place, and your patient's health not suffering under the process. *Symphytum*, I should add, is a medicine recommended in aid of the detachment of the sequestrum.

Neuralgia of Bone is, happily, rare: should you encounter it, I would suggest the trial of *Zincum* as a remedy.

Mollities Ossium.—There is a paper on this disease by Dr. Arnold of Heidelberg in the sixth volume of the *British Journal of Homœopathy*. He recommends, apparently from experience, *Calcarea* and *Iodine* in its treatment. Theoretically, I should have thought *Phosphorus* the specific remedy, if there be any; since mollities is unquestionably a fatty degeneration.

I have now to speak of the diseases of the *joints*, and shall begin with

Synovitis.—This inflammation, in its acute form, is readily manageable by homœopathic re-

medies, without the need of the leeches, the blisters, or even the continuous cold to which you have been accustomed. If it has been excited by injury, you will do well to keep the joint covered by a weak *Arnica* lotion. Otherwise, simple water-dressing is the only local application necessary. You will of course keep the joint at rest, and, if practicable, elevated. Then, for internal medicine,—*Aconite*, if there is fever or intensity of local action, but alternated with the more specific remedies, *Bryonia* or *Pulsatilla:* the former when, as often happens, the patient is rheumatic, although the synovitis be simple; the latter in children, delicate women, and indeed in the majority of the cases in which synovitis occurs. In some cases, where there is much effusion but little pain (acute hydrarthrosis), *Apis* is preferable to either. The support of strapping or a bandage is all that is afterwards required to cause absorption of the effusion,—the medicines being continued. If suppuration has taken place, you should give *Hepar sulphuris*, and apply a solution of it externally; but I cannot promise you that the matter will be absorbed without evacuation. Should this latter have taken place, and matter be discharging, *Silica*, also locally as well as internally, seems preferable to Hepar.

For the simple form of chronic synovitis I recommend,—if it be syphilitic or mercurial, *Kali iodatum;* if it be rheumatic, *Mercurius*. But in either or any case the predominance of serous effusion over inflammatory thickening ("hydrops articuli") leads to *Iodine* or its compound with potash as the most suitable remedy. Here again homœopathy occupies common ground with the old school.

I can say nothing about the "brown fibro-gelatinous degeneration of the synovial membrane," described by authors as occurring chiefly in the adult female. Chronic scrofulous synovitis forms one variety of the joint-disease which I shall call by the old but useful name of

White Swelling.—This disease may begin, as you know, either in the synovial membrane, in the cartilage, or in the cancellous structure of the ends of the bones. The diagnosis of the different origins is important, as, in addition to the general anti-scrofulous medicines you will prescribe, those influencing the tissue primarily affected will be specially serviceable. There are few cases in which *Sulphur* and *Calcarea* and cod-liver oil will not be useful, given as an occasional course. But when synovitis has been the primary mischief, *Pulsatilla* or *Apis* will help. The painful ulceration of the cartilages calls for *Mercurius corrosivus*. And when the disease has begun in the bones, *Mercurius*, *Silica*, *Calcarea phosphorica*, and perhaps some of the other medicines I have mentioned as applicable to caries, are required. *Aconite* is often serviceable for constitutional irritation; but when this has assumed a distinctively hectic type, *Phosphoric acid* is more suitable.

These remarks are of course applicable to disease of the hip—"morbus coxæ"—as of other joints. But here you will also find *Colocynth* a very useful medicine, relieving as it does much of the pain accompanying the disease, from irritation of the neighbouring nerves.

Arthralgia is a convenient term, including as it

does both the "hysterical joint" and neuralgia (often sympathetic) haunting the articulations. Hysterical joints, like hysterical sufferings generally, are obstinate things to deal with; and I have no special suggestions to offer beyond what I have said regarding hysteria generally, save that *Argentum* has sometimes proved curative in arthralgia seemingly of this nature. Nor do I think that neuralgia of joints is ever primary, so as to require a special medicine. Should it be so, however, Plumbum and Zincum should be thought of.

As closely connected with the joints, I must speak of bursitis and of ganglion.

Bursitis.—In acute inflammation of these sacs, *Aconite* and *Belladonna* have been efficacious in my hands, but *Sticta* has lately been highly commended. In the chronic form, of which the housemaid's knee is a well-known instance, *Rhus*, internally and externally, and also *Silica* have proved curative; but you may have to fall back upon the similar use of Iodide of Potassium. *Ruta* is sometimes good for bunion.

Ganglion, also, has disappeared in my hands under *Ruta;* but I cannot tell you that it will always succeed. *Benzoic acid*, rubbed in as an ointment, will often disperse these swellings; and of late Dr. Turrel has obtained corresponding effects from the internal administration of the drug, in pretty high dilution.*

I shall now devote a few pages to the subject of Casualties,—mentioning under that heading what

* See *Bibl. Hom.*, Nov., 1876.

part our medicines play in the treatment of wounds, contusions, strains, burns, chilblains, stings, fractures, sunstroke, and emotional disturbances.

Wounds.—The division of wounds into incised, punctured, contused, and lacerated is familiar as regards their surgical management; but it bears no less upon their medicinal treatment.

In "incised" wounds your one object is to secure union by the first intention. Besides the mechanical measures you will adopt for this purpose, *Calendula* comes in as the most potent "vulnerary" that has ever been discovered. Its influence is entirely inimical to suppuration; and, having itself no irritating properties, it may be freely applied to the cut surfaces and edges. The strength may be from the pure tincture (as recommended by Dr. Leadam for ruptured perinæum) to a mixture of one part to eight of water or glycerine. An "Aqua Calendulæ," which is a strong infusion, was used in the earliest experiments made with the plant.

"Punctured" wounds may be aided in their healing by Calendula. They often give, however, an amount of general and local trouble out of all proportion to their size; and Teste appears borne out in his assertion that their specific remedy is *Ledum*, which may be used both exernally and internally.* If he is right, too, a potency not of the lowest should be selected for both purposes.

In "contused" wounds, it is generally admitted that the element contusion is of more moment than the element wound. Hence *Arnica* should

* See *Brit. Journ. of Hom.*, xxxiv., 337.

be given, and used in preference to Calendula. The latter may come in afterwards to promote healing, if required.

It was in "lacerated" wounds that Calendula first gained its reputation; and if the promotion of healing by the first intention were all that was needful, we should not have to look farther. But lacerated are like punctured wounds in the distress they cause,—both at the part and in the system at large; and this is especially of a "nervous" character. Accordingly, Dr. Franklin has been led to treat them with *Hypericum*, and reports the best possible results from its use. He makes the lotion with one part of the tincture to twenty of warm water.

Another order of wounds is the "poisoned." Some of these will come under notice when we are upon bites and stings. But the dissecting wound is a familiar instance of the kind I now refer to. Inflammation of the absorbents leading from it may often be controlled by Aconite and Belladonna, and further extension of the mischief prevented. But if constitutional irritation is set up, Lachesis and afterwards China may be required, as advised for pyæmia. We have no special local treatment for these injuries.

For "surgical" or "traumatic fever" *Aconite* is always the medicine when its character is synochal, *Arsenicum* when it is typhoid, *Lachesis* when it is pyæmic, *China* when it is hectic. Lachesis, moreover, has acquired a high reputation in "traumatic gangrene," Dr. Franklin confirming herein from his experience the original report of its efficacy by Dr. Dake.

Contusions.—You know already the reputation of *Arnica* for bruises; and certainly the manner in which it removes the pain and discoloration is very gratifying, and quite of a specific character. It is generally used—as a lotion—in the strength of one part of the tincture to from twenty to forty parts of water. But Teste says that the potencies are quite as useful for external application; and if it be so, we shall be able to avoid the risk of setting up erysipelas, to which some people are liable from contact with this drug.

The only contusions to which Arnica is less applicable are those which involve glandular parts—as the female breast, and the periosteum—as the tibia in kicks on the skin. *Conium* in the former, *Ruta* in the latter, are then its substitutes.

Strains are supposed to be more benefited by *Rhus* than by Arnica; and some cases which you will find in the twenty-fifth volume of the *British Journal of Homœopathy* (p. 662), bear out the opinion of its efficacy. It is said to be especially suitable in strains of ligamentous parts, as tendons and fasciæ, occurring in robust persons, and having the especial Rhus characteristic that the pain is felt most when the parts are first moved, and becomes easier as the motion continues. But *Arnica* is a capital medicine for strains as well as bruises, and when the muscular fibre itself is the seat of the mischief is superior to Rhus or anything else.

Burns and Scalds require different medicinal treatment according to their intensity and to the constitutional symptoms which accompany them.

Burns of the first degree—*i.e.*, where erythema

only, or but slight general raising of the cuticle obtains—are best treated locally by *Urtica urens*, in the proportion of one part of the tincture to twenty of water. Do not remove the rags when once applied, but keep them wet with the lotion.

For burns of the second degree—*i.e.*, where there is considerable vesication—*Cantharis* takes the place of Urtica as the external application. About the same proportions of tincture to menstruum, or a little more of the latter, may be used.

Of the efficacy of these two remedies there is no question, and they are in general acceptance among us. But we have no such accredited medicine for burns of the third degree, where the cutis vera is involved, and the tissues are carbonised. Kreasote and Causticum have been thought useful, and I should myself try the former with some hope of benefit. But the constitutional treatment is here of more importance than the local, as the eschar must separate, and if it needs aid may receive it from the ordinary means of Surgery.

The constitutional treatment in cases of burn or scald depends upon the symptoms present. In burns of the first and second degree the uneasiness of the part affected is chiefly felt, and *Rhus* internally will aid the external applications in giving relief. But when these are extensive, and in burns of the third degree, the general symptoms are considerable. For the primary "shock" repeated doses of *Camphor* are helpful. If fever set in, the medicines recommended for surgical fever in its various forms come to our aid. We must also be on the look-out for the duodenal mischief which

Mr. Curling has shown to be so frequent after severe burns:—I have already mentioned the value here of *Kali bichromicum*.

The full effect of cold—frost-bite—is out of the range of medicine. But I may give you some suggestions in aid of the treatment of a minor form of this evil—

Chilblain.—*Agaricus*, internally and externally, is of much repute in the treatment of this trouble. Should it not succeed, *Pulsatilla* is very good, especially when the itching is worse towards evening; and *Rhus* when the chilblains are inflamed.

Stings.—Teste speaks in the strongest terms of the rapid relief given in mosquito bites by the application or even internal administration of *Ledum*, so high as the 15th dilution. I suppose that the same treatment would be applicable to the stings of bees, wasps, and other venomous creatures. For serpent-bites the use of *Arsenic* in the form of the Tanjore pills is sufficiently specific and even homœopathic for us; but I know of nothing which should supersede the usual ammonia and stimulants in these cases.

Fractures.—Besides the more obvious uses of medicines for this accident and its complications, they come into especial play when the bones seem disinclined to unite. If the patient be of a scrofulous constitution, I have verified Dr. Cogswell's recommendation of *Iodine* as promoting union. Should no such cause be traceable, you may test the claims which *Symphytum* makes by its very name to efficacy here, and which Jahr strongly affirms, advising its use in all cases of fracture; or you may follow Dr. Henriques in bringing into play the action

of *Ruta* on the periosteum, or Dr. Hering in stimulating osseous production by *Calcarea phosphorica.*

Sunstroke finds a most homœopathic and effective remedy in *Glonoin.* Many cases are on record of its speedy efficacy in removing the acute symptoms; and I have found it no less useful in some of the after effects which linger about the patient. It is only when these are of a continuously hyperæmic type that they call preferably for *Belladonna.*

Emotional Disturbances have received especial study from homœopathic therapeutists; and the following are the main conclusions at which they have arrived.

The immediate effects of *fright* are best controlled by a dose—some say, of *Opium*, some, of *Aconite.* I should prefer the latter. But when fright has given rise to a genuine neurosis, as chorea or epilepsy, *Ignatia* is more suitable than any other medicine.

For the effects of *grief*, also, Ignatia bears away the palm, especially when the emotion is suppressed. If it be long-continued and wearing, *Phosphoric acid* is preferable.

When *anger* has been the disturbing emotion, *Chamomilla* removes its effects, even when these reach as far as jaundice.

Beyond these well-tested recommendations, a good deal that is very hypothetical has been written about the remedies for the effects of emotion. You have probably enjoyed the fun made out of this material in the late Lord Lytton's "My Novel." But the subject is not the less worthy of further and more experimental study.

LETTER XLVI.

DISEASES OF CHILDREN.

You will call this a very arbitrary division; and may perhaps be disposed to criticise it as unfitting to a scientific classification. Perhaps it is; yet I cannot doubt that it is practically useful to present under one view both the diseases peculiar to infancy and childhood, and the modifications of ordinary disease which these subjects present. The "jucundé" element in homœopathic treatment naturally makes it sought to for children, so that we have large experience in the treatment of their maladies. The results of this experience I think it well to present in a connected form; and I do not think you will find the arrangement otherwise than convenient.

I will begin by passing down the classes of diseases already identified, and noting the treatment of such of them as are peculiar to children, or offer special characters when occurring in early life.

In addition to what I shall myself bring forward, you may consult the special treatises on diseases of children by Hartmann, Hartlaub, and Teste,—all of which have been translated into English; and the remarks on the treatment of infantile disorders appended by Drs. Leadam and Guernsey to their gynæcological manuals already cited.

Among the *general diseases* we have to treat of one fever—the infantile remittent, and of two disorders of nutrition—cretinism and rickets: we have

also to speak of the form which syphilis takes in the first few months of life.

Infantile Remittent Fever.—I know that it is a question at the present day whether such a fever is a distinct pathological entity. But I cannot doubt its existence, and its independence of local inflammation. An excellent account of it is given by Dr. Guernsey. We have, moreover, a most effective medicine for it in *Gelseminum*, which fact itself goes far to establish its essential nature. I recommend you to give this medicine instead of Aconite when the remittent character of the fever is well marked. But it will generally need an ally to remove the gastric symptoms, and this I have always found in *Pulsatilla;* though you must not forget *Antimonium crudum.* Should the head symptoms be prominent, the most suitable medicine is *Hyoscyamus.*

Sometimes a condition like that of remittent fever proves very lingering, and here helminthiasis is often present. Whether, however, worms are actually in existence or not, you cannot do better in such cases than follow Dr. Chepmell's prescription of *Cina.**

Cretinism.—The only knowledge we have as to the possibilities of homœopathy in the treatment of this frightful malady is derived from Dr. Guggenbühl's experience, as stated by him in his *Die Heilung und Verhütung des Cretinismus und ihre neuesten Fortschritte* (1853). Besides mentioning the occasional usefulness of Nux vomica to relieve the constipation of his patients and of Belladonna to subdue their periodical fits of excitement, he

* *Hints for the Practical Study of the Homœopathic Method*, p. 35.

relates two cases, in one of which, under Lycopodium, an excessive emaciation underwent great improvement; and in the other, under Sulphur and Calcarea, the whole condition was greatly ameliorated. He even obtained, with these last remedies, an equally happy result in several children in whom the disease had not gone on to imbecility, without removing them from their native valleys.*

Rachitis.—We are learning more and more, since Sir W. Jenner broke ground on the subject, to regard this malady not as one seated in the bones only, but as a true constitutional diathesis ranking with scrofula and tuberculosis. "If a child cuts its teeth late, if it does not walk so early as other children, if the fontanelles are late in closing, the probability is that it is the subject of rickets," so writes the late Dr. Hillier.† He further defines it as "a general disease of nutrition chiefly affecting infants, characterised at first by unhealthy alvine secretions, pains in the limbs, perspirations about the head, and subsequently by great muscular weakness and retarded ossification and dentition, softness of bones, with abnormal growth of cartilage, causing various deformities in the head, trunk, and limbs. In the spleen, lymphatic glands, and liver there is degeneration with enlargement, sometimes also in the cerebrum."

If, knowing these facts about rachitis, we recognise the malady in its early stage, and trace its causation to improper diet, it is probable that regulation of the latter, and the administration of cod-liver oil and suitable medicines for the digestive derangement

* See *Brit. Journ. of Hom.*, xii., 696.

† *Clinical Treatise on Diseases of Children.* 1868.

present, may be all that is required for use. But when the diathesis is well marked, and especially when unsuitable food has not originated it, you will have to seek to more specific medicines. I can expect little from the Ruta, Staphisagria, Mezereum, Lycopodium, and Pinus sylvestris suggested by Hartmann; still less from the Mercurius solubilis, Colchicum, and Sulphur which are Teste's eccentric recommendations. Nor can *Calcarea*, I think, be regarded as a specific remedy for the rachitic diathesis; though there can be no doubt of its occasional usefulness, especially (as Bähr says) when a sour-smelling diarrhœa is present. There is something more here, even in the bones, than deficiency of lime-salts. To *Phosphoric acid*, on the other hand, I can follow Hartmann in ascribing great powers for good; and to it I will add *Silica*. The former corresponds with the diarrhœa and the pains in the limbs, and perhaps to the bone disease and the albuminoid degeneration. The latter covers the perspirations about the head, the sensitiveness of the surface, and the tendency to increased growth of cartilage. With these two medicines, but especially with the latter, I can encourage you to expect great things in the treatment of rickets.

Infantile Syphilis.—I have nothing better to propose for the treatment of this malady, in its full constitutional manifestation, than the small doses of *Mercurius* to which you have been hitherto accustomed. The *Kreasote* recommended by Teste does not, I apprehend, reach deep enough for the developed disease; though it is very effective against its cutaneous manifestations. If condylomata appear, *Nitric acid* must be given; and if the cachexia is considerable,

you may with advantage fall back upon *Aurum*. Hartmann recommends China to support the little patient's strength in his struggle with the poison.

I pass now to the disorders of the *nervous system* as they occur in childhood. I need not tell you how excitable their little brains are; and how readily they can be fretted into morbidity. Besides the judicious general management so important in these cases, you will find the utmost benefit from some of our medicines. On the one side stand those suitable for nervous erethism simply, which are *Coffea*, *Chamomilla*, *Ignatia*, *Hyoscyamus*, and *Stramonium*; on the other those which reach to inflammatory mischief, of which *Belladonna* is facilé princeps. The place and uses of these remedies are already familiar to you; and I shall have occasion to speak again of some of them under the head of acute hydrocephalus and of morbid dentition. I will come at once to the former of these—

Acute Hydrocephalus.—I fear we cannot but echo the melancholy experience of the old school of treatment, and say that fully developed tubercular meningitis is incurable. I have never, in my eighteen years of homœopathic practice, seen a case recover when effusion had set in. But I must tell you what medicines appear to do most for the symptoms, or give us the most hopeful outlook. Let me first refer you to such information on the subject as our literature gives us.

Hartmann groups together the tubercular and the non-tubercular forms of meningitis, and hence his estimate of our power over the disease seems too

flattering. He recommends Bryonia, Pulsatilla, or Zincum, according to the symptoms, for the stage of incubation; Belladonna and sometimes Bryonia in that of inflammatory excitement; and Helleborus and Sulphur when exudation has set in. Teste admits that tuberculous meningitis is incurable; but speaks warmly of Belladonna and Bryonia in the simple variety. His editor, Dr. Pulte, confirms the value of Bryonia when effusion is impending; but recommends its alternation with Helleborus. Leadam and Laurie appear to speak theoretically only; and Guernsey admits the unfavourableness of the prognosis in spite of the remedies whose indications he gives. Dr. Bayes* relates a fatal case, and mentions another; but states that he has generally been successful with Pulsatilla in insidious cases, and with Belladonna and Aconite in those of an acuter type. Dr. Wahle, in an article on the disease in the second volume of the same journal (p. 285), commends Bryonia, Helleborus, and Sulphur; Dr. Elb considers Zincum effectual against paralysis of the brain in the last stage; and Dr. Rummel regards Sulphur as the fundamental remedy throughout. Dr. Russell relates a case, apparently of the tubercular form, recovering after effusion had set in under Aconite and Arsenicum; and Dr. Watzke had a similar result from the persevering use of Digitalis and Veratrum. Digitalis proved curative in another case also.† More recently, America has given us Veratrum viride for the inflammation, and Apocynum for the effusion. And, in a German prize essay on the subject,‡

* *Brit. Journ. of Hom.*, xxi., 22.

† *Ibid.*, xii., 496.

‡ Translated in *United States Med. and Surg. Journ.*, I., 237.

Glonoin and Apis are regarded as specific in the two stages respectively. The first of these is also praised by Kafka, and the second by Wolf.

I think that the general agreement as to the value of certain medicines—notably Belladonna, Bryonia, Helleborus, and Sulphur—points to a true power exerted by our remedies over meningitis as such, though there is no proof that they have cured a case where tubercle was the exciting cause. The possibility of the presence of the latter, however, in a given instance, affects the prognosis rather than the treatment; and in the chance of its absence "nil desperandum" must be our motto. The following may be sketched as a generally accepted system of homœopathic therapeutics for the disease.

In the premonitory stage, where digestive derangement is the prominent feature, you must remember the commendations given to *Pulsatilla* (in the medium dilutions), which indeed corresponds well with the symptoms present and the usual temperament of the patients. The presence of copious deposit of urate of ammonia in the urine I have found (following Dr. Bayes) an especial indication for it. But do not continue it too long, especially after vomiting has set in. Then go at once to *Belladonna*, which is now your sheet-anchor. Some say the higher dilutions are best, but I have more confidence in the lowest: I have often seen the premonitory symptoms of cerebral mischief in children clear away under the 1st dec. dilution, alternated or not with *Aconite* according to the presence or absence of fever. Dr. E. M. Hale considers Veratrum viride to unite the virtues of both

drugs:—I have no experience with it. Belladonna continues to be the proper medicine as long as effusion keeps off, unless you see good to substitute or interpose *Sulphur*, which you may wisely do if the symptoms do not abate; or you may go on to *Bryonia*. In the brain, as elsewhere, impending effusion is the indication for this medicine, as completed effusion is for *Helleborus* or *Digitalis*. In doubtful cases, Belladonna and Bryonia, or Bryonia and Helleborus, may be alternated, as recommended by Teste and Pulte. Here, again, Sulphur may be resorted to if the usual medicines fail. Beyond these I feel leaving firm ground; and can say nothing definite about the remaining medicines.

It is with much interest that we turn to the sections on the disease in Bähr and Jousset, feeling sure that they will at least be pathologically sound, and that if they can speak with any confidence as to treatment we can depend upon their discernment. The former thinks that even when questionable cases have been eliminated, a sufficient number remain to substantiate the fact that tubercular meningitis can be cured with homœopathic remedies. He advises Bryonia, Arnica, and Veratrum in the incipient stage, Digitalis when effusion has set in, Cuprum when convulsions occur. Jousset regards acute hydrocephalus as distinctively a *basilar* meningitis, and not necessarily tuberculous. He thinks he has seen it arrested by Iodine (a drop of the tincture in 200 grammes of water) in the incipient stage; but considers Helleborus, Digitalis, and Secale its most suitable remedies.

I will add Jahr's experience. "The only remedies

which can do essential good in this disease (provided anything at all can be accomplished by treatment) are Calc. carb. and Phosph. Having lost in the first years of my practice two young patients whom I had treated for tubercular meningitis with Bellad. and Bry., I lately treated a similar case with Calc. 30th, three globules in water, a teaspoonful every three hours until health seemed restored, and in another case I wound up the cure with Phosph., which I gave for the remaining pains. If the disease is not correctly diagnosed at the commencement, and the inflammation is allowed time to reach the climax of its development, Calc. will no longer afford any help, nor will any other remedy."

I must say that I think our best hope of controlling this disease lies in the direction indicated by Jahr. I followed his plan in an incipient case of whose nature I could not doubt at the time, as another child of the same family had died of the disease; and my diagnosis was sadly confirmed by the death of the little patient himself, with the same symptoms, on a later occasion and under other (old-school) treatment. This time, however, all signs of illness cleared away under *Calcarea* 30, and health and colour returned.

Hydrocephaloid.—Since the time of Marshall Hall and Gooch a very true and important distinction has been made between true acute hydrocephalus and that spurious form which arises in children from any exhausting disease, especially diarrhœa. Several of our authors speak of it. China has not proved of the advantage which might have been expected, but the *Phosphorus* and *Zincum* praised by Jahr receive general commendation.

Chronic Hydrocephalus is, as Watson says, a dropsy, while acute hydrocephalus is an inflammation. It is also rather a symptom of some general cachexia —as scrofulosis or rachitis—than an independent local disorder. We can understand therefore Jahr's experience in it,—"what *Sulphur* and *Calcarea* 30 are capable of accomplishing in this not very unfrequent disease is almost incredible." I have lately cured a well-marked case with these remedies, given (as he advises) in rare doses with long intervals between. Dr. von Grauvogl considered the effusion to be due to imperfect ossification of the cranial bones, and its best treatment to be the promotion of this process by Calcarea phosphorica. Arsenicum is commended alike by Jahr, Bähr, and Jousset, but by the first two only as an adjunct to Calcarea; and Helleborus must not be neglected as an intercurrent remedy.

Convulsions.—I need hardly point out to you the importance of ascertaining whether there is any eccentric cause which may account for these phenomena in children. If such be detected, you will of course apply yourself to its removal as speedily as possible. But there will remain two classes of cases in which special treatment will be required. The first is where a morbid condition has been set up in the brain by some eccentric irritation, but does not disappear upon the removal of the exciting cause. *Belladonna*, *Hydrocyanic acid*, and *Ignatia* are here the most important medicines: the first when the patient is full-blooded, the second when he is of the opposite constitution, and the third when the convulsions seem spinal rather than cerebral. Belladonna

is most frequently required; and Bähr and Jahr agree that, when indicated, it will nearly always prevent the recurrence of the fits. Then again we frequently encounter convulsions as a symptom of idiopathic brain disorder, or of the disturbance of that organ incident to other diseases, as the exanthemata. The main indication for treatment, as well expounded by Dr. Hitchman,* is the presence of excitement or depression of the brain, as indicated by the elevated or depressed fontanelle. The former requires Belladonna, and sometimes Aconite: if it comes on suddenly, *Glonoin* may be preferable. The latter is best helped by *Zincum*, — the lowest triturations of the oxide or the sulphate being most in favour.

Whatever medicine you select, you will best give it in the intervals between the attacks,—as, for instance, a dose after each fit. During the paroxysm itself, you may let the child smell at *Camphor*, which, Dr. Leadam says, will often calm a powerful convulsion instantly.

I should add that Teste, after recommending Kreasote 24 for the convulsions of dentition (of which I will speak hereafter), and Stannum 30 for those arising from worms, states that "when convulsions in nursing children seem to be idiopathic, the only medicine to oppose to them is Helleborus."

There is a form of paralysis so peculiar to childhood that it is known as

Infantile Paralysis.—I do not mean by this the hemiplegia which is not uncommon in children,

* "A Stray Leaf on Infantile Convulsions," *Brit. Journ. of Hom.*, xxii., 109.

which is of cerebral origin, and dates nearly always from a convulsion if it be not a symptom of organic disease. The "essential paralysis" of infancy is spinal; usually ushered in by a feverish attack; more or less general at first, but afterwards, if it do not altogether disappear, limited to a limb or two, or even to a group of muscles; and accompanied with atrophy of the latter organs. I think that all evidence is in favour of inflammation being the starting-point, and of hyperæmic softening and atrophy of the gray matter of the antero-lateral columns lying at the bottom of the confirmed cases. I should accordingly recommend *Belladonna* in the early period, by which medicine the natural tendency to recovery might be furthered. Later, *Secale* and *Plumbum* become the most suitable medicines; and there is no reason why you should not give the paralysed muscles the benefit of localised galvanism.

The only disease of the *eyes* or *ears* of childhood which requires special notice is

Ophthalmia neonatorum.—All that I have said when upon purulent conjunctivitis applies to this disease, especially as regards the internal use of *Argentum nitricum*, on which, with careful cleansing of the eye, I entirely depend in its treatment. Leadam and Jahr, however, speak so warmly of *Aconite* 30 in the early stage of the disorder that you can hardly do wrong in at least initiating your treatment with this medicine.

I come now to the disorders of the *digestive*

organs occurring in children, and take first the various forms of

Stomatitis.—This disease may be simple, aphthous, or malignant. I will speak of the two latter under the titles of aphthæ and cancrum oris respectively. Simple stomatitis (muguet), which is an exudative inflammation of the buccal mucous membrane, has no better medicine than *Kali chloricum*, which is confessedly homœopathic to the morbid condition. I have treated a good many cases in children with the 1st decimal trituration with very satisfactory success.

Aphthæ.—In the treatment of thrush, also, we occupy common ground with the old school, and maintain the homœopathic specificity of the *Borax* which we give as well as they. It will cure when internally administered only, and in almost any dilution; but there seems no reason why its local application should not be conjoined. Hartmann also commends *Sulphuric acid*, and Teste *Muriatic acid*,—both advising the local as well as the internal use of the medicines. These same remedies are esteemed by Leadam and Bähr; but the latter agrees with me in thinking Borax specific, and always to be used first.

Cancrum oris.—The well-known tendency of *Mercury* to cause this serious disease (the "noma" of the old writers) would justify us in opposing one of its salts to at least its primary manifestations. The only case I have seen was subsequent to measles, and yielded fairly to Mercurius solubilis and Muriatic acid. But you should always hold *Arsenicum* in reserve, as the medicine of all others

best fitted to cope with the disorganising process we are now considering. In an epidemic of cancrum oris occurring in Germany, Arnold found this medicine, in the 3rd and 4th decimal triturations, the only curative.* In a similar outbreak occurring in a children's home in New York, the attending physicians—Drs. Joslin and St. Clair Smith—found *Kali chloricum* very efficacious.

As a child's affection of the tongue—though it is more than that—I will speak of

Stammering.—Great good may often be obtained in this affection by the persevering use of *Stramonium.* This is Teste's recommendation; and it is sustained by some cases which you will find in the *British Journal of Homœopathy*, vol. xviii., p. 240. The medium dilutions seem most suitable.

The mention of the teeth in connection with children at once introduces us to the large subject of

Morbid Dentition.—I am quite unable to agree with those who set down to teething almost all the troubles to which the yearling is subject. The cutting of the teeth is as truly a physiological process as is the growth of the bones; and in healthy children should and does pass off with scarcely more disturbance. Without doubt, however, when there is a predisposition to blood disease or to nervous disorder, the increased activity of the whole system during the process of dentition will tend to throw out these morbid proclivities, as in the shape of cutaneous eruptions or of convulsions. Again, if a child be or become cachectic, especially

* See *Brit. Journ. of Hom.*, xi., 147.

if he acquire ricketty tendencies, dentition, like every other nutritive process, will be badly and so painfully performed. And then, if once the teeth come to be cut pathologically instead of physiologically, the mouth becomes indeed the starting-point of many other evils.

If you coincide with these views, you will follow me in a much more sparing use of the gum lancet than is fashionable around us; and will eagerly inquire into the medicinal resources at our command for restoring dentition to its normal quietude.

There is a general agreement that *Calcarea* (carbonica or phosphorica), in the higher dilutions, is a most valuable medicine when the teeth are cut slowly and painfully, and the bowels are much disordered in sympathy with the mouth. But we are indebted to Teste for pointing out that there is a not unfrequent form of morbid dentition in which *Kreasote* is a superior remedy. This latter shows itself in thin, irritable, or cachectic children; it is characterised by extreme agitation and wakefulness while the teeth are being cut, and they often seem to decay as soon as they appear; the neighbouring parts are much inflamed, and the bowels tend to constipation. I can add my testimony to the great value of Kreasote, 12 to 24, in such a condition. It may be continued both in the intervals, and while the teeth are coming through. But if you are giving Calcarea as the constitutional remedy, you will require *Aconite* or *Chamomilla* at the time of cutting. The former is preferable when much fever is present, the latter when nervous symptoms predominate; and either in its place will give most

grateful relief. *Coffea* acts like Chamomilla, and might be preferable if sleeplessness was present.

The convulsions of teething are best averted by the persevering use of the remedies for morbid dentition. If they seem to be threatening, Chamomilla or *Ignatia* may keep them off; but, if they have begun, there is no medicine for them like *Belladonna*, which is as curative as it is homœopathic.

The diarrhœa which often occurs at this time will come under notice immediately.

Diarrhœa in young children is always a serious disorder, and you will find it a great comfort both to yourself and to the anxious mothers of your patients if you can treat it successfully. Let me try to indicate the most suitable remedies for its many varieties.

1. The earliest diarrhœa of human life is that which affects children who are brought up by hand, and whose intestines reject the natural diet. No amount of approximation to mother's milk will render artificial feeding tolerable by these children; and if medicine will not help them they will die. I have found two medicines of great service in this condition, *Nux vomica* and *Lycopodium*. Nux, in the 1st dilution, I give in non-inflammatory cases; Lycopodium, in the 30th, where muco-enteritis has evidently been set up.

2. An acute inflammatory diarrhœa is much more common in infants and young children than in adults. It would run on, I suppose, if not checked, to dysentery; as its seat seems to be the colon. *Mercurius corrosivus*, generally alternated with

Aconite, is the medicine on which I have depended, and with every reason to be satisfied. Sometimes, especially when the inflammation is in the rectum, *Podophyllin* is a capital medicine. The following is a case in point.

Sept. 5th, 1866.—At about 3 o'clock this afternoon I saw a little boy between two and three years old who had been taken ill at noon. From that time till now he had been seized every quarter of an hour with severe pain in the abdomen, followed by passing of a small quantity of mucus and blood. There was no vomiting or fever. I have nearly always given Podophyllin in such cases, but have looked upon the occurrence of prolapse of the rectum at each stool as pathognomonic of the remedy. The absence of this symptom in the present instance, and the prominence of the colic, led me in preference to Colocynth, of which I gave a drop of the 2nd dilution every two hours.

Sept. 6th, 11.30 A.M.—No improvement whatever; the pain and purging have continued every quarter of an hour or so during the night, and the poor child looks much exhausted. I now fell back on the tried remedy, and gave half a grain of the third trituration of Podophyllin every two hours.

Sept. 7th.—The little boy came walking into the room to see me to-day, looking quite himself again. The mother informed me that after the third dose of the new medicine (*i.e.*, in four hours after beginning its administration) the pain and purging had both ceased, and had never returned since.

3. One of the most frequent causes of diarrhœa in children is dentition. If moderate, it is hardly well to interfere with it; not improbably it acts as a safety-

valve. But if you do treat it, remember its origin; and whatever medicine you give for the bowels, alternate with it one that acts on the nervous circuit along which the irritation has travelled. Such are pre-eminently *Chamomilla* and *Belladonna*. They will, especially the former, sometimes cure alone; but it is generally well to alternate with them or to follow them by a medicine acting more specifically on the intestinal mucous membrane. *Mercurius* is most frequently required: it is the better indicated the more wide is the departure from the natural colour of the motions, and the more slimy they are. Calomel (M. dulcis) is its best form. *Rheum* and *Magnesia carbonica* are not unfrequently useful (you will remember the rhubarb and magnesia of our childhood); the former when the motions have a very sour smell, and there is a good deal of colic, the latter when the stools consist of green mucus. Any of the other anti-diarrhœic remedies may be required: you will find their characteristic indications excellently epitomised by Dr. Guernsey (p. 786).

4. There is then the diarrhœa which sooner or later accompanies all the "wasting diseases" of children. *Phosphoric acid* and *Phosphorus*, *Arsenicum*, and *Calcarea* are its medicines when it requires special treatment. An indication for the first given by Dr. Guernsey is that "the diarrhœa does not seem to debilitate much, although of long continuance, and the mother wonders that the child remains so strong with it all." With Arsenicum, in the 3rd decimal trituration, I have many times arrested such a diarrhœa in cases seemingly desperate. Calcarea is highly esteemed by Jahr; and a striking case cured

by a single dose of it has been put on record by Dr. Dunham.*

5. Another form of the chronic diarrhœa of childhood is the so-called "lienteria," in which the food passes away by stool little if at all digested. *Ferrum* has some claim to be considered specific here. Teste recommends Arsenicum, China, and Oleander. I have only seen two cases of the disorder. Both were in children; and both got well under *China*.

6. Children are as liable as others to the diarrhœa set up by the heat of the weather; and the same medicines are applicable to them as to adults. But they have a form of summer complaint quite peculiar to themselves, of which I must speak separately by its American name of

Cholera infantum. — Profuse vomiting and purging (generally serous) characterise it; and it is a very dangerous disease. I cannot feel that we have any very effective remedies for it. Veratrum, which seems indicated, and which Jousset esteems its principal remedy, has always failed in my hands: Arsenicum has only been one degree better. *Iris*, of which I had great hopes at one time, will check the vomiting speedily, but leaves the bowels untouched. I gave Tartar emetic a fair trial one summer, but it was very uncertain; and from Elaterium I got no results whatever. Dr. Madden's Australian experience,† combined with Dr. Hempel's reiterated recommendations, makes it probable that *Aconite* should be the first medicine given in these cases. *Croton* deserves a trial: it is said to be

* *Homœopathy the Science of Therapeutics*, p. 470.

† See *Annals*, v., 37.

especially indicated when the stools are ejected with great force. *Podophyllum* also may prove of service: profuse offensive stools, most frequent in the early morning, call for it. The Euphorbia corollata has been much used of late for this disorder in America; and it is quite homœopathic to the morbid condition.

Sometimes cholera infantum, after beginning more or less acutely, subsides into a chronic form, and threatens to carry off the child by marasmus. The mucous membrane of the intestines is then profoundly altered, and the condition called gastro- and entero-malacia is present. *Calcarea acetica* and *Arsenicum*, in low potencies, have done best in my hands here; but it is a not uncommonly fatal disease. Jousset adds Phosphoric acid to its possible remedies.

Colic.—This name is often applied to all the abdominal pains of sucking infants; but I think unadvisedly. There are many cases in which there is no disorder of the bowels, and the gripings are evidently caused by the child having sucked in atmospheric air with its food, and distension or irregular contraction of the intestines being produced thereby. There is no disease present, and Chamomilla and Colocynth will make no impression. But give the baby a few drops of chloric ether in a teaspoonful of some aromatic water, and the "carminative" will indeed charm the pain away with the flatulence. Another so-called colic in infants consists in the gripings which accompany diarrhœa or disordered motions. Their presence will rather help you to the right medicine for the primary malady than induce you to select a special remedy for them-

selves; but, if they are very severe, a dose of *Bryonia* or *Colocynth* will be helpful. Moreover, if the child is being brought up by hand, you will always do well to let him, under these circumstances, take lime-water instead of aqua pura with his milk.

True colic occurring in children is amenable to the same treatment as that for adults. But an additional remedy is recommended by Teste, in the shape of *Cina* 9—12, a dose every quarter of an hour. "The child tries," he says, "but in vain, to go to stool. At the most, he succeeds in the expulsion of gas, and incomplete stools, which give him no relief. The principal seat of the pain is a fixed point above the umbilicus. The pulse is normal, sometimes a little frequent; but the face is pale and pinched."

Prolapsus ani is a not uncommon complaint in infants and young children. I mention it more especially, because I have, following Dr. Madden, obtained such satisfactory results from *Podophyllum* (12th dilution) in its treatment.

Tubercular Peritonitis.—In one case in which I had every reason to suppose this condition to be present, recovery took place under the steady use of *Arsenicum* and *Calcarea*. *China* is recommended by both Hartmann and Teste; and *Sulphur* must not be forgotten. Dr. Jousset says that he owes a grand success in a case of this kind to Carbo vegetabilis.

LETTER XLVII.

DISEASES OF CHILDREN *(continued.)*

The disorders of the *respiratory organs* constitute a most important group of the maladies of childhood. They include laryngismus stridulus, whooping-cough, croup, and broncho-pneumonia. Besides these, I shall say something about the treatment of some other respiratory affections when occurring in childhood.

I notice coryza in these subjects only to say that if Nux vomica fails to relieve the "stuffy" condition of the nostrils which so seriously interferes with sucking, *Sambucus* will often succeed. I come at once to

Laryngismus stridulus.—That this disorder, the "Asthma Millari" of the old nosologists, has often been confounded with croup, I need not tell you. It is itself a pure neurosis; but long ago it was pointed out how frequently it depended upon strumous disease of the bronchial glands, and now we are learning to regard it as very commonly a symptom of rachitis. In the former case it is a paralysis of the glottis, caused by pressure on the recurrent nerves; there is a constant wheezing present, and inspiration is often seriously impeded. In the latter it is a pure spasm;

inspiration is easy enough, and the expiration is the difficulty. An excellent paper on the characters and remedies of these two forms of the malady, by Dr. Searle, may be read in the ninth volume of the Transactions of the New York State Homœopathic Society; and further experience with the *Chlorine* commended by him and Dr. Dunham in the spasmodic variety is contained in the "Homœopathy the Science of Therapeutics" of the latter. *Sambucus* is also in much esteem here; and *Corallium rubrum*, so lauded by Teste in its treatment, may from its calcareous nature be suitable to the diathetic condition present as well as to the laryngeal spasm. For the paralytic variety *Ignatia* seems the remedy most homœopathic to the paroxysm, but deeper-acting medicines must be given if the cause is to be reached. The chief of these is *Iodine*, from which Dr. Dunham reports one cure and Bähr five.

My own experience has led me to believe smelling at *Moschus* to be the best means of relief during the paroxysms; but if they recur frequently, and are accompanied by carpo-pedal contractions, *Belladonna* must be given where there is arterial excitement and cerebral congestion, *Cuprum* where these symptoms are absent. Any obvious local excitant of the spasm must be removed by suitable means; but I think that such is rarely present. The cold sponging of the chest, recommended by Dr. Ringer, I have found a useful adjunct.

Pertussis.—I shall begin by sketching to you the treatment of whooping-cough which in the great majority of cases has seemed to me amply satisfactory; and shall then give you the suggestions and results of

others, and the most suitable remedies for its complications.

I regard whooping-cough (with Trousseau) as a specific pulmonary catarrh, the spasm being its differentia, but the catarrh being no less of its essence. I accordingly begin the treatment with *Aconite* and *Ipecacuanha* in alternation. Sometimes no other medicines are required. But if the spasmodic stage be well marked, *Drosera* had better be substituted. Whether given according to Hahnemann's plan,—a single dose being allowed to act for several days; or as recommended by Dr. Bayes, who administers a fractional dose of the mother-tincture after each fit of coughing; or in the ordinary way—this medicine is of undoubted efficacy. When the spasm has quite disappeared, it may be discontinued; and should the patient take cold during convalescence, and the cough return, Aconite and Ipecacuanha should be resumed as at first. Under this plan of treatment I have seldom known uncomplicated whooping-cough to last, in its pronounced manifestations, longer than a month.

And now for other writers. Hartmann gives indications for many remedies, but they seem mainly theoretical. Teste's treatment is altogether a singular one. He begins with *Corallium rubrum* 30, which is taken for four or five days, and then followed up by Chelidonium 6 until the cough has become merely catarrhal, when Pulsatilla is to finish off the case. I once treated a family of children on this plan, and they certainly all had the disease very mildly. Corallium has won commendations in whooping-cough from several physicians. Bähr considers *Bella-*

donna the medicine for the catarrhal and *Cuprum metallicum* (3rd dil.) for the spasmodic stage; and Jousset makes considerable use of *Cina* and *Coccus cacti* in the latter. Indications for these and several other medicines are given in a paper on the disease in the first volume of the *United States Medical and Surgical Journal:* and there is an article upon its treatment by Dr. Black in the fourteenth volume of the *British Journal of Homœopathy.*

The complications of whooping-cough occur either on the side of the lungs or on that of the brain. The attack often sets in with acute symptoms of pulmonary congestion; and these yield rapidly to Aconite and *Phosphorus.* I should trust to the same medicines in the event of bronchitis or bronchopneumonia supervening in the course of the malady; though Jousset relies here, as elsewhere, on Ipecacuanha and Bryonia. Primary pneumonia is rare; but here, if ever, Teste's *Chelidonium* should be of service. Convulsions are a serious matter. When they are attended with symptoms of cerebral congestion—the brain never properly recovering itself during the intervals between the paroxysms, *Opium* should be given in alternation with the medicine for the spasm; or, in full-blooded active children, Belladonna may be given alone. But if the convulsions seem just an extension of the essential spasm, and the symptoms approximate to those of laryngismus stridulus, *Hydrocyanic acid* or *Cuprum* (Jousset says the latter has always succeeded with him) is the best medicine. But convulsions are more easily prevented than cured; and their best prophylactic is

the medicine which is most effective in diminishing the violence and frequency of the spasmodic cough.

Croup is one of the most important of children's diseases, from its acute accession, its violent symptoms, and its strong tendency to end in death. You will be pleased to know, therefore, that homœopathy has remedies capable of coping with it in all its forms; and indeed counts its treatment one of its chief therapeutic triumphs. Besides the full and satisfactory account given of its treatment by Hartmann, you will find a study of the several croup medicines in vol. v. of the *British Journal of Homœopathy*, an elaborate article on the disease by Dr. Elb of Dresden in vol. x., and cases by Prof. Henderson in vol. viii.

You will perceive from all these sources of information (to which I may add one of Dr. Hale's *Lectures on Diseases of the Chest*) that the two leading remedies for croup are *Aconite* and *Spongia*. In so-called "catarrhal croup" you may leave these medicines to be taken in alternation every hour or two, and be tolerably certain of finding your patient improved at your next visit. It is probable that many a case of true croup has been arrested in its incipience by this treatment. But however suddenly the symptoms may have set in, however evident may be the existence of membranous exudation, however late the commencement of homœopathic treatment, do not omit your Aconite. Stay with your patient if possible, and give him a dose every quarter or half hour until the symptoms begin to abate. Then leave it to act for a while; and at your next visit you will judge if it is going to cure single-handed,

as it often will, or if it will require some more locally-acting remedy to supplement it.

In true membranous croup, the medicines between which our choice lies are *Iodine*, *Bromine*, and *Kali bichromicum*. I am not disparaging the great service to therapeutics rendered by Hahnemann in indicating Spongia as the leading remedy for croup, when I give my preference to the Iodine itself which is its most important constituent. To Drs. Koch and Elb we owe the establishment of the value of Iodine in croup. Its volatility, moreover, enables its inhalation to be added to its internal administration,—a practice which has many times been followed with the utmost advantage. The very similarly acting Bromine has often been used with success, as you will see by the references I have given when lecturing upon that drug. It is probably best suited to the asthenic forms of the disease, such as occur in unhealthy neighbourhoods. Kali bichromicum—of all medicines most homœopathic to membranous croup—has frequently cured it. A perusal of the cases given in the appendix to Dr. Drysdale's schema of the drug in the *Hahnemann Materia Medica*, and of those furnished by Dr. Paul Belcher to the fifth volume of the *North American Journal of Homœopathy*, and by Dr. Wright to the fourteenth volume of the same journal, will satisfy you on this head. I have never used it; but it is a medicine in which I have the utmost confidence in all the morbid states to which its proving points, and in which I have tested its powers.

Whatever medicine you choose, I recommend you to alternate it with Aconite. Croup is a neuro-

phlogosis, and the spasmodic paroxysms need as much help as the continuous inflammation. When active disease has subsided, you will find Spongia or *Hepar sulphuris* useful in restoring the laryngeal membrane to its normal condition, the former when the cough is hard and dry, the latter when it is hoarsely mucous.

I must not leave the subject of croup without referring to the exceptional plan of treatment advised and warmly commended to us by M. Teste. "*Ipecacuanha* and *Bryonia*," he writes, "(but given concurrently, for both would be inert alone) are in all cases, whatever be the form of the attack or intensity of the disease, the great modifiers of croupal angina." He recommends the dilutions from 6 to 12; and frequent repetition of the dose. This was long before M. Curie had demonstrated by experiment the power Bryonia has of producing false membranes in the air-passages. As Ipecacuanha unquestionably corresponds with the neurotic element in croup, the prescription is soundly based; and there are not wanting testimonies to its efficacy. Its comparative merits further experience must decide.

You will see that I have been speaking of croup as a distinctive and primary disease, standing quite apart from laryngeal diphtheria. In this I agree with Bähr, who follows the German doctrine, but differ from Jousset, who follows the French pathologists in holding croup and diphtheria to be identical. Bähr's treatment is much the same as that which I have sketched above; but he (as also Jahr) recommends *Phosphorus* when the progress of exudation has caused symptoms of asphyxia to supervene.

I have now to speak of bronchitis and pneumonia as they occur in children. They are more commonly met with conjointly than separately, and the mixed disease may fairly be called

Broncho-pneumonia.—This is practically equivalent to the "capillary bronchitis" and "lobular pneumonia" of authors, as the one rarely occurs without the other preceding or following. Let me repeat what I have said upon the bronchitis of children, in the paper before referred to upon that disease.

"The characteristic of bronchitis, as I have observed it in children, is the extreme rapidity with which the inflammation runs down the mucous membrane, and, involving the ultimate air-cells of the lung, becomes true pneumonia. Broncho-pneumonia, except in these subjects, I take to be very rare—rarer than pleuro-pneumonia, and still rarer than pneumonia simplex; and it comes fraught with double danger, the narrowing of the air-passages being superadded to the spoiling of the lung itself. When death results, it is from apnœa, with its blue lips, livid complexion, and cold extremities. I have very rarely seen a case go thus far under homœopathic treatment; and I have only known one that did so recover.

"*Aconite* is as valuable in the bronchitis of children as it is in that of adults, if it is given soon enough. It will break up the catarrh, and leave nothing but a loose cough, which will be helped by *Ipecacuanha* if it is spasmodic—by *Pulsatilla* if otherwise. But very often we are summoned too late for the success of this abortive treatment. The

dyspnœa, the crepitation, and the dulness on percussion tell us that we have broncho-pneumonia to deal with. Now I do not affirm that Aconite does no good here. I only say that it cannot be depended on to cure, however much it may relieve the general distress. For myself, I generally abandon it altogether in favour of the great remedy for this form of the disease—*Phosphorus*."

I am disposed from later experience to modify the recommendation involved in the last paragraph, viz., the discontinuance of Aconite on commencing the administration of Phosphorus. I am disposed to think that the action of the former on the vaso-motor nerves aids the latter in modifying the tissue-irritation, and that without it the Phosphorus is even liable to cause aggravation; but I continue to rely upon the latter medicine as the main curative.

What are we to do when, in these cases, asphyxia threatens? Chiefly, I think, to ascertain whether it is caused by the intensity of the inflammation, or by the profuseness of the mucus of resolution, or by impending "paralysis of the lungs." In the first alternative, we should push on with our Aconite and Phosphorus. In the second and third, our most potent allies should be *Tartar emetic* and *Solania*, as recommended for capillary bronchitis in the aged.

Belladonna is mentioned by several writers as of value in the pneumonia of children; and in the class of cases described by Dr. Hillier "in which cerebral symptoms prevail to such an extent as to mask the pulmonary symptoms, and often to mislead the practitioner," it ought to be quite in place. But it is primary "lobar pneumonia" in which this com-

plication occurs. In its absence, Phosphorus is the medicine to be given; I am not sure whether Aconite helps it here or not. But for both lobular and lobar pneumonia in children we must weigh the claims of *Chelidonium*. This again is a medicine recommended, in an apparently arbitrary manner, by Teste; but which subsequent experimentation has proved to bear a true pathological relationship to the disease. I refer you to Dr. Buchmann's proving of Chelidonium, translated in the *British Journal of Homœopathy* (vols. xxiii.—xxv.), and especially to his remarks and observations regarding its use in pneumonia at p. 64 of vol. xxv. The cases given confirm Teste's recommendation of the remedy, even to its especial value when the right side is affected. His mode of administration, however, was not followed, which is to give a dose of the 6th or 12th dilution every quarter of an hour for four or six doses. "This done," he says, "we shall in an immense majority of cases observe a marked, sometimes an astonishing, remission of all the local as well as the general symptoms." After this, other medicines may be given. Dr Pulte appends a note to the American edition stating that this treatment has been found very efficacious in considerably shortening the attack; and that the adminstration of the Chelidonium in this way is generally followed by the peculiar greenish discharges characteristic of liver affection.

As I have discussed the lymphatic and lacteal system as part of the *circulatory organs*, this will be the place for considering the affections of the lym-

phatic and lacteal glands so common in scrofulous children. I shall do this under the two heads of Strumous Adenitis and Tabes Mesenterica.

Strumous Adenitis.—The medicines which meet with most general commendation in the treatment of enlarged lymphatic glands are Sulphur, Calcarea, and Silica in one class; Rhus, Dulcamara, Mercurius, Baryta, and Conium in another. The first three are considered most suitable when the scrofulous diathesis is well-marked; the latter when a local affinity for the glands is chiefly desired in the remedy. Rhus is highly commended by Hartmann when an inflamed gland is of a stony hardness. He would give one dose of a high dilution, and allow it to act for some time. Teste exalts Rhus into the primary medicine for all cases of scrofulous glands, giving repeated doses of the 2nd potency. He follows it up by Mercurius and Sulphur, stating that the latter medicine, if given first instead of last, will only start but not complete a cure. Dulcamara is Hartmann's remedy when damp, Conium when contusion is the exciting cause,—conditions, I may add, to which the disease is very rarely traceable. He also suggests, on theoretical grounds, Cistus canadensis.* Jousset praises Conium, and Bähr Baryta, which Jahr also extols when induration is present.

I have made pretty full trial of most of these medicines, but have found little satisfaction from any of them. I follow my brethren of the old school in accounting *Iodine* and its compounds the most important medicines for diseases of the absorbent

* In the Leopoldstadt Hospital at Vienna, Clematis seems the favourite remedy for enlarged lymphatic glands.

glands. Its specific action upon them I have already argued at some length. Iodine itself, the iodide and especially the biniodide of mercury, the iodide of potassium (with which I have seen my friend Dr. Belcher obtain very good results at our Dispensary), and the iodides of barium and calcium—all are valuable in the treatment of strumous adenitis. As to external applications here, I apprehend that we should use them only to obtain with greater rapidity the specific effects of the medicines. With the external use of Iodine as a vesicant we can have no sympathy.

Tabes mesenterica is nothing more than strumous disease of the glands of the mesentery, and its general symptoms are due to the disturbance of the important part they play in nutrition. There is no reason, therefore, why we should depart from our *Iodine* in the treatment of this malady; and with it indeed I have made some of the most beautiful cures I ever saw in medical practice. The ensemble of symptoms unmistakeably calls for it,—wasting, hectic especially marked by night-sweats, appetite alternately ravenous and deficient, dry laryngeal cough, and diarrhœa. When the last is severe, *Arsenicum* (not higher, I think, than the 3rd dec.) is of great temporary service; but it has no curative power over the entire disease.

It is only right, however, that I should say that Iodine holds by no means this foremost place in the recommendations of others for mesenteric disease. *Calcarea* is with most the favourite medicine: there is a case on record cured by it in the seventh volume of the *Monthly Homœopathic Review* (p. 24). Dr. Kidd recommends *Mercurius corrosivus* where there

is evident inflammation of the glands, previous to the development of tabes, and I have followed his suggestion with decided benefit. Teste's prescription is among his most curious singularities, viz., Sarsaparilla 18, Aloes 6, and Colchicum 12 in succession, each for a week or more, three or four times a day. From this medication he states that he has "obtained for several years past the most surprising results."

The chief *urinary* difficulty with children is **Enuresis nocturna,** which is often a very obstinate affection. Whenever you can trace it to worms, you may give *Cina* or *Santonine* with good hope of success. Again, when it is accompanied by a high-coloured and strong-smelling urine, *Benzoic acid* will generally both render the urine normal and prevent its escape. But in the numerous cases which present neither of these indications you will have to decide between a large number of medicines; and here as elsewhere a multitude of remedies means small success with any. Belladonna, in ordinary doses, has not proved effective in my hands; and the best results I had hitherto obtained had been from *Causticum*, which is thoroughly homœopathic. Since reading Jahr's recommendation, however, to begin the treatment of every case with *Sulphur* 30, I have often done so with success. He advises, if it fails to cure, Sepia, Belladonna, and Pulsatilla in young girls, Causticum for little boys, Calcarea if the children are small and fat. Jousset also has had good results from the *Pulsatilla* here mentioned: he thinks it indicated when during the day there exist vesical tenesmus and sudden and irresistible desires to urinate.

Verbascum and the Equisetum hyemale are two new remedies which have lately received high commendation in enuresis from American practitioners. If you have to search farther for a remedy, I may refer you to a collection of cases of the malady from various sources in the third volume of the *North American Journal of Homœopathy*; and to cases illustrating the virtues of the Plantago major in the *British Journal of Homœopathy*, vol. xxv., p. 319, and of Thuja in the same Journal, vol. xxvi., p. 491.

Gelseminum is also to be remembered; and the frequent connexion of the trouble with a too heavy sleep suggests the possible usefulness of Opium.

In strangury, which in a slight form is not uncommon in children, as from cold or damp, *Aconite* or *Dulcamara* is serviceable. But unless one or other of these causes be distinctly traceable, you will be safer in prescribing *Belladonna*. When urinary troubles in children arise from their passing much red sand with their water, *Lycopodium* is specific.

The *genital organs* of male children are rarely the seat of disease; and when such occurs it is surgical rather than medical. The female child, however, is sometimes troubled with a kind of leucorrhœa, which not unnaturally causes much trouble in the mind of her mother. It is readily curable by *Calcarea* and cleanliness, or, if caused by ascarides, by the treatment suitable for these. A more important disease of these subjects is

Noma pudendi.—This affection appears to be precisely analogous to cancrum oris; and here there can be no question between Mercurius and *Arseni-*

cum, the local affinity of the latter being so much the greater.

And now of the *cutaneous diseases* of childhood, several of which are very characteristic of this period of life.

Intertrigo, besides the obvious local management, is often greatly helped by homœopathic remedies. *Chamomilla* is good in simple cases; *Lycopodium* where the chafing obstinately recurs, and seems constitutional; *Mercurius* where the parts affected are raw and very painful.

Impetigo (or shall we say eczema) has two local varieties very common in children, crusta lactea and porrigo capitis.

Crusta lactea is an impetigo of the face. I have every reason to be satisfied with the *Viola tricolor* recommended by Hartmann for this disease; but in obstinate cases you may with advantage remember Teste's commendation of *Sepia*.

Porrigo capitis (scalled head) is more difficult to cure. *Calcarea muriatica*, in the 1st dilution, is my favourite medicine; but *Sulphur* must often be interposed. *Silica* is good where there is abundant suppuration, and *Viola tricolor* where itching is distressing. I believe it also to be important not to remove the crusts until there is reason to believe that the tendency to return of disease is checked.

A papular eruption peculiar to children is "red gum"—

Strophulus.—*Chamomilla* is generally its specific remedy; but where the digestive organs are at

fault, *Pulsatilla* or *Antimonium crudum* may be required.

Ringworm.—That this disease is, when recent, amenable to internal remedies alone, seems to disprove the theory of its primarily parasitic origin; which Mr. Jabez Hogg also rejects. The great medicine for it is *Sepia*, at about the 6th dilution. But if this fails, you must resort to some local parasiticides, of which a solution of sulphurous acid or of corrosive sublimate is the best.

There are a few miscellaneous affections of children on whose treatment I shall remark before leaving the subject of their diseases.

Cephalhæmatoma may disappear under the occasional application of a weak *Arnica* lotion; but should it linger, Dr. Guernsey states that a single dose of a high dilution of *Calcarea* will always disperse it.

Nævus I have seen disappear under *Thuja* 12. Calcarea, Lycopodium, and Phosphorus must also be remembered here.

Hernia in infants is said to be sometimes curable by internal medicines, especially by *Nux vomica*, *Calcarea*, and *Sulphur*. There can be no harm in trying.

Mastitis neonatorum is generally produced by foolish endeavours on the part of nurses to squeeze out milk from the breasts. *Bryonia* is its specific remedy.

Icterus neonatorum should be treated by *Chamomilla*, followed, if it should be required, by *Mercurius*.

Scleroderma neonatorum you are hardly likely to see, unless you should become attached to a Foundling Hospital. Should you ever meet with it, I recommend you to try *Bryonia*, which has caused and cured a similar affection (Haningkrankheit) in oxen.*

Trismus neonatorum, when arising (as it usually does) from inflammation of the umbilicus, seems best treated by *Belladonna*, though I know of no experience regarding it. When resulting from the influence of the mother's emotions through the milk, *Ignatia* is most suitable.

A word from Hartmann in conclusion. "Small or highly attenuated doses at long intervals are best for a sick child, provided the remedy has been correctly chosen, which we may easily know from the fact that the child will fall into a sweet slumber after the first dose, and will awake refreshed and in better spirits." He is speaking, of course, of acute diseases.

* See *Brit. Journ. of Hom.*, xxv., 25.

LETTER XLVIII.

SUPPLEMENTARY.

I have now ended my task. We have surveyed together the whole field of disease, with a view of ascertaining what homœopathy has done or may yet do towards its conquest. I think you will feel with me that the result of our survey is eminently satisfactory. During the seventy years or so which have elapsed since the establishment of *similia similibus curentur* as the guide to specific medication, at least eight-tenths of the ills to which flesh is heir have been brought within its range of action. Of the two-tenths which remain, one consists of mechanical disorders requiring mechanical assistance; and the other may be only awaiting fresh knowledge on our part of diseases and drugs for its annexation. It is true that in the territory already won many patches remain whose cultivation is far from perfect, many diseases and varieties of disease for which we crave more perfect remedies. But the number of these is yearly decreasing. Such work as has been done in the foregoing letters may have on any who read them the influence which Bacon's *De Augmentis Scientiarum* was designed to exert as regards knowledge in general, and by noting deficiencies encourage the labour which shall make them disappear. For here, too, we have an *organon* of discovery, whose capacities are inexhaustible. We are not only

enriched with a treasure of golden eggs, but we have the goose that lays them, and are under no temptation to kill it. The method which Hahnemann has wrought out and bequeathed to us remains in our hands; and we have but to emulate his faith and zeal and toil in working it to obtain new triumphs every year.

But now, as it is many months since I began to write to you, it seems well that ere I draw to a close I should look back over what I have written, and consider what modifications or additions the lapse of time requires. I will go through our correspondence letter by letter, noting as I proceed anything fresh I may have to say.

Letter I. (p. 2). With reference to Dr. Jousset's *Eléments de Médécine pratique* I should say that last year (1877) saw the work in a new edition, in which the therapeutic portion is considerably enlarged. At the same time, our colleague reprinted from *L'Art Medical* the valuable series of *Leçons de Clinique Medicale* which had for some time past been appearing there, and to which I have so often made reference. Both these books of his should be in your hands.

When speaking of treatises on homœopathic practice, I should have mentioned the work by Jahr to which I refer when I quote from him. It is entitled (in the English translation by Dr. Hempel, with which alone I am acquainted) "Therapeutic Guide; the most important results of more than forty years' practice." As its name implies, it is a record of actual experience; and, though all at sea as regards pathology, contains much useful practical matter.

Letter III. (p. 30). I have sketched in this letter the history of Hahnemann's own practice as regards dose. You will find the facts given in fuller detail in the *British Journal of Homœopathy* for April in the present year, and will see that his constancy to the 30th dilution in his later years had more exceptions than the one I have mentioned.

In the same letter (p. 36), when speaking of the repetition of doses, I have advised you, "when once a decided improvement has shown itself, to suspend the medicine, and let the *vis medicatrix naturæ* work alone for a time, repeating the remedy should the progress flag." You may often, in a case of chronic disease which you can rarely see, anticipate this progress by directing the medicine to be taken daily for a week, then every other day for a second, every third day for a third, and so on.

Letter IV. (p. 51). The 28th of Dr. Jousset's *Leçons* contains a case of hæmorrhagic variola which recovered under *Phosphorus*. It is true that the patient had been vaccinated, and that the modifying influence of the prophylactic duly showed itself in the abortion of the second stage of the disease. But, even under such circumstances, variola hæmorrhagica is apt to be fatal; so that Phosphorus must be credited with another triumph over the purpuric condition.

Letter IX. (p. 113). I should have given you the reference to Dr. Cramoisy's recorded experience with Aconite in cholera. You will find it in the *Bulletin de la Société Medicale Homœopathique de France* for 1865.

(p. 120). The evidence of the power of *Mercurius*

cyanatus in diphtheria is rapidly increasing. Dr. Jousset, from his experience, esteems it the chief remedy in malignant cases. Dr. Burt communicates results similar to those of Dr. Villers, having treated "many scores of cases" in succession with only a single failure. * A practitioner of the old school in St. Petersburgh has also testified to its great efficacy, of course without any reference to the labours of his homœopathic fellow-citizen. † He gave the $\frac{1}{48}$—$\frac{1}{96}$ of a grain for a dose; and Dr. Burt the 3rd dec. trituration. Dr. Jousset administers the 3rd or 6th dilution.

Letter XI. (p. 143). What I have written about the ordinary treatment of acute rheumatism was set down before the introduction of *Salicylic acid*, which (especially in the form of the salicylate of soda) seems to have given fresh life to the therapeutics of the disease, and to have led to results better even than those which we have attained with our specific remedies. It is yet uncertain on what principle the new remedy acts; but the evidence of its power to excite pyrexia and rheumatic pains, and to act curatively in doses far smaller than those ordinarily employed, is on the increase, so that it bids fair to find place among the homœopathic anti-rheumatics; and many of us are employing it.

Letter XII. (p. 154). To the facts mentioned in my lecture on Phosphorus as showing its power over bleeding fungous growths, presumably malignant, I may add the testimony of Jahr. "So far I have treated three cases of fungus hæmatodes (?), the

* See *American Homœopathist*, ii., 22.

† See *Hahn. Monthly*, May, 1877.

patients being children from five to ten years old. The fungi grew out of congenital claret-coloured spots. Phosphorus 30 removed the disorder perfectly in two or three weeks." I would add that the current of evidence is decidedly setting in favour of the direct action of Phosphorus on the blood. This will apply to my remarks further on in this same letter (p. 165) on its relation to purpura.

(p. 160). What I have here said about anæmia in connexion with disordered menstruation should properly have been deferred till I came to treat of chlorosis among the diseases of the female sexual system. On the other hand, I should have spoken of the "idiopathic" or "progressive pernicious anæmia" which has of late been recognised as a distinctive and essential malady. Iron is of no use in it, but Dr. Bramwell has related a case cured by *Arsenic*, in doses of from two to sixteen drops of Fowler's solution three times a day.* The necrosis of the red corpuscles, the febrile symptoms, and the anasarca which characterise this disease all belong to the arsenical pathogenesis, and have given the drug long ago a high place in the homœopathic therapeutics of anæmia and chlorosis in their severer forms.

Letter XV. (p. 208). In recommending Belladonna for the first stage of the general paralysis of the insane I might have reminded you that the loss of power of the extremities caused by Atropia has been compared by one observer (Michéa) to this very condition.†

Letter XVI. (p. 216). Of the extra remedies I

* See *Med. Times and Gazette*, Sept. 22 and Oct. 20, 1877.

† See *Hahnemann Materia Medica*, Part III., S. 57.

have mentioned for migraine *Sanguinaria* and *Iris* must be emphasized. The fomer is evidently growing in favour; and seems especially suitable to women at the climacteric period.* It is given in the attenuations from the 12th upwards. Iris has received a great extension of its sphere by some cases lately recorded by Dr. Claude, of Paris; † and the "blur before the eyes" mentioned by Dr. Bigler as indicating it in migraine has proved (as I suggested) that it has a true relation to the cerebral as well as to the gastro-hepatic form of sick headache.

Letter XVII. (p. 244). I can refer you to two valuable contributions to the therapeutics of hydrophobia which have appeared since I wrote to you on the subject,—one by Dr. Ozanam in the *Bulletin de la Société Med. Hom. de France* (xviii., 279), the other by Dr. Jousset in *L'Art Medical* (vol. xlvi.). The former gives the clinical experience with Stramonium which I have mentioned.

Letter XVIII. (p. 254). In speaking of anti-epileptic remedies, I mentioned *Plumbum* as truly homœopathic, but as not yet having obtained any repute as curative. Two successful cases treated by it have since been published, one by Dr. Burnett, in which it was given in the 30th dilution,‡ the other by Dr. Samuel Brown, who gave it in the 3x and 6th.§

Letter XXI. (p. 22). I may add a few words to what I have said as to the possible usefulness of

* See *American Homœopathist*, i., 112.
† See *L'Art Medical*, xlv., 65.
‡ *Monthly Homœopathic Review*, Jan., 1878.
§ *Ibid.*, May, 1878.

Belladonna in glaucoma. It is becoming more clearly recognised that this disease, though liable to inflammatory and neuralgic incidents, is distinct from either, and consists essentially in some central affection of the trophic or vaso-motor nerves of the eye. It thus belongs to the group of affections of which neuralgia, locomotor ataxy, and exophthalmic goitre are instances; and hence, I think, the relation of Belladonna to it. It may in it as in them modify favourably the inflammatory condition of the gray central matter on which the peripheral symptoms depend. Dr. Dekeersmaeker has had some favourable results from Aconite, given on the same principle, *i.e.*, because of its relation to the central disorder of neuralgia.*

Letter XXV. (p. 97). I should have added *Apis* to my list of medicines related to morning diarrhœa.†

Letter XXXIII. (p. 216). Lymphadenoma, without leucæmia, often seems to have many of the features of cancer, and is called "malignant lymphoma." Some successes have been obtained in its treatment from *Arsenic*, given in such large doses as to induce the arsenical fever.‡ I should hope that less injurious quantities may be found sufficient, and that we may not have to run the risk of our patient being like Lugol's—*mort guéri.*

Letter XXXV. (p. 245). I find that I have omitted the reference to the second case in which Dr. Sharp obtained success with Chamomilla in diabetes of hepatic origin. You will find it at

* *L'Homœopathie Militante*, June, 1878, p. 271.

† See *Monthly Hom. Review*, July, 1878 (p. 445)

‡ See Ziemssen's *Cyclopædia*, xvi., 845.

p. 745 of the twentieth volume of the *Monthly Homœopathic Review*.

And now I have only to bid you God speed and farewell. In becoming a practitioner of homœopathy you have accepted a position which is as onerous as it is advantageous. Use your vantage ground for the promotion of the advance of Medicine as well as for your own success in practice, that there may be a bearing of its *onera*, and not merely a receiving of its *munera*. I shall not regret then that I have for a long time past spent most of my leisure in putting together the materials for your work.

Yours ever affectionately,

RICHARD HUGHES.

INDEX.

	PAGE
Abortion	II. 328
Acidity	II. 82
Acne	II. 365
Addison's disease	II. 220
Adenitis, strumous	II. 422
After-pains	II. 339
Ague	I. 93
Albuminuria	II. 238
,, of pregnancy	II. 326
Alopecia	II. 366
Alternation	I. 38
Amaurosis	II. 26
Amblyopia	,,
Amenorrhœa	II. 287
Anæmia ..... I. 159,	II. 433
Anger, effects of	II. 390
Angina faucium	II. 62
,, ,, granular	II. 65
,, Ludovici	II. 61
,, pectoris	II. 209
Angioleucitis	II. 216
Anus, fissure of	II. 116
,, fistula in	II. 118
,, prolapse of	II. 117
,, ,, in children	II. 411
Aortitis	II. 212
Aphonia	II. 149
Aphthæ	II. 403
Apoplexy	I. 198
Arteries, diseases of	II. 212
Arthralgia	II. 383
Ascarides	II. 119
Ascites	II. 121
Asthenopia	II. 30
Asthma	II. 161
,, humid	II. 157
Ataxy, locomotor	I. 237
Atheroma	II. 214
Auxiliaries	I. 41
Azoturia	II. 247
Balanitis	II. 273
Bladder, diseases of	II. 254
,, catarrh of	,,
,, cancer of	II. 258
,, irritable	II. 253
,, paralysis of	II. 257
,, stone in	II. 258
Blepharitis	II. 2
Blepharospasm	II. 4
Boils	II. 368
Bones, diseases of	II. 377
,, neuralgia in	II. 381
Brain, diseases of	I. 187
,, concussion of	I. 227
,, congestion of	I. 188
,, softening of	I. 196
,, tumours of	I. 197
Brain-fever	I. 191
Breast, diseases of	II. 316
Bright's disease	II. 225
Bronchitis	II. 151
Bronchiectasis	II. 159
Bronchocele	II. 221
Broncho-pneumonia	II. 419
Brow-ague	I. 263
Bubo	II. 274
Burns	II. 387
Bursitis	II. 384
Cœcum, inflammation of	II. 89
Calculi, biliary	II. 132
,, renal	II. 250
Cancer ..... I. 151,	II. 432
Cancrum oris	II. 403

		PAGE
Carbuncle	II.	369
Cardialgia	II.	74
Caries	II.	379
Casualties	II.	384
Catalepsy	I.	260
Cataract	II.	27
Catarrh, chronic nasal	II.	137
Cephalhæmatoma	II.	427
Cerebritis	I.	194
Cerebro-spinal meningitis	I.	90
Chalazion	II.	4
Chancre, gangrenous	I.	175
,, hard	I.	174
,, phagedænic	I.	175
,, soft	II.	273
Change of medicine	I.	36
Chicken-pox	I.	54
Chilblain	II.	389
Children, diseases of	II.	391
Chlorosis	II.	348
Cholera, Asiatic	I.	107
,, English	II.	95
,, infantum	II.	409
Chorea	I.	254
Choroid, congestion of	II.	21
Choroiditis	,,	
Chyluria	II.	246
Circulatory System, diseases of	II.	196
Cirrhosis of liver	II.	126
Clavus hystericus	I.	213
Clergyman's sore throat	II.	65
Colic	II.	91
,, in children	II.	410
,, lead	II.	92
Condylomata	I.	185
Conjunctivitis palpebrarum	II.	2
Conjunctivitis, phlyctenular	II.	15
,, purulent	II.	9
,, simple	II.	6
,, trachomatous	II.	3
Constipation	II.	101, 107
Contusions	II.	387
Convulsions, puerperal	II.	336
,, in children	II.	400, 406

		PAGE
Cornea, inflammation of	II.	17
,, opacities of	II.	18
Coryza	II.	135
,, paroxysmal	II.	141
Cramps	I.	270
Critical age, disorders of	II.	346
Croup	II.	416
Crusta lactea	II.	426
Cystitis	II.	254
Deafness	II.	49
,, throat	II.	44
Delirium tremens	I.	209
Dementia	I.	207
Dengue	I.	66
Dentition, morbid	II.	404
Diabetes insipidus	II.	246
,, mellitus	II.	240
Diaphragm, affections of	II.	192
Diarrhœa	II.	93
,, adiposa	II.	122
,, in children	II.	406
Digestive Organs, diseases of	II.	54
Diphtheria	I. 116, II.	431
Dose, the	I.	29
Dropsy, acute renal	II.	228
,, cardiac	II.	206
,, scarlatinal	I.	63
Duodenitis	II.	88
Duties of the homœopathic practitioner	I.	43
Dysentery	II.	97
Dysmenorrhœa	II.	291
Dyspepsia, acute	II.	77
,, chronic	II.	78
,, duodenal	II.	88
Dysuria	II.	256
,, in children	II.	425
Ear, diseases of	II.	33
Earache	II.	47
Ear-wax, deficiency of	II.	40
,, excess of	,,	
Ecthyma	II.	262
Eczema	II.	358
,, aurium	II.	39
Elephantiasis	II.	367
Emotional disturbances	II.	390

	PAGE
Emphysema	II. 159
Empyema	II. 190
Endocarditis	II. 204
Enteritis	II. 87
Enterodynia	II. 91
Enuresis nocturna	II. 424
Epilepsy	I. 246, II. 434
Epistaxis	II. 144
Erysipelas	I. 126
,, aurium	II. 39
Erythema	II. 355
,, nodosum	,,
Exophthalmic goitre	II. 223
Exostoses of the ear	II. 43
Eye, diseases of	II. 1
Eyelids, inflammation of	II. 2
,, spasmodic and paralytic affections of	II. 4
,, tumours of	,,
Facial palsy	I. 273
False pains	II. 328
Farcy	I. 132
Favus	II. 372
Febricula	I. 83
Fever in pregnancy	II. 321
,, cerebro-spinal	I. 90
,, enteric	I. 72
,, puerperal	II. 341
,, relapsing	I. 86
,, remittent	I. 105
,, ,, bilious	I. 106
,, ,, infantile	II. 392
,, scarlet	I. 58
,, simple continued	I. 84
,, surgical	II. 386
,, typhus	I. 69
,, yellow	I. 87
Fistula in ano	II. 118
,, lachrymalis	II. 5
Flatulence	II. 83
Flushings	II. 350
Fractures	II. 389
Fright, effects of	II. 390
Furuncle	II. 368
Gall-stones	II. 132
Ganglion	II. 384
Gangrene, senile	II. 213
,, traumatic	II. 386
Gastralgia	II. 74
Gastric fever	I. 85
Gastritis	II. 97
Gastrodynia	II. 74
General paralysis of the insane	I. 207
Giddiness	I. 222
Glanders	I. 131
Glaucoma	II. 22, 434
Gleet	II. 272
Glossitis	II. 55
Glosso-laryngeal paralysis	I. 235
Glottis, œdema of	II. 149
Goitre	II. 221
,, exophthalmic	II. 223
Gonorrhœa	II. 270
Gonorrhœal rheumatism	I. 149
Gout	I. 136
,, rheumatic	I. 148
Gravel	II. 248
Grief, effects of	II. 390
Gumboil	II. 59
Hæmatemesis	II. 85
Hæmatocele, pelvic	II. 312
Hæmaturia	II. 252
Hæmoptysis	II. 176
Hæmorrhage, post-partum	II. 334
Hæmorrhage from the bowels	II. 91
Hæmorrhoids	II. 110
Hay-fever	II. 140
Hay-asthma	,,
Headache	I. 212
Heartburn	II. 83
,, of pregnancy	II. 324
Heart, diseases of	II. 196
,, dilatation of	II. 199
,, fatty disease of	II. 200
,, hypertrophy of	II. 199
,, palpitation of	II. 196
,, valvular disease of	II. 205
Helminthiasis	II. 118
Hemeralopia	II. 27

		PAGE
Hemicrania	I.	214
Hemiopia	II.	26
Hemiplegia	I.	200
Hepatitis	II.	125
Hernia	II.	105
,, in infants	II.	427
Herpes	II.	359
,, zoster	,,	
,, circinatus	II.	361
Hip-joint, disease of	II.	383
Histrionic spasm of face	I.	271
Hooping-cough	II.	413
Hordeolum	II.	2
Hydrocele	II.	268
Hydrocephalus, acute	II.	395
,, chronic	II.	400
Hydrocephaloid	II.	399
Hydrometra	II.	310
Hydrophobia	I.	242
Hydrothorax	II.	191
Hypochondriasis	I.	208
Hysteralgia	II.	296
Hysteria	I.	259
Icterus	II.	130
,, neonatorum	II.	427
Ileus	II.	103
Impetigo	II.	361
Impotency	II.	265
Indigestion, acute	II.	77
,, chronic	II.	78
Influenza	II.	139
Infra-mammary pain	II.	194
Insane, general paralysis of the	I.	207
Insomnia	I.	225
Intertrigo	II.	426
Intestines, diseases of	II.	87
,, cancer of	II.	90
,, hæmorrhage from	II.	91
,, obstruction of	II.	103
,, ulceration of	II.	90
Intussusception	II.	104
Iritis	II.	19
Ischuria	II.	252
Itch	II.	373
Jaundice	II.	130
Jaundice, malignant	II.	131
Joints, diseases of	II.	381
,, hysterical	II.	384
,, neuralgia in	,,	
,, white swelling of	II.	383
Keratitis	II.	17
Kidneys, diseases of	II.	25
,, amyloid degeneration of	II.	237
,, congestion of	II.	251
,, fatty	II.	238
,, granular degeneration of	II.	234
Labia, acute abscess of	II.	314
Lachrymal sac, inflammation of	II.	5
Lactation, disorders of	II.	344
Laryngismus stridulus	II.	412
Laryngitis	II.	145
Leucæmia	II.	218
Leucorrhœa	II.	300
,, in children	II.	425
Lichen	II.	357
Lienitis	II.	217
Lienteria	II.	409
Lippitudo	II.	3
Lips, diseases of	II.	55
Lithæmia	II.	134
Lithiasis	II.	248, 249
Liver, diseases of	II.	123
,, abscess of	II.	125
,, acute atrophy of	II.	126
,, cancer of	II.	130
,, cirrhosis of	II.	126
,, congestion of	II.	123
,, fatty	II.	128
,, pigmentary degeneration of	II.	129
,, waxy	,,	
Lochia, morbid conditions of	II.	340
Lock-jaw	I.	272
Locomotive organs, diseases of	II.	375
Locomotor ataxy	I.	237
Lumbago	II.	377

		PAGE
Lumbrici	II.	118
Lungs, abscess of	II.	174
,, cancer of	II.	187
,, congestion of	II.	175
,, gangrene of	II.	174
,, syphilis of	II.	187
Lymphadenoma	II.	216, 435
Lymphangitis	II.	216
Lymphatic glands, strumous disease of	II.	422
Male Sexual Organs, diseases of	II.	261
Malignant pustule	I.	130
Mal-presentation	II.	331
Mammæ, scirrhus of	II.	218
,, tumours of	II.	217
Mania	II.	205
,, puerperal	II.	344
Mastitis	II.	345
,, neonatorum	II.	427
Mastoid cells, inflammation of	II.	48
Mastoid process, caries of	II.	49
Measles	I.	54
Melancholia	I.	206
,, puerperal	II.	344
Membrana tympani, affections of	II.	43
Meniére's disease	II.	53
Meningitis, cerebral	I.	190
,, cerebro-spinal	I.	90
,, spinal	I.	231
,, tubercular	II.	395
Menopausia, sufferings of	II.	350
Menorrhagia	II.	282
Menstruation, disorders of		,,
Menstruation, vicarious	II.	289
Mental disorder	I.	201
,, in pregnancy	II.	344
Mesenteric disease	II.	423
Metritis, chronic	II.	294
,, cervico-	II.	297
,, endo-	II.	296
Metrorrhagia	II.	309
Migraine	I. 213, II.	433
Miliaria	I.	67
Milk-abscess	II.	345
Miscarriage	II.	328
Mollities ossium	II.	381
Molluscum	II.	365
Morbus coxæ	II.	383
Mouth, diseases of	II.	54
,, ulcers of	II.	55
Muco-enteritis	II.	87
Muguet	II.	403
Mumps	II.	60
Muscles, diseases of	II.	375
Muscles of the eyeball, affections of	II.	31
Muscular rheumatism	II.	376
Myalgia		,,
Myelitis	I.	232
Myopia	II.	31
Myositis	II.	375
Nævus	II.	427
Necrosis	II.	380
Nephritis, albuminous	II.	227
,, suppurative	II.	253
Neuralgia	I.	261
,, intercostal	II.	193
Neuroses, the	I.	246
Nictitation	II.	4
Nipples, sore	II.	344
Nodes	II.	378
Noma pudendi	II.	425
Nose, affections of	II.	135
Nymphomania	II.	315
Œdema glottidis	II.	149
,, pulmonum	II.	175
Œsophagus, diseases of	II.	96
Ophthalmia, catarrhal	II.	6
,, gonorrhœal	II.	10
,, granular	II.	3
,, neonatorum	II.	402
,, purulent	II.	9
,, rheumatic	II.	16, 19
,, strumous	II.	12
,, syphilitic	II.	20
Orchitis	II.	261
Osteitis	II.	379
Otalgia	II.	47

		PAGE
Otitis externa	II.	40
,, interna	II.	47
Otorrhœa	II.	42
Ovaries, diseases of	II.	277
Ovaritis	II.	278
Ovarian dropsy	II.	280
,, neuralgia	II.	279
Oxaluria	II.	249
Ozæna	II.	142
Pain after food	II.	81
Palsy, wasting	I.	238
Pancreatitis	II.	122
Pannus	II.	3
Panophthalmitis	II.	22
Paralysis agitans	I.	258
,, facial	I.	273
,, infantile	II.	401
,, labio-glosso-laryngeal	I.	235
,, of the insane	I.	207
,, pseudo-hypertrophic	I.	238
,, spinal	I.	234
Parturition, disorders of	II.	330
Pemphigus	II.	361
Penis, epithelioma of	II.	275
Pericarditis	II.	201
Perimetritis	II.	311
Periostitis	II.	378
Peritonitis	II.	120
,, puerperal	II.	343
,, tubercular	II.	411
Perityphlitis	II.	89
Peri-uterine hæmatocele	II.	312
Pertussis	II.	413
Pharyngitis, chronic	II.	65
Phlebitis	II.	214
,, uterine	II.	343
Phlegmasia alba dolens	II.	346
Phosphatic urine	II.	248
Photophobia	II.	14
Phthisis pulmonalis	II.	178
,, laryngea	II.	147
Physometra	II.	310
Piles	II.	110
Pityriasis	II.	362
,, versicolor	II.	373
Plague	I.	92
Plethora	I.	158
Pleurisy	II.	187
,, spurious	II.	194
Pleurodynia	II.	193
Pneumonia	II.	165
Polypus aurium	II.	43
,, narium	II.	145
,, uteri	II.	307
Polyuria	II.	246
Porrigo capitis	II.	426
Post-partum hæmorrhage	II.	334
Pregnancy, disorders of	II.	321
Proctitis	II.	89
Progressive Muscular Atrophy	I.	238
Prolapsus ani	II.	117, 411
,, uteri	II.	302
Prosopalgia	I.	262
Prostatitis	II.	269
Prurigo	II.	357
Pruritus	II.	374
Psoriasis	II.	362
Pterygium	II.	15
Ptosis	II.	4
Ptyalism	II.	60
,, in pregnancy	II.	324
Pudenda, cancer of	II.	315
,, noma of	II.	425
,, pruritus of	II.	327
Puerperal state, disorders of	II.	338
Puerperal convulsions	II.	336
,, fever	II.	341
,, mania	II.	344
,, melancholia	,,	
,, peritonitis	II.	343
Pulmonary cancer	II.	187
,, syphilis	II.	186
Purpura	I.	163
Pustule, malignant	I.	130
Pyæmia	I.	132
Pyelitis	II.	253
Quinsy	II.	63
Rachitis	II.	393
Ranula	II.	60
Repetition of dose	I.	34

	PAGE
Respiratory organs, diseases of	II. 135
Retina, detachment of	II. 25
,, hæmorrhage into	,,
,, hyperæmia of	II. 24
,, hyperæsthesia of	II. 25
Retinitis	II. 25
Rheumatism	I. 142, II. 432
,, gonorrhœal	I. 149
Rheumatic gout	I. 148
Rhinitis	II. 135
Rickets	II. 393
Ringworm of the scalp	II. 427
,, of the surface	II. 373
Roseola	II. 357
Rötheln	I. 65
Rupia	II. 362
Salivary glands, diseases of	II. 59
Salivation	II. 60
,, in pregnancy	II. 224
Sarcocele	II. 262
Satyriasis	II. 264
Scabies	II. 373
Scalds	II. 387
Scarlatina	I. 58
Scleritis	II. 16
Scleroderma neonatorum	II. 427
Sclérose en plaques	I. 196, 236
Sclerosis, lateral spinal	I. 236
,, posterior spinal	,,
Scorbutus	I. 163
Scrofula	I. 155
Scrotum, cancer of	II. 275
,, inflammation of	,,
Scurvy	I. 163
Sea-sickness	II. 85
Septicæmia	I. 135
Sexual Organs, Male, diseases of	II. 261
Sexual Organs, Female, diseases of	II. 276
Shingles	II. 359
"Similia similibus"	I. 15
Sinking at the stomach	II. 352
Skin, diseases of	II. 354
Sleep, derangements of	I. 224
Small-pox	I. 46
Softening of the brain	I. 196
,, ,, cord	I. 238
Somnambulism	I. 226
Spasms, local	I. 270
Spermatic cord, diseases of	II. 268
Spermatorrhœa	II. 266
Spinal cord, concussion of	I. 239
Spinal cord, congestion of	I. 228
,, hæmorrhage into	I. 239
,, sclerosis of	I. 236
,, softening of	I. 238
Spinal irritation	I. 229
,, meningitis	I. 231
,, paralysis	I. 234
Spleen, inflammation of	II. 217
,, hypertrophy of	,,
Stammering	II. 404
Sterility in the female	II. 316
,, ,, male	II. 266
Stiff-neck	II. 377
Stings	II. 389
Stomacace	II. 54
Stomach, diseases of	II. 67
,, cancer of	II. 73
,, ulcer of	II. 71
Stomatitis	II. 54, 403
Strabismus	II. 32
Strains	II. 387
Strangury	II. 256
Stricture of urethra	II. 258
,, œsophagus	II. 96
Strophulus	II. 426
Stye	II. 2
Sunstroke	II. 390
Supra-renal capsules, disease of	II. 220
Sycosis	I. 184
,, menti	II. 366
Synovitis	II. 381
Syphilis	I. 168
,, infantile	II. 394
Tabes mesenterica	II. 423
Tape-worm	II. 119

		PAGE
Teeth, diseases of	II.	58
Testes, diseases of	II.	261
,, irritable.....	II.	263
,, neuralgia of	,,	
,, retraction of.....	II.	269
Tetanus.....	I.	240
Tetany	I.	271
Text-books,homœopathic	I.	2
Throat, diseases of	II.	61
Throat-deafness	II.	44
Thyroid gland, diseases of	II.	221
Tic-douloureux	I.	266
Tic non-douloureux.....	I.	271
Tinea circinata.....	II.	373
,, decalvans	,,	
,, favosa	II.	372
,, tonsurans	II.	427
Tinnitus aurium	II.	52
Tongue, diseases of.....	II.	55
,, cancer of	II.	57
,, syphilis of.....	,,	
,, ulcers of	II.	56
Tonsils, enlarged.....	II.	64
Toothache	II.	58
,, in pregnancy	II.	323
Torticollis.....	I.	272
Tremor	I.	258
Trismus.....	I.	272
,, neonatorum ...	II.	428
Tympanum, affections of	II.	47
Tympanitis	,,	
Typhlitis	II.	89
Typhoid fever	I.	72
Typhus ,, ...	I.	69
Ulcers	II.	370
Urethra, stricture of ...	II.	258
,, vascular tumour of	II.	316
Urinary Organs, diseases of.....	II.	251
Urine, retention of	II.	258
,, suppression of ...	II.	252
Urticaria	II.	356
Uterus, diseases of	II.	294
,, cancer of	II.	308
,, congestion of ...	II.	295
,, displacements of	II.	302
,, fibrous tumour of	II.	305
,, polypus of	II.	307
Vagina, prolapse of.....	II.	314
Vaginismus	II.	313
Vaginitis	II.	312
Varicella	I.	54
Varicocele.....	II.	269
Varicosis	II	215
Variola ..... I. 46,	II.	431
Veins, diseases of	II.	214
Vertigo	I.	222
Vision, derangements of	II.	26
Vomiting	II.	84
,, of pregnancy	II.	224
Vulvitis	II.	314
Warts	II.	364
Wasting palsy	I.	238
Waterbrash	II.	83
White leg	II.	346
Whitlow	II.	369
Worms	II.	118
Wounds	II.	385
Writer's cramp.....	I.	272
Wry-neck	,,	
Yellow fever.....	I.	87
Zona	II.	359

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