The principles and practice of homoeopathy.

Contributors

Hughes, Richard, 1836-1902.
Royal College of Physicians of London

Publication/Creation

London : Leath and Ross, 1902.

Persistent URL

https://wellcomecollection.org/works/axu2y2a6

Provider

Royal College of Physicians

License and attribution

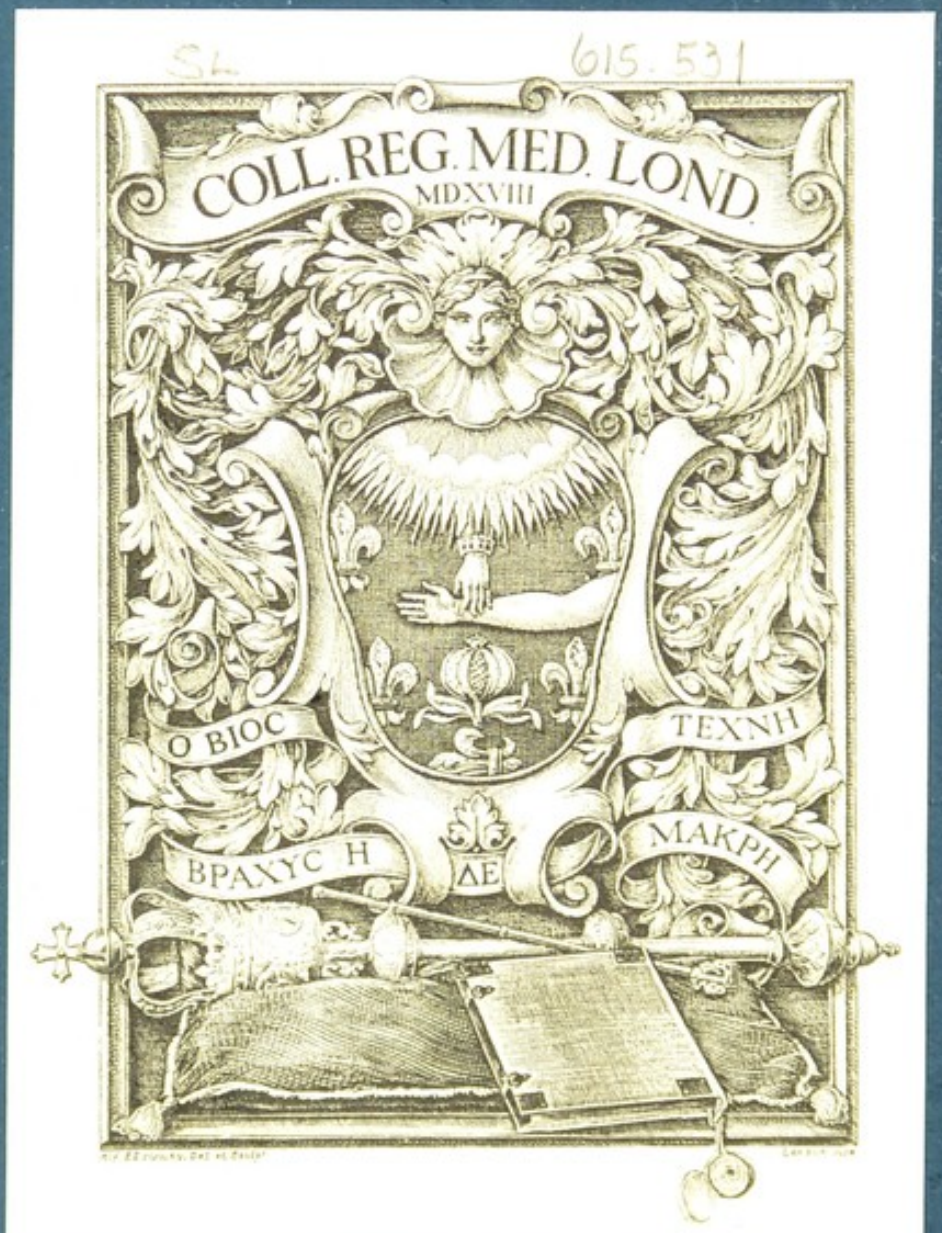
This material has been provided by This material has been provided by Royal College of Physicians, London. The original may be consulted at Royal College of Physicians, London. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org



SL 615.531



The R. W. P. and E. P. Benefaction

The Royal College of Physicians

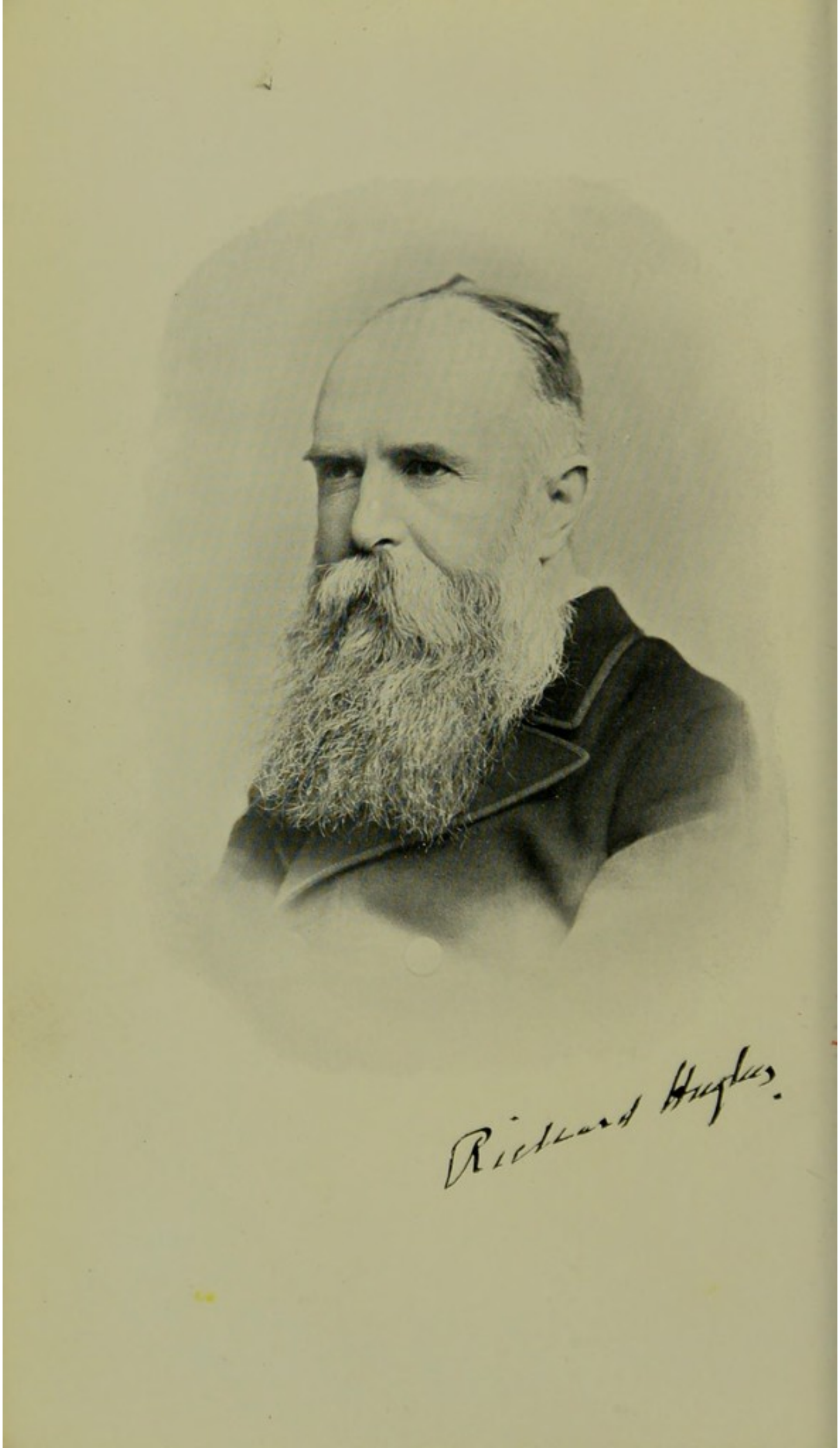
through the

Council of the British Homœopathic Congress

1932

Digitized by the Internet Archive
in 2015

https://archive.org/details/b23983176



Richard Hughes.

THE PRINCIPLES & PRACTICE OF HOMŒOPATHY.

BY

RICHARD HUGHES,

L.R.C.P.Ed., M.R.C.S.Eng., M.D. (*Hon.*), N.Y., Phila., St. Louis, U.S.A.

AUTHOR OF

"A Manual of Pharmacodynamics," "A Manual of Therapeutics," "The Knowledge of the Physician," "Hahnemann as a Medical Philosopher," "The Cyclopædia of Drug Pathogenesy," &c., &c.

London:

LEATH & ROSS,

58, Duke Street, Grosvenor Square.

1902.



ROYAL COLLEGE OF PHYSICIANS
LIBRARY
CLASS 615.531
BOOK 23703
SOURCE
DATE

Printed by JAS. TRUSCOTT & SON, LTD.,
London, E.C.

FOREWORD.

THE present work is much more than a revised edition of the "Therapeutics," the last edition of which was published in 1878. The plan on which it is constructed is the same, but every subject treated of has been, when not entirely re-written, brought up to the latest date of general medical and special homœopathic knowledge.

Dr. Hughes's experience and skill as a physician, and his thorough acquaintance with all medical literature, has enabled him to produce a work of cyclopædic character unrivalled in homœopathic literature, and which must long serve as the text-book for homœopathic students and practitioners.

Cut off suddenly in the very flower of his age and at the height of his intellectual ability, he had not completed more than one-half of the task of correcting the proof-sheets of this colossal work. But fortunately the whole of the manuscript was in the printer's hands, so that the work is complete just as it would have appeared had its author lived to see it through the press. His family having confided to me the labour of love to complete the task its author was destined to leave unfinished, I have scrupulously avoided making any alterations or additions to the author's text. My task has been confined to proof-correcting and index-making, so that the reader may be assured that he has the work exactly as it would have been under the author's own superintendence.

In the present work Dr. Hughes makes frequent reference to his other great work on "Pharmacodynamics," which is in the hands of most homœopathic practitioners, and which all

who desire to gain a knowledge of homœopathic medicines will do well to study. That other magnificent work of Dr. Hughes's, "The Cyclopædia of Drug Pathogenesy," is frequently utilized in the present volume for the purpose of demonstrating the perfect homœopathicity of the remedies recommended.

The inestimable value of the works on the theory and practice of homœopathy contributed by Dr. Hughes during his all too short career, their scientific character, and their strenuous advocacy of pure and unadulterated homœopathy mark him as by far the greatest, ablest and most faithful exponent of the great therapeutic truth revealed by Hahnemann, and the most zealous, enthusiastic, indefatigable and clear-headed disciple of the illustrious Founder of the great Medical Reformation. That some who are not distinguished for their strict adhesion to the teachings of Hahnemann should insinuate doubts as to the value of Dr. Hughes's colossal and disinterested work and the sincerity of his zeal for homœopathy reminds us of Juvenal's sneer at the Gracchi for complaining of sedition.

It would ill become me to write either a eulogy or a criticism of the work which it has by a strange fatality fallen to my lot to prepare for publication ; but I cannot forbear calling attention to a singular and original feature in this book, to wit the masterly account of the origin and development of Hahnemann's method, which occupies the first fourteen lectures. This will be found to constitute a perfect introduction to the therapeutics of the remaining lectures, and is of great value to all enquirers into homœopathy.

The rest of the work is devoted to the homœopathic treatment of all the diseases in the nosology. The author, while giving his own experience, which was very extensive, in the treatment of most diseases, gives full consideration to the practice and opinions of others, not even omitting to describe those of other than homœopathic practitioners, when these

seemed to him to be of any practical value and of homœopathic character. As the experience of no single physician could extend to all diseases, Dr. Hughes has been careful to give that of others who have had the opportunity of observing and treating diseases which had been denied to himself. Thus the book will be found to be a complete survey of all that is known up to the date of its publication about diseases and their rational homœopathic treatment.

I may be permitted here to correct an erroneous impression entertained by Dr. Hughes (*v.* p. 17, note) with regard to a Greek quotation made by Hahnemann in his "Medicine of Experience." The translation which was adopted by me in the "Lesser Writings" erroneously ascribed the words to Gregory the Great, whereas Hahnemann in the original correctly attributes them to Gregory Nazianzen. Of course, I am to blame for passing this undoubted press error when I included the translation in my collection, so no blame can be attached to Hahnemann for the substitution by the translator of "Greg. Mag." for Hahnemann's "Greg. Naz." Possibly few will care whether a Greek saying came from Pope Gregory the Great, who, though he is credited with the conversion of Britain to Christianity, probably only wrote in Latin, or to the Nazianzen Gregory, who, though a saint like the other, was never a pope, but only a bishop, and probably knew no language but Greek; but I am unwilling that any slur should be put on Hahnemann's reputation for classical knowledge, which has hitherto never been truthfully impugned.

R. E. Dudgeon.

London, *June*, 1902.

Some of the more familiar homœopathic periodicals quoted in the work are indicated by abbreviations. Thus :—

"*Annals*"	stands for	*Annals of the British Homœopathic Society.*
"*B. J. H.*"	„	*British Journal of Homœopathy.*
"*H. W.*"	„	*Homœopathic World.*
"*J. B. H. S.*"	„	*Journal of the British Homœopathic Society.*
"*M. H. R.*"	„	*Monthly Homœopathic Review.*
"*N. A. J. H.*"	„	*North American Journal of Homœopathy.*

ERRATUM.

Page 491, *line* 21 : for "Verityphlitis" *read* "Perityphlitis."

CONTENTS.

Lecture.		Page.
I.	HOMŒOPATHY: ITS NATURE AND ORIGIN	1
II.	THE "ORGANON"	12
III.	THE "ORGANON" (Concluded)	23
IV.	THE KNOWLEDGE OF DISEASE	38
V.	THE KNOWLEDGE OF MEDICINES	53
VI.	"SIMILIA SIMILIBUS"	69
VII.	THE SELECTION OF THE SIMILAR REMEDY	82
VIII.	THE SELECTION OF THE SIMILAR REMEDY (Concluded)	94
IX.	THE ADMINISTRATION OF THE SIMILAR REMEDY	107
X.	THE ADMINISTRATION OF THE SIMILAR REMEDY (Concluded)	122
XI.	HOMŒOPATHIC PRACTICE	136
XII.	THE PHILOSOPHY OF HOMŒOPATHY	148
XIII.	THE HISTORY OF HOMŒOPATHY	164
XIV.	THE POLITICS OF HOMŒOPATHY	179
XV.	GENERAL DISEASES.—*The Acute Infectious Disorders*	193
XVI.	GENERAL DISEASES.—*The Acute Infectious Disorders* (Concluded).—*The Exanthemata.*—Variola	205
XVII.	GENERAL DISEASES.—*The Exanthemata* (Concluded).—Vaccinia. Varicella. Morbilli. Rubella. Scarlatina. Dengue. Miliaria	220
XVIII.	GENERAL DISEASES.—*The Continued Fevers.*—Typhus. Enteric Fever	231
XIX.	GENERAL DISEASES.—*The Continued Fevers.*—Febricula. Simple Continued Fever. Relapsing Fever. Yellow Fever. Cerebro-spinal Fever. Mediterranean Fever. Plague. *The Malarial Fevers*—Ague. Remittent Fever. Bilious Remittent	242

Lecture.		Page.
XX.	General Diseases.—Cholera. Diphtheria. Influenza	262
XXI.	General Diseases.—Erysipelas. Phagedæna. Malignant Pustule. Glanders. Pyæmia. Septicæmia. Actino-mycosis. *The Arthritic Affections.*—Gout. Rheumatism. Rheumatic Gout. Gonorrhœal Rheumatism	280
XXII.	General Diseases.—Scrofula. Cancer. Scurvy. Purpura. Plethora. Anæmia. Chlorosis. Pernicious Anæmia. Leucocythæmia	301
XXIII.	General Diseases.—*The Venereal Maladies.*—Syphilis. Gonorrhœa. Soft Chancre. Sycosis	319
XXIV.	Diseases of the Nervous System.—*Maladies affecting the Brain.*—Cerebral Congestion. Meningitis. Cerebritis. Softening. Cerebral Tumours. Apoplexy	335
XXV.	Diseases of the Nervous System.—*Maladies affecting the Brain* (Concluded).—Mental Disorders. Headache. Vertigo. Derangements of Sleep. Concussion	347
XXVI.	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 Spinal Sclerosis. Locomotor Ataxy. Progressive Muscular Atrophy. Softening. Hydrophobia. Tetanus	365
XXVII.	Diseases of the Nervous System.—*The Neuroses.*—Epilepsy. Chorea. Tremor. Hysteria. Catalepsy. Neurasthenia	380
XXVIII.	Diseases of the Nervous System.—*Local Nervous Affections.*—Neuritis. Neuralgia. Megrim. Local Spasms. Facial Palsy	392
XXIX.	Diseases of the Eye.—*Ocular Appendages and Conjunctiva*	410
XXX.	Diseases of the Eye (Continued).—*Sclera, Cornea, Iris, Choroid, Retina*	423

Lecture.		Page.
XXXI.	DISEASES OF THE EYE (Concluded).—*Vision, Lens, Ocular Muscles, Refraction*	436
XXXII.	DISEASES OF THE EAR.—*Auricle, Meatus, Tympanic cavity, Audition*	444
XXXIII.	DISEASES OF THE DIGESTIVE ORGANS.—*The Mouth and Throat*	460
XXXIV.	DISEASES OF THE DIGESTIVE ORGANS.—*The Stomach*	472
XXXV.	DISEASES OF THE DIGESTIVE ORGANS.—*The Intestines*	489
XXXVI.	DISEASES OF THE DIGESTIVE ORGANS.—*The Intestines* (Concluded)	499
XXXVII.	DISEASES OF THE DIGESTIVE ORGANS.—*The Peritoneum, Pancreas and Liver*	512
XXXVIII.	DISEASES OF THE RESPIRATORY ORGANS.—*The Nose*	524
XXXIX.	DISEASES OF THE RESPIRATORY ORGANS.—*The Larynx, Trachea and Bronchial Tubes* . .	538
XL.	DISEASES OF THE RESPIRATORY ORGANS.—*The Lungs*	552
XLI.	DISEASES OF THE RESPIRATORY ORGANS.—*The Lungs* (Concluded), *Pleura, Diaphragm and Thoracic Walls*	563
XLII.	DISEASES OF THE CIRCULATORY SYSTEM.—*The Heart*	580
XLIII.	DISEASES OF THE CIRCULATORY SYSTEM.—*The Arteries, Veins, Lymphatics and Blood Glands* .	604
XLIV.	DISEASES OF THE URINARY ORGANS.—*The Kidneys*	617
XLV.	DISEASES OF THE URINARY ORGANS.—*The Kidneys* (Continued)	628
XLVI.	DISEASES OF THE GENITO-URINARY ORGANS.—*The Kidneys* (Concluded), *Bladder, Urethra and the Male Sexual Organs*	639
XLVII.	DISEASES OF THE FEMALE SEXUAL SYSTEM.—*The Ovaries and Menstruation*	655
XLVIII.	DISEASES OF THE FEMALE SEXUAL SYSTEM.—*The Uterus*	670
XLIX.	DISEASES OF THE FEMALE SEXUAL SYSTEM.—*The Uterus, Peri-uterus, Vagina, Vulva and Mammæ* .	683

Lecture.		Page.
L.	Diseases of the Female Sexual System.—*Pregnancy, Parturition, the Puerperal State and Lactation*	692
LI.	Diseases of the Skin.—Erythema. Urticaria. Lichen. Prurigo. Eczema. Herpes. Pemphigus. Impetigo. Ecthyma. Pityriasis. Psoriasis. Icthyosis	709
LII.	Diseases of the Skin (Concluded).—Mentagra. Alopecia. Lupus. Rodent Ulcer. Leprosy. Furuncle. Ulcers. Tinea. Scabies. Elephantiasis. Pruritus	722
LIII.	Diseases of the Locomotive Organs—Casualties	737
LIV.	Diseases of Children—Remittent Fever. Rickets. Syphilis. Tubercular Meningitis. Hydrocephalus. Convulsions. Paralysis	751
LV.	Diseases of Children (Concluded).—Ophthalmia. Stomatitis. Thrush. Cancrum oris. Stammering. Dentition. Diarrhœa. Cholera. Colic. Constipation. Prolapsus ani. Tubercular peritonitis. Laryngismus stridulus. Pertussis. Croup. Broncho-pneumonia. Lymph-adenitis. Tabes mesenterica. Enuresis. Noma pudendi. Cutaneous diseases	763
	Appendix—The Menopause or Critical Age . .	783

LECTURE I.

HOMŒOPATHY: ITS NATURE AND ORIGIN.

I am to endeavour, in the ensuing course of lectures, to tell you what homœopathy can do in the various recognised forms of disease, and with what instruments it effects the doing. But before I come to such exposition, it is necessary that you and I should arrive at mutual understanding as to what homœopathy is, and as to some at least of the questions that arise out of its theoretic conceptions and practical applications.

Briefly, then, let me define what is contained in the word we are using. Homœopathy, I would say, is a therapeutic method, formulated in the rule *similia similibus curentur*—let likes be treated by likes. The two elements of the comparison herein implied are the effects of drugs on the healthy body and the clinical features of disease; in either case all being taken into account which is appreciable by the patient or cognizable by the physician, but hypothesis being excluded. Medicines selected upon this plan are administered singly (*i.e.*, without admixture), and in doses too small to excite aggravation or collateral disturbance.

I believe that nine-tenths at least of the adherents of homœopathy would accept this as a true account of all that is essential to it. If it be so, it is obvious that the thing with which we shall have to do is a *method*,—not a doctrine or a system. It belongs to the art of medicine rather than to its science. Of course, the rules of art need not be, should not be, merely empirical: they should be in harmony with philosophy and science, and framed with correct conception and from sound induction. I shall try to shew you that Hahnemann's method fulfils these requirements; that his way of regarding disease and drug-action is eminently philosophical, that his direction to treat likes with likes results logically from a true induction from the facts of the matter and his reduction of dose follows as a necessary corollary thereto. But it remains a method still, and nothing more. It takes a particular aspect of disease and of drug-action—not denying that there are others—as the opposing surfaces; and of the possible modes of applying the one to the other, which we shall see to be three in number, it selects that which is expressed by *similia similibus*. Observe also that this expression—in its completeness as constituting the homœopathic formula—is (in our definition) worded as a rule of art rather

than a law of science. It does not say, *similia similibus curantur* —likes are cured by likes, which (to say nothing of its dubious Latinity) would be inadequate if meaning merely that such cure may be, unwarrantable if implying that all cure is, so wrought. It says, *similia similibus curentur*—let likes be treated by likes,* which is good Latin and tenable direction.

I am well aware that the affirmative form of the phrase has long been current among homœopathists† ; and that, so rendered, it has been taken as equivalent to a law of nature, or even of morals.‡ It is, however, quite unwarranted by history, and must no longer be suffered to mislead. I know also how tempting it is to give to a method a philosophic body, to connect what is in itself purely practical with theoretic conceptions—in the present case of life, of disease, of the *modus operandi* of drugs. This has been attempted by many adherents of homœopathy, from its founder onwards ; and with theories of dynamism and such like they have built up a system as ambitious as those which reigned in the seventeenth and eighteenth centuries. It is natural that the enquiring mind of man, "looking before and after," should seek so to round his conceptions. But these thinkers have too often become so enamoured of their speculations that they have required—or seemed to require—that the profession should accept all if they are to take any, should adopt the philosophy as well as the creed. In so doing, they have seriously prejudiced the cause they have sought to advance. The notions of physiology and pathology current eighty years ago, and with which therefore the earlier homœopathists were imbued, are now greatly changed, and are not acceptable to the present generation. That homœopathy has been linked with these has needlessly multiplied its vulnerable points ; and it is at these that the attack of its hostile critics is generally made,—their success at such outworks favouring in themselves and others the belief that they have made the citadel untenable.§ Our wisdom would rather have been to have kept on the ground chosen with such general acclamation by Dr. Geddes Scott, in his Prize Essay of 1848 which you will find in the sixth volume of the *British Journal of Homœopathy*. He there shewed the

* In the discussion as to the true reading of the homœopathic formula, it has sometimes been overlooked that the subjunctive mood is used here, not in its potential (likes *may be* treated by likes) but in its imperative force. It is like the well-known *cedant arma togæ*, where the same grammatical form is employed. † See Note 1 to this Lecture. ‡ See Note 2.

§ See for instance the "Examen du systéme de S. Hahnemann : le spiritualisme et le maderialisme en Médecine." Par Dr. Stapparts. Brussels, 1881 ; the article on Homœopathy by Dr. Glover in the last edition of the *Encyclopædia Britannica* ; and that of Professor Palmer in the *North American Review* of March, 1882.

great value of homœopathy to be that it was a theory of *cure* rather than of *disease*, and led direct to practice without the intervention of any further theory ; in short, that it was a therapeia, complete in itself, and independent of the allied sciences of physiology and pathology, so far as these consist of doctrines and conceptions, and are more than *catalogues raisonnés* of facts.

It appears, therefore, from what has been said, that homœopathy is essentially a practical method. It is, as its originator called it, an organon—an instrument for effecting in the best manner a certain end, viz : the cure of disease. It answers to machines like the steam-engine and the spinning-jenny ; and like these must have had an inventor. That inventor was SAMUEL HAHNEMANN.

That the idea of fitting likes to likes in the treatment of disease had occurred to men's minds prior to Hahnemann may be freely acknowledged. It may be found here and there in medical literature from Hippocrates downwards. But when examination is made into the nature of these similarities, they will be found in most instances something very different from those which homœopathy uses as its fulcra. That vomiting should be checked by an emetic, in an emetic dose (*vomitus vomitu*), was treatment by similars in the eyes of the father of Medicine ; and his successors wandered still farther from the mark. Their notions on the subject have been fully exhibited by Dr. Dudgeon, in his "Lectures on Homœopathy," and by Dr. Burnett, in his "Ecce Medicus !" Signatures—the resemblance in form or colour of parts of plants to parts of the body ; analogies yet more imaginary between the constituents of the macrocosm of the world and the microcosm of the organism ; the use of preparations of the organs of animals for disorders of the same organs in man—a practice at present undergoing a curious revival ; the application of certain theoretical qualities of bodies—dryness, coldness, and so forth—to corresponding rather than opposite characters of disease,—these were the similars of the mediæval physicians. A few later writers—Stahl the Dane, Stoerck, de Haen—noticed the occasional or possible curative operation of measures * which caused disorder similar to that of the patient ; but there they left the matter. Hahnemann's distinction is that he grasped this similarity as the only real and fruitful one ; and, seeing reason for suspecting it

* I say "measures," and not drugs, for Stahl's instances of cure by similars are all of external applications, like heat to burns, save one—the use of sulphuric acid for acidity of stomach ; and this, as the acid is not shewn to be capable of causing *vital* acidity, such as that which it cures, is no better homœopathy than that of the mediævalists.

to be a general and not an exceptional basis of cure, tested and worked out his thought until he formulated it as a standing rule for the best medical practice.

This Hahnemann, of whom I am now speaking, was a German physician whose long life extended from 1755 to 1843. The story of it I need not tell you here: you can read it, if you know it not already, in the pages of the two books I have mentioned, or yet more fully in the memoir by our able Russian colleague, Dr. Brasol, which was contributed to the International Homœopathic Congress of 1896, and may be found in its Transactions. I will only say that the man who lived this life was no common character,—Jean Paul Richter's phrase for him, "a double-headed prodigy of genius and erudition," being amply borne out by his doings. Perhaps the best way to get an unprejudiced idea of the manner of man he was is to read, in Dr. Dudgeon's collection of his "Lesser Writings," his earlier works on medical and allied topics. On these I cannot now dwell. My present business is with the genesis in his mind of the thought which led him to homœopathy. It arose when, in 1790, he was rendering Cullen's "Materia Medica" into German. He felt dissatisfied with the Scotch professor's explanation of the febrifuge properties of cinchona, and his consideration of the subject led him to the results which—as was his wont in translating—he expressed in a foot-note.* "It will not" he writes "be such an easy matter to discover the still lacking principle according to which its action may be explained. Nevertheless, let us reflect on the following. Substances such as very strong coffee, pepper, arnica, ignatia and arsenic, that are capable of exciting a kind of fever, will extinguish types of ague. For the sake of experiment, I took for several days four *quentschen* of good cinchona twice a day. My feet, the tips of my fingers, etc., first became cold, and I felt tired and sleepy; then my heart began to beat, my pulse became hard and quick, I got an insufferable feeling of uneasiness, a trembling (but without rigor), a weariness in all my limbs, then a beating in my head, redness of the cheeks, thirst; in short, all the old symptoms with which I was familiar in ague appeared one after the other. Also, those particularly characteristic symptoms which I was wont to observe in agues —obtuseness of the senses, a kind of stiffness in all the limbs, but especially that dull disagreeable feeling which seems to have its seat in the periosteum of all the bones of the body,—these all put in an appearance. This paroxysm lasted each time two or three hours, and came again afresh whenever I repeated the dose, not otherwise. I left off, and became well."

* See vol. II., p 108.

I have said in another place, when speaking of this experiment, that Hahnemann "proved cinchona to discover on what principle it acted" in intermittents.* It would be better, perhaps, to say—"whether it, like the other febrifuges, excited a kind of fever." But I must maintain that this is the true account of it, and not that which is put forward by the representatives of a certain school among us, who rather read into his doings their own later ideas. Thus, Dr. Adolf Lippe writes:—"Hahnemann was sitting at Leipzig, with his midnight lamp before him, translating Cullen's 'Materia Medica,' which was then a standard work. He came to cinchona officinalis, and found Cullen say that this bark possessed specific febrifugal actions, because it was both the most aromatic and bitter substance known. Hahnemann laid down his quill and exclaimed 'Preposterous!' There are more substances, more barks, possessing more, both bitter and aromatic properties, and cinchona is not a specific for ague. He argued, while it does cure some cases, it does not cure other cases. There must be a way to find out under what conditions the bark cured and did not cure. It was at that moment that this good and benevolent man had an 'inspiration.' He concluded to take the drug himself, and see whether light could not be brought into the prevailing darkness. Bright and early in the morning, Hahnemann went to the 'Apotheke zum Goldenen Loewen' on the market-place of Leipzig, and there and then selected some fresh cinchona bark, and obtained some vials and alcohol. He prepared a tincture, took it, and behold, the symptoms he observed on himself shewed a marked similarity to cases of ague cured by him by the same drug, and it was then that a new light broke upon him; that light was this:—A drug will cure such ailments as its sick-making power will produce similarity to."

To do him full justice, I have given Dr. Lippe's *ipsissima verba*; and, as he expressly writes to correct the account I have presented of the matter, I must hold him to them. Contrast now his narrative with Hahnemann's own; and it will be seen at a glance that the two are incompatible. The school Dr. Lippe represented are careless about similarity between disease itself and drug-action, so long as the "conditions" of the two correspond. To favour their view, therefore, Hahnemann must have proved cinchona bark to ascertain under what conditions it cured ague; whereas he himself tells us that he did so to find out whether, like other febrifuges, it was febrigenic at all, and that his result was to find it productive of all the symptoms, general and characteristic, of the intermittent paroxysm.

* Manual of Pharmacodynamics, p. 395. The references to this work are made to the fourth and later editions, the pagination of which is uniform.

This is a digression, to clear Hahnemann's proceeding from misrepresentation on the part of his own followers. It is still more important to vindicate it from the objection made by opponents, that it is a wholly insufficient—nay, a false basis of a curative method. This challenge is supported by the allegation, first, that bark has no real power of causing in the healthy such a fever as that imagined by Hahnemann ; and, secondly, that it cures ague by an action, not on the body of the patient, but on the minute organisms of which malaria consists, so that its therapeutic power is independent of any it may exert on the healthy frame. In reply to these statements, I would ask you to suspend your judgment till we come to the treatment of the malarious fevers, when it will be fully discussed. In the meantime, however, I may be permitted to refer you to the article on Cinchona in my "Manual of Pharmacodynamics," where you will find numerous instances of the febrigenic power of the drug and its alkaloid, ending with a description of the cinchona-fever by Bretonneau, warranted by Trousseau and Pidoux, which quite corresponds to that of Hahnemann ; you will also see it demonstrated that ague may be cured by quinine in doses far too small to affect the vitality of microzymes. But even were no such evidence forthcoming, no amount of doubt cast upon Hahnemann's cinchona-experiment and his inference therefrom would impeach *similia similibus curentur ;* for this was suggested by it, not built upon it. It might have been found that Newton's apple (to which it has been happily compared) fell to the ground for other reasons than because of gravitation, but that would not alter the fact, subsequently ascertained by him, that matter as such attracts matter in proportion to its mass. Following up the hint afforded him by his apple, Hahnemann (like Newton with the moon's motions) tested his hypothesis by application to all other congruous instances—by seeing how far it would explain the recorded successes of the past and lead to fresh ones in the future. It is on a body of evidence of this kind that his method ultimately rests, and not on the single experiment which originally led him to it ; and deductive verification is as good evidence of truth as the graduated induction urged by Bacon. Buckle has well argued this in one of his essays ; and has shewn that, *inter alia*, it was the way in which Kepler arrived at his great discoveries.

Hahnemann's further procedure may best be related in his own words. "I now commenced to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy individuals, and which they had casually recorded in their works. But as the number of these was not

great, I set myself diligently to work to test several medicinal substances on the healthy body, and see! the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they would easily and permanently cure."* The first fruit of this task was the "Fragmenta de Viribus Medicamentorum Positivis," published in 1805, and containing pathogeneses more or less complete of twenty-seven medicines. This was, as its name implies, in Latin; but in 1811 Hahnemann began to issue in successive volumes his German "Reine Arzneimittellehre," containing (in its first edition) fifty-eight drugs, proved on a much larger scale.† He continued to add to his old and take part in new provings for some time yet, and altogether furnished materials for the knowledge of at least ninety medicines, besides giving an impetus to the work of experimenting on the healthy body which has never lost its force, and has been and is most fruitful in results.

The provision for working the new method supplied in the "Fragmenta de Viribus" was followed up by an exposition of its theory and rules for its practical working. These first took the form of an essay in *Hufeland's Journal* for 1806, entitled "The Medicine of Experience," and finally, in 1810, of a separate treatise, the "Organon of Rational Medicine." Of the latter work I hope to give some account in my next lecture. Suffice it now to say that in it Hahnemann leaves no point untouched which conduces to the working of the machine he has invented. Besides a full discussion of the theory of his method, and demonstrations of its philosophical and scientific soundness, he gives minute rules for the examination of patients, for the proving of drugs, and for the selection of remedies upon the homœopathic principle. He enquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. He considers the treatment on the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections.

There are yet two features of the method of Hahnemann which have not come before us—the single remedy and the reduced dose. The first is obviously a necessary corollary of the rule: as the drug is proved, so it must be administered, if it is to be a true *simile*. Hahnemann saw this at once, and in the trials which substantiated the soundness of his therapeutic rule used none but single remedies. "Dare I confess" he wrote in

* Lesser Writings (tr. Dudgeon), p. 586.

† The six volumes of the first edition appeared at intervals from 1811 to 1821; those of the second edition from 1822 to 1827; and a third edition of the first two volumes saw the light in 1830 and 1833.

1797 * "that for years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased,—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?" The necessity for reduction of dose was not so self-apparent. In 1796 we find Hahnemann thus expressing himself † :—"The cautious physician, who will go gradually to work, gives this remedy" (the homœopathic one) "only in such a dose as will scarcely perceptibly develop the artificial disease to be looked for (for it acts by virtue of its power to produce such an artificial disease), and gradually increases the dose, so that he may be sure that the intended internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease: thus a mild and certain cure will be effected." In the "Medicine of Experience" and the "Organon," however, the logical consequences of the new method in the direction of posology are perceived and stated. The dose of a homœopathically-selected remedy, he there argues, must obviously be smaller than one intended to act in an opposite direction to the disease. It should be so far reduced that its primary aggravation (which he supposed a necessary occurrence) should be barely perceptible and very short. This last direction involves a theory as to the action of similar remedies, which may well admit of question; but that comparatively small dosage is essential to them is a fact beyond dispute. It characterizes not only the practice of the avowed disciples of Hahnemann, but also that modified homœopathy which (after the distinguished Professor at University College) may be called Ringerism. Drop doses of ipecacuanha wine were unheard of till it began to be given to check vomiting instead of to excite it; and while the twelfth of a grain of corrosive sublimate was deemed sufficiently fractional for all previous purposes, the reduction went to hundredths when the drug was administered in dysentery.

Small dosage, then, speaking comparatively, is an essential element of the homœopathic method. But that such dosage should be what is known as infinitesimal,—that it should habitually deal with fractions from millionths upwards,—to this homœopathy does not compel either logically or practically. There are and always have been multitudes of its warmest adherents and most eminent practitioners who never employ

* Lesser Writings, p. 373. † *Ibid.*, p. 312.

these attenuations. I shall hereafter, indeed, have to exhibit the activity of infinitesimal quantities as a discovery of Hahnemann's, to discuss the evidence for it and the theories which have been put forward to account for it. But, whatever be its value, it stands on its own merits : its connexion with homœopathy as a method is historical, and not vital.

The sum of what has now been said is this : Homœopathy is a therapeutic method, an instrument for the selection of the most suitable remedy for each case of disease. Hahnemann is to it that which Watt was to the steam-engine and Arkwright to the spinning jenny, or—to take an example from its own intellectual sphere—that which Bacon was to induction by graduated generalisation. He is the author of the method : to him belongs the merit of all it has accomplished, and with his name it must ever be indissolubly connected. But in adopting this method of Hahnemann as our chief guide in therapeutics, we do not necessarily become followers of his in other departments of thought : we are homœopathists, not Hahnemannians. He was more than a therapeutist, and so are we ; but in those wider regions he is but one master among many, and we may—as I confess I do—prefer the guidance of Fletcher in physiology and of Tessier in pathology to his. Nor must his *methodus medendi* itself be conceived of as insusceptible of improvement. The steam-engine of to-day is not altogether that of Watt. Homœopathy, like the candlestick of the Hebrew tabernacle, has been shaped by hammering, not by casting : or rather, it is a vital thing, growing as the years go on, and legitimately influenced by its environments. It is in our hands somewhat different from what it was when it dropped from Hahnemann's ; but it is Hahnemann's still. All study, exposition, practice of it must start from him ; and the results it achieves must be accounted a monument reared to his honour.

It is with such a mind that I invite you to follow me in my attempt to expound the Principles of Homœopathy.

NOTES TO LECTURE I.

Note 1, *page* 2.

It is not easy to say how the alteration of "curentur" into "curantur" came to be made. Hahnemann used the former in the "Organon," from its first edition in 1810 onwards ; and again in a letter written in 1835 to the French Minister of Public Instruction,*—these being the only two places in which

* *Brit. Journ. of Hom.*, xxxviii., 64.

the formula is employed by him. The change occurred in his life-time, for Mr. Everest, his English pupil, stated that he was much annoyed by the substitution of "curantur"—which is not surprising, since this is (as I have said) dubious Latin, as well as a misrepresentation of his intention. He may be said to have condoned it, however; for among the articles we found on his body when we exhumed it in 1899, to give it more fitting sepulture, was a gold medal presented to him by the French Homœopathic Society, which bore the formula in its later form. That was certainly the current phrase when homœopathy began to flourish in these islands, and was accordingly adopted as its motto by the *British Journal of Homœopathy* on its appearance in 1843. In 1862 Dr. Ryan—who was a fine classical scholar—took exception* to the phrase, and urged a reversion to Hahnemann's original wording. The then editors of the *British Journal* opposed the change,† but their argument throughout proceeds on the assumption that "curantur" is generally understood to mean "are treated," whereas there can be no doubt that nine hundred and ninety-nine persons in every thousand would render it "are cured." I was myself convinced by Dr. Ryan's reasoning; and in my "Manual of Therapeutics," published in 1869, expressed my preference for "curentur," which I have ever since adopted.‡

Of late, the "curentur" having been espoused and defended by the weighty authority of Dr. Dudgeon, more attention has been directed to it. The displeasure which has been evinced by the more ardent Hahnemannians at the proposed return to its use may have arisen from the mistranslation I have already adverted to. Thus Dr. Reinke, of Jamaica, in the *United States Medical Investigator* for March 24th, 1883, asks "Why do some of our doctors say *curentur*? Are they not sure?" His question would have been spared had he understood that the subjunctive is used in its imperative force.§ The true reading has now, however, been irrevocably affirmed—written with an iron pen, and graven in the rock for ever. The Committees which have erected in Hahnemann's honour the tombstone of Père Lachaise and the cenotaph which adorns the city of Washington have

* *Monthly Hom. Review*, Feb., 1862.

† *Brit. Journ. of Hom.*, xx., 314.

‡ The "curantur" on pp. 2 and 45 of the fourth edition of my "Pharmacodynamics" was a would-be improvement of the printer, made after the return of the last proof. It has been corrected in subsequent editions.—Of like origin is doubtless the "curantur" which Dr. C. Wesselhœft has been made to put into Hahnemann's mouth in his translation of the "Organon."

§ Dr. Peck, of Providence, in a paper presented to the American Institute of Homœopathy at its meeting of 1900, has well appreciated the significance of this fact, and shewn that pure homœopathy is the gainer by its recognition.

both been convinced that *similia similibus curentur* was what the master wrote, and have inscribed it accordingly upon these memorials of his fame.

Note 2, page 2.

In writing thus, I was referring to an article in the *North American Journal of Homœopathy* for August, 1878, by my venerable friend Dr. P. P. Wells, of Brooklyn. He has long ago gone to his rest, and his pronouncement on the subject is probably forgotten; but as it may express the thoughts of many others I briefly notice it here. Dr. Wells stigmatized the reduction of homœopathy to a mere rule of practice as "a crime for which our language fails to give a designation sufficiently condemnatory." In maintaining it to be a law, however, he confuses the sense in which science uses this term and that which belongs to it in the sphere of ethics and politics. He says—"It is an important element in the nature of law, that it is wholly mandatory. It commands, it neither solicits nor permits." Now this is true enough of a moral or a criminal law, but it is entirely incorrect when applied to a so-called law of nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it takes the form, not of a mandate, but of an affirmation. "Thou shalt not kill"—here is the law of conscience and of citizenship: the law of nature is such as that all matter attracts all other matter in direct proportion to its mass and in inverse proportion to the square of its distance. The real question is whether homœopathy is such a law as this of gravitation. It is an inference from certain observed facts: shall we state the inference by an affirmation, universal, exclusive, unchanging, that "likes are cured by likes," or by a practical conclusion, admitting of qualification and exception—"let likes be treated by likes?" Dr. Wells, and those who think with him, declare for the former alternative. I must follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a law of nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think we are justified in affirming that all morbid states are curable by their similars or better cured thus than by any other means: I can only feel borne out by the facts when I affirm that my practical wisdom lies in following the rule "let likes be treated by likes" as fully as I am able.

LECTURE II.

THE "ORGANON."

During my tenure of a chair in the London School of Homœopathy, I occupied the Summer Session of 1881 by reading with my class the "Organon" of Hahnemann, expounding and commenting as I went. I collated, for this purpose, the five editions through which the work had passed. Being called upon, in the October of that year, to deliver the then annual Hahnemannian Lecture, I utilised the studies of the summer, and discoursed on Hahnemann as a Medical Philosopher, with especial reference to the Organon. The lecture was published, but is probably long ago out of print; and its subject is of so much importance to our present enquiry that I think I cannot do better than reproduce its substance here.

I. The Organon was first issued in 1810. A second edition appeared in 1819; a third in 1824; a fourth in 1829; and a fifth and last in 1833. Each of these is described as "augmented" (2nd), "improved" (3rd), or both "augmented and improved" (4th and 5th); and in truth all, save the third, shew considerable changes as compared with their immediate predecessors. It is quite impossible to form an adequate estimate, either of the work or of its author, without some knowledge of the changes it has undergone in its successive stages. Without this neither foe can criticise it nor disciple learn from it aright. For instance, the hypothesis of the origin of much chronic disease in psora, which hostile critics are never weary of ridiculing as one of the fundamental principles of homœopathy, first appeared in the fourth edition, *i.e.* in 1829. The theory of the dynamization of medicines—*i.e.* of the actual increase of power obtained by attenuation, when accompanied by trituration or succussion—is hardly propounded until the fifth edition. Again, there is the doctrine of a "vital force," as the source of all the phenomena of life, as the sphere in which disease begins and medicines act. This has been regarded by many of Hahnemann's followers as an essential part of his philosophy. "Voici donc" exclaims M. Léon Simon (the first

of the three who have made this name distinguished) "la pensée fondamentale de Hahnemann, la pierre angulaire du système!" But the earliest mention of this conception occurs in the fourth edition; and the full statement of it with which we are familiar in the fifth (§ 9-16) appears there for the first time.

You may ask how you are to get a knowledge of this development of our text-book. To some extent, I shall give it you in the present lecture; but you may all obtain it for yourselves, and in full detail, by gaining possession of the translation of the Organon by Dr. Dudgeon, issued by the Hahnemann Publishing Society in 1893. In this volume, besides a revision of his version of 1849, our learned colleague has supplied an appendix containing a full exhibition of the changes the work has undergone between 1810 and 1833; so that we have its growth before us at a glance. This is not the least of the many boons Dr. Dudgeon has bestowed upon homœopathic literature.

II. The Organon is Hahnemann's exposition and vindication of his therapeutic method. It had been preceded by a number of essays in *Hufeland's Journal*—the leading medical organ of the time in Germany. Of these the most noteworthy were—"On a New Principle for ascertaining the Curative Powers of Drugs" (1792); "Are the obstacles to certainty and simplicity in Practical Medicine insurmountable?" (1797); and "The Medicine of Experience" (1806). The time seemed now to have come when there should be published separately a full account of the new departure he was advocating; and hence the Organon of 1810.

Why did he give his treatise this name? He must, there can be little doubt, have had Aristotle in memory, whose various treatise on Logic were summed up under the common title "Organon." Logic—the art of reasoning—is the *instrument* of research and discovery: Hahnemann designed his method as one which should be a medical logic, an instrument which the physician should use for the discovery of the best remedies for disease. But the example immediately before his mind, and through whom he was probably led to Aristotle, must have been Bacon. The second treatise of the "Instauratio Magna" of the English Chancellor is entitled "Novum Organum": it was the setting forth of a new mode of reasoning, which in scientific research should supersede that of Aristotle, and lead to developments of knowledge hitherto unattained. That Hahnemann should aspire to do such work for medicine as was done for science in general by Bacon has been scouted by his enemies, and even deprecated by his friends, as presumption. And yet no comparison could better illustrate the real position of the man both in its strength and in its weakness. If he

erred as to special points of pathology, and even of practice, we must remember that Bacon was a doubtful acceptor of the Copernican astronomy and ridiculed Harvey's doctrine of the circulation, while he saw no difficulty in the transmutation of metals. But, on the other side, how truly Baconian is the whole spirit and aim of the Organon! Like his great exemplar, Hahnemann sought to recall men from the spinning of thought-cobwebs to the patient investigation of facts. Like him, he set up the practical—which in this case is the healing of disease—as the proper aim of medical philosophy; not seeking "in knowledge a terrace, for a wandering and variable mind to walk up and down with a fair prospect," but rather accounting it "a rich store-house, for the glory of the Creator, *and the relief of man's estate.*" Like him, his chief strength was devoted to the exposition and perfecting of his proposed method of further progress towards this end, leaving to the future the carrying it into effect. Another Descartes may arise in medicine, whose perception of special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it, will ever be reckoned the Bacon of therapeutics—the fruitful thinker who taught us what was our great aim as physicians and how we should best attain to it.

Hahnemann first called his work "Organon of the rational medical science" * (*Heilkunde*); but from the second edition onwards the title was changed to "Organon of the healing art" (*Heilkunst*),—the "rational" being here, and in all other places of its occurrence, either dropped or replaced by "true" or "genuine" (*wahre*). Why this alteration? The elimination of the term "rational" has been supposed to "imply that his followers were required to accept his doctrines as though they were the revelations of a new gospel, to be received as such, and not to be subjected to rational criticism." † I cannot think so. To me the clue to it seems to be afforded (and the preface to the second edition bears out my view) by the coincident change from "Heilkunde" to "Heilkunst." The name "science," the epithet "rational," were in continual use for the hypothetical systems of the day. The promulgation of his views had arrayed the advocates of all these in bitter opposition against him. Hahnemann was accordingly anxious to make it

* In my Hahnemannian Lecture I rendered "Kunde" by "doctrine." A consideration of the discussion on the subject carried on in the *Homœopathic World* of 1881 suggests that I shall be more closely adhering to the German, while not weakening my argument, if I now translate it "science."

† *Brit. Journ. of Hom.*, xxxvi., 63.

clear that, in entering the lists of conflict, he came armed with quite other weapons. He was seeking, not the consistency of a theory, but the success of a practical art : to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true.

III. On the title-page of his first edition Hahnemann placed a motto from the poet Gellert, which has been rendered into English thus :

"The Truth we mortals need
Us blest to make and keep
The All-wise slightly covered o'er,
But did not bury deep."

This was replaced in subsequent editions by the words "Aude sapere" ; but it continued to denote the profound conviction and motive inspiration of Hahnemann's mind. It was the same thought as that which he expressed in the "Medicine of Experience" :—"As the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we term disease, He must at the same time have revealed to us a distinct mode whereby we may obtain a knowledge of diseases that shall suffice to enable us to employ the remedies capable of subduing them ; He must have shewn to us an equally distinct mode whereby we may discover in medicines those properties that render them suitable for the cure of diseases—if He did not mean to leave his children helpless, or to require of them what was beyond their power. This art, so indispensable to suffering humanity, cannot therefore remain concealed in the unfathomable depths of obscure speculation, or be diffused through the boundless void of conjecture ; it must be accessible, *readily accessible* to us, within the sphere of our external and internal perceptive faculties." Hahnemann believed in the illimitable possibilities of medicine, because he believed in God.

I lay the more stress on this faith of Hahnemann's, from the contrast presented to it by the language of the only fair and calm examination (to my knowledge) which the Organon has received in this country. I refer to the Address in Medicine delivered before the British Medical Association in the same year already referred to (1881) by the late Dr. Bristowe. This able and candid physician asks—"What grounds of reason and experience have we to justify the belief that for every disease an antidote or cure will sooner or later be discovered ?" and, going farther still, declares it to be in his judgment "utopian to expect that diseases generally shall become curable by therapeutical or any other treatment." That this melancholy Pyrrhonism is of extensive prevalence appeared also that year

at the International Congress in London, where—according to the *Lancet* *—"therapy" was conspicuous by its absence. It was not so at the Homœopathic Convention which preceded it; and this just stamps the difference between the two attitudes of mind. I cannot prove—at any rate here—that the faith of the founder of homœopathy was sound, and the scepticism of its critics otherwise; but it is evident which is the more fruitful. As a lover of my kind, and not a mere man of science, I can say *Malo cum Hahnemanno errare quam cum*—well, it would be personal, as well as difficult, to Latinise the rest, but my hearers will supply it.

IV. Hahnemann, whose heart was indeed bubbling up with his good matter, and whose tongue was certainly the pen of a ready writer, wrote a separate preface for each edition of his work. I cannot give any account of them here, but they are all well worth reading. The second especially deserves notice as a full statement in brief of the author's view of the existing state of medicine; and nowhere does Bacon speak more clearly through him than in his emphatic statements here regarding the relation of reason to experience in the study of the subject. I pass on to the Introduction which in every edition forms a considerable proportion of the whole volume. It has altered very much, however, between its earliest and latest appearance. In the first three editions, it consists of a series of unintentional homœopathic cures (so considered) taken from medical literature, with a few preparatory and concluding remarks. But in the second and third Hahnemann had introduced into the body of the work a long section of destructive criticism on existing theories and modes of treatment; and this, when he issued the fourth, seemed to him to find a more appropriate place in the Introduction. Thither, accordingly, it was transferred, forming —under the title "Survey of the Allopathy † of the hitherto-prevailing School of Medicine"—a first part; while the "Instances of involuntary homœopathic cures" took place as a second. In the fifth edition, these last disappeared altogether, being merely referred to in a note; and the Introduction became a continuous essay, its subject being the medicine of the author's contemporaries and predecessors.

I think that no one who is acquainted with the state of medical thought and practice in Hahnemann's day will question the general justice of the strictures he here makes upon it. The

* Aug. 27, 1881.

† So written in the fourth edition of the original, but in the fifth more correctly given as "allœopathy," which I think the translators should have reproduced. Ἀλλοῖον πάθος, not ἄλλο, is Hahnemann's antithesis to ὅμοιον πάθος; and as the latter forms homœopathy, the former should be allœopathy.

critic to whom I have referred admits "the chaotic state of therapeutical theory and practice at that time prevalent"; but he hardly appreciates Hahnemann's merits in proscribing and stigmatizing it as he did. Chaos itself, to the habitual dwellers in it, seems to be cosmos: it can only be apprehended for what it is by those who have the cosmos in their souls. Thus it was with Hahnemann's. He saw all around him two things which he cites Gregory Nazianzen as pronouncing ἀτελές—λόγος ἄπρακτος and ἄλογος πρᾶξις.* On the one side were the men of note—the Stahls and Hoffmanns and Browns and Cullens—building up their ingenious and ambitious systems on hypothetical data: on the other were the mass of practitioners, quite unable to utilise these imaginings, and treating disease according to empirical maxims or the directions of the prescription book. The physician's art was the butt of every satirist, the dread of all who fell ill, the despair of the minds that formed a nobler ideal of it. Hahnemann himself, as you may read in his life, for a time gave himself up to such despair, till his experiment with cinchona bark proved the clue of Ariadne which suggested the true law of the phenomena and led the way to better things.

If we were going through the Introduction in detail, there would be many points on which criticism and correction would be necessary; but the general soundness of its attitude must be sufficient for us to-day. It bears to the body of the work the same relation as Bacon's "De Augmentis" to his Novum Organum, and the treatise on "Ancient Medicine" to the "Aphorisms" of Hippocrates. Before leaving it, I must say a few words about the instances of cure, which, though dropped by himself, were inserted from the fourth edition in Dr. Dudgeon's first version of the fifth, and are therefore familiar to us all.† His critic has singled out the first and last of these, and has had no difficulty in disposing of them as without bearing on the point to be proved. But a more thorough examination would shew that *a duobus discere omnes* was hardly a safe mode of proceeding. Of the forty-five references made (I speak from consultation of the original sources) six are indeed quite worthless, and fifteen more dubious; but the remaining twenty-four will stand the most searching scrutiny. The cures were reported by the best observers of their time; the remedies employed were undoubtedly homœopathic to the disorders

* Lesser Writings, p. 501. Hahnemann ascribes the phrase to "Greg. mag.," but surely Gregory the Great did not write in Greek.

† In the translation of 1849, Dr. Dudgeon, not having the original of the fourth edition at hand, transferred these instances from an older version (Devrient's). Several errors crept in accordingly, but these have of course been corrected in the revision of 1893, where the cases in question will be found in the appendix.

present, and have no other mode of action to which their benefits could by any plausibility be ascribed. We could multiply and perhaps improve upon them now ; but such as they are, they do speak the language as utterers of which Hahnemann cited them.

V. We come now to the Organon proper. It consists of a series of aphorisms—in its latest form 294 in number, to which are appended numerous and often lengthy notes. This is a form of composition eminently suggestive and stimulating. It is endeared to many of us by Coleridge's "Aids to Reflection" ; but Hahnemann must have taken it from the Novum Organum, perhaps also with a recollection of the work of the father of Medicine which derives its name therefrom.

While each aphorism is complete in itself, and might be made the text of a medical discourse, the work they collectively constitute has a definite outline and structure, which remains unchanged through the successive editions, and is as evident in the first as in the last. This outline is given in the third aphorism, which—with the exception of "rational" for "true" (practitioner) in the first—is identical in all editions :

"If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*) ; if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*) ; and if he knows how to adapt, according to clearly-defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue —to adapt it, as well in respect to the suitableness of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy, the medicine indicated*), as also in respect to the exact mode of preparation and quantity of it required (proper *dose*), and the proper period for repeating the dose ; if, finally, he knows the obstacles to recovery and is aware how to remove them, so that the restoration may be permanent : then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art."

The three desiderata, then, are

1st. The knowledge of the morbid state,—which supplies the indication :

2nd. The knowledge of medicinal powers,—which gives the instrument :

3rd. The knowledge how to choose and administer the remedy,—which is the thing indicated.

The first part of the Organon (down to § 70) treats of these points doctrinally, by way of argument ; * the second practically, in the form of precept. The summing up of the doctrinal portion is contained in § 70, in these words :—

"From what has been already adduced we cannot fail to draw the following inferences :

"That everything, of a really morbid character, and which ought to be cured, that the physician can discover in diseases consists solely of the sufferings of the patient and the sensible alterations in his health—in a word, solely of the totality of the symptoms, by means of which the disease demands the medicine requisite for its relief.

"That this derangement of the state of health, which we term disease, can only be converted into health by another revolution effected in the system by means of medicines, whose curative power, consequently, can only consist in altering a man's state of health—that is, in a peculiar excitation of morbid symptoms, and can be learned with most distinctness and purity by proving them on the healthy body.

"That, according to all experience, a natural disease can never be cured by medicines whose power is to produce in the healthy individual an alien morbid state (dissimilar morbid symptoms) *differing* from that of the disease to be cured (never, that is, by an allœopathic mode of treatment) ; and that even in nature no cure ever takes place in which an inherent disease is removed, annihilated and cured by the addition of another disease dissimilar to it, be the new one ever so strong.

"That, moreover, all experience proves that by means of medicines which have a tendency to produce in the healthy individual an artificial morbid symptom *antagonistic* to the single symptom of disease sought to be cured, the cure of a long-standing affection will never be effected, but merely a very transient alleviation, always followed by its aggravation ; and that, in a word, this antipathic and merely palliative treatment in long-standing diseases of a serious character is absolutely nefficacious.

"That, however, the third and only other possible mode of treatment (the *homœopathic*), in which there is employed for the totality of the symptoms of a natural disease a medicine capable of producing the most similar symptoms possible in the healthy individual, given in suitable dose, is the only efficacious remedial method, whereby diseases, which are purely dynamic deranging irritations of the vital force, are overpowered, and being thus

* § 5-18 discuss knowledge of disease, 9-21 knowledge of medicines, 22-27 knowledge of application of one to the other ; and 28-69 are an explanation and defence of the mode of application by similarity.

easily, perfectly, and permanently extinguished, must therefore cease to exist ; and for this mode of procedure we have the example of unfettered nature herself, when to an old disease there is added a new one similar to the first, whereby the old one is rapidly and for ever annihilated and cured."

Then, in § 71, Hahnemann propounds the practical questions which in the remainder of the treatise he seeks to answer, thus :

1st. How is the physician to ascertain what is necessary to be known in order to cure the disease ?

2nd. How is he to gain a knowledge of the instruments adapted for the cure of the natural disease—the pathogenetic powers of medicines ?

3rd. What is the most suitable method of employing these artificial morbific agents (medicines) for the cure of natural diseases ?

In reply to the first question, he gives rules for the examination of the patient ; to the second, for the proving of medicines upon the healthy ; to the third, for the determination of similarity, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be observed, and so forth.

This is, in the author's own words (crabbed and gnarled, yet weighty with thought), the ground-plan of the Organon. Of course, each position needs justification on its own merits ; and this we shall enquire, as we proceed, how far we can award. But I would first call your attention to the simplicity of Hahnemann's conception, to its entire freedom from hypothesis and completeness within itself. All other medical systems had been based upon certain doctrines of life and disease : Hahnemann's method was utterly independent of them. His whole argument might be conducted, as indeed it is in the first three editions of his work, without any discussion of physiological aud pathological questions. I would again impress this fact upon such of his disciples as represent homœopathy to be a complete scheme of medical philosophy ; who would make the dynamic origin of all maladies a plank of the platform on which we must stand, and call the psora-hypothesis "the homœopathic doctrine of chronic disease." This is an entire mistake. There are certain views in physiology and pathology which seem more harmonious than others with homœopathic practice ; Hahnemann thus came to hold them, and most of us tend in the same direction. But they might all be disproved and abandoned, and homœopathy would still remain the same : we should still examine patients and prove drugs and administer remedies on the same principles and with the same success.

But I would commend this consideration also to Hahnemann's critics. He has had critics from the first,* though nothing is wider of the mark than to speak of "the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines." Not thus did Hufeland and Brera and Trousseau and Forbes write of the new method and its author. But the first-named of these made a remark which is full of significance: he said that if homœopathy succeeded in becoming the general medical practice, it would prove "the grave of science." Now this I make bold to claim as an unintentional compliment; for it describes our system as being true medicine, which is not science, but art. This is a truth very much forgotten nowadays. Hahnemann, in the opening paragraph of the Organon, proclaims that the physician's high and sole mission is to restore the sick to health—to cure, as it is termed. It is with this direct aim that he is to study disease and drug-action, and the relation between the two. He is not, primarily, a cultivator of science: he is a craftsman, the practiser of an art, and skill rather than knowledge is his qualification. His art, indeed, like all others, has its associated sciences. Physiology and pathology are to it what chemistry is to agriculture and astronomy to navigation. So far as they bring real knowledge, the more versed the physician is in them the better for himself and for those in whose aid he works. But he was before they had being, and his art should have a life of its own independent of the nourishment they bring. They must, being progressive, consist largely of uncertainties—working hypotheses and imperfect generalisations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations, or hold its maxims at the mercy of their support. While grateful for any aid they bring, it should go on its own separate way and fulfil its distinctive mission.

One great value of the method of Hahnemann is that it dwells in this sphere of art. It *is* "the grave of science"; for science, as such, has no existence here—it dies, and is buried. But its corpse enriches the ground which covers it, and thereon grass springs up and fruits ripen for practical use. On the other hand, the great weakness of the general medicine of to-day is that, so far as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, and from spoliation to stimulation, with the prevailing

* An answer to one of them, Hecker, was written nominally by Hahnemann's son, Friedrich, actually by himself. It has lately been Englished by Dr. Dudgeon (Philadelphia; Boericke and Tafel, 1896). In it Hecker survives as does Celsus' attack on Christianity in the pages of Origen's defence of it.

conceptions of the day as to life and disease. Maladies are studied with the eye of the naturalist rather than of the artist ; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment. Hence the nihilism of so much of modern teaching ; hence, at the Congress I have referred to, the miserable halfpenny-worth of therapeutic bread to the gallons of scientific sack. It would have been well for its three thousand members if they had gone home to meditate the words of the man they ignored—"the physician's high and sole mission is to restore the sick to health" ; if they would recognise Medicine as the art of healing, and cultivate it accordingly.

I must adjourn the further consideration of the Organon to our next meeting.

LECTURE III.

THE "ORGANON" (*concluded*).

In my last lecture I sketched the ground-plan of Hahnemann's "Organon." Let us now consider the three positions he takes up,—his attitude (1) towards disease, (2) towards drug action, and (3) towards the selection and administration of remedies.

I. In the *résumé* of his conclusions which I have quoted (§ 70), Hahnemann speaks of the sum total of the symptoms of a patient as the only curative indication which the physician can discover. In this he hardly does himself justice ; for in § 5 he has pointed to the knowledge of the *causes* of the malady as important, and in § 7 and its note has assumed as obvious that any exciting or maintaining cause which is discoverable and accessible shall be removed. He has further reminded us, in § 3 and 4, that both to prevent disease, and to make his curative treatment unobstructed and permanent, the physician must also be a hygienist. It would hardly be necessary to mention such points, but that Dr. Bristowe has said that "for him, preventive medicine, which deals specially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a mockery and a snare."

With these qualifications, however, Hahnemann's doctrine is that the totality of the symptoms—the sum of the sufferings the patient feels and the phenomena he exhibits—constitutes, *for all practical purposes*, the disease. He does not say that they alone are the disease. On the contrary, he constantly speaks of them as the "outwardly reflected picture," the "sensible and manifest representation," of what the essential alteration is. His point is that at this last you cannot get, and, to cure your patient, need not get. If you can find means for removing the sum total of his symptoms, he will be well, though you may know as little as he wherein, essentially, he was ill (§ 6-18).

Now what objection can be taken to this thesis? No one can seriously maintain that symptoms and morbid changes are not correlative ; that there is any way of inferring the latter except from the former, or any way of removing the former, as a whole, except by righting the latter—their proximate cause. The critic we have now in view is too acute to say much of this kind. His main charge against Hahnemann's view of disease

is that it ignores pathology and more especially morbid anatomy, so that the "laborious investigations conducted in our dead-houses, which we fondly imagine to add to our knowledge of diseases," would be "looked upon by him with contempt." But in so speaking he forgets Hahnemann's aim. He is laying down what are the curative indications in disease, what the physician can and should know of it in order to remove it. Do the investigations of the dead-house help us here? The changes they discover are the results—generally the ultimate results—of morbid action; but in this stage of the process such action is no longer amenable to remedies. If it is to be cured, it must be taken at an earlier period, before there has occurred that "serious disorganization of important viscera" which Hahnemann speaks of as an "insuperable obstacle to recovery."* And how shall it then be recognised, except by its symptoms? No microscope can see the beginnings of cirrhosis of the liver or of sclerosis in the brain and cord; but the patient may feel them, and may even exhibit them. Some slight hepatic uneasiness, some dart of pain or altered temper or gait, may and often do supervene long before the pathognomonic physical signs of such maladies appear. It is impossible to say how much suitable remedies applied at this time may not do—may not have done—to arrest the morbid process then and there. The Hahnemannic pathology is a living one, because it seeks to be a helpful one. It was wisely pointed out by Clotar Müller that the contemplation of disease mainly in the light of its final organic results had a discouraging effect; whereas, if we would just apply our method fully to each *tout ensemble* of disorder as it came before us, our possibilities were boundless.†

But Hahnemann has been accused of ignoring pathology in another way, viz. by "objecting to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases." He is supposed to have been—and the utterances of some of his own disciples lend colour to the charge—a mere individualiser, regarding the maladies which affect mankind as "with a few exceptions, simply groups of symptoms, mosaics of which the component pieces admitted of endless re-arrangement." But this, again, is a great mistake, as I endeavoured to prove in a paper on Generalisation and Individualisation which I submitted to our International Congress of 1881, and which you may see in its Transactions. I there shewed, by numerous quotations, that Hahnemann recognised as freely as any other physician the existence of definite types

* Lesser Writings, p. 561.

† Carroll Dunham's essay on the "Relation of Pathology to Therapeutics" (*Homœopathy the Science of Therapeutics*, p. 99) makes the same point.

of disease, of fixed character because resulting from an unvarying cause, to which distinctive appellations might be given and specific remedies (or groups of remedies) allotted. He varied from time to time, as pathology itself has varied, in the list of those to which he would assign such place ; but at the lowest estimate they cannot fairly be described as "a few exceptions." They embrace the whole field of "specific" disease—acute and chronic. Take the instance of intermittent fever, which has been cited. Hahnemann is supposed to have declared these fevers innumerable, and each instance of them that came before him an independent disease. But read the section of the Organon expressly devoted to the subject (§ 235-244). You will see there that it is only sporadic intermittents occurring in non-malarious districts that he thus describes. The true endemic marsh-ague he recognises as a disorder of fixed type, always curable by bark if the patient is not otherwise unhealthy ; while the epidemic intermittents, though distinct among themselves, have each a specific character, so as to be amenable to one common remedy. It is in these (and the sporadic cases) only that he reprobates the blind cinchona-giving practised in his day.

Here also, then, Hahnemann must be vindicated from the charge of ignoring any real pathology, however little he valued the speculations of his own time which laid claim to that title. It is in the first part of the second division of the Organon that his views on the subject are expressed ; and, allowing for the fact that they are nearly a century old, and therefore possibly to some degree antiquated, there is nothing in them unworthy of a learned and sagacious physician. I reserve his theory about "psora" intercalated in the fourth and fifth editions, which must subsequently receive a few words on its own account.

Hahnemann concludes this portion of his subject with some suggestions as to the examination of patients (§ 83-104), of which all that need be said is they are, as becomes their object, thorough. The homœopathic physician does not listen and enquire merely to find out to what class of maladies his patients are to be relegated. For this end but few symptoms are necessary, and the rest can be left. He has to get at their totality, that he may cover them with a medicine capable of producing them on the healthy subject ; and in pursuit of this aim he must not account any detail superfluous. It has been objected that we should come off badly upon such a method with Mrs. Nickleby for a patient. But happily all patients are not Mrs. Nicklebys ; and when we do meet them, common-sense must deal with them accordingly. Of course, proportion must be observed ; and anything we *know* to be merely inci-

dental may be omitted. Our colours must be mixed, like Opie's, "with brains, sir." But if we only *think* a detail unimportant, our wisdom will be to give the patient the benefit of the doubt, and insert it in our picture.

2. Such is Hahnemann's attitude towards disease; and I think it comes out from examination proof against every objection, and fitted at all points for its object. Still more incontrovertibly can this be said of the position he takes up with reference to drug-action (§ 19-22). His one insistence is that this can only be ascertained by experiment on the healthy human body. Few nowadays question the value of this proceeding; but Hahnemann has hardly yet been awarded the merit which belongs to him as its pioneer. Haller had indeed preceded him in affirming its necessity, and Alexander and a few others had essayed tentatively—very tentatively—to carry it out; but Hahnemann developed Haller's thought into a doctrine, and multiplied a hundred-fold Alexander's attempts at proving. When the profession comes to know him at his worth, he will be recognised by all as the father of Experimental Pharmacology.

The great value of choosing the human subject for our provings is, that thereby their subjective symptoms—the sufferings as well as the phenomena they cause—can be ascertained. There is of course the inevitable shadow here—the counter-peril that a number of sensations of no moment shall be reported by the experimenters and cumber our pathogeneses. This is inevitable; but Hahnemann at least saw the inconvenience, and did his best to avoid it. Let his rules for proving in the Organon (§ 105-145) be read, and the information we have elsewhere as to his manner of proceeding be considered, and it will be seen that he did all that his lights suggested to make experimentation of this kind pure and trustworthy.

3. We pass now to the third division of the "vocation of the true physician," as conceived by Hahnemann. How is he to use his knowledge of drug-action in the treatment of disease? How is he to wield the potencies the former gives him for the favourable modification of the latter?

To the answer to these questions are devoted forty-eight aphorisms (§ 22-69) of the first and a hundred-and-forty-seven (§ 146-292) of the second division of the Organon. Hahnemann argues that there are only three conceivable relations between the physiological effects of a drug and the symptoms of disease, and therefore only three possible ways of applying the one to the other. The two may be altogether diverse and heterogeneous, as the action of a purgative and a congestive headache; and if you use the former to relieve the latter, you are employ-

ing a foreign remedy—you are practising allœopathy (ἀλλοῖον πάθος). Or they may be directly opposite, as the influence of a bromide and the sleeplessness of mental excitement: then, to give bromide of potassium to induce slumber is to act upon the enantiopathic or antipathic principle (ἐναντίον, ἀντί, πάθος). Or, thirdly, they may be similar, as strychnine-poisoning to tetanus, or that of corrosive sublimate to dysentery. If such drugs are used for their corresponding disorders, you are evidently homœopathizing (ὅμοιον πάθος). Now of these, allœopathic medication must be condemned, both on the ground of its uncertainty, and on that of the positive injury it does by disordering healthy parts and by flooding the system with the large doses of drugs necessary to produce the desired effects. Antipathic treatment is certainly and rapidly palliative; but the inevitable reaction which follows leads to a return of the evil, often in greater force. It can rarely, moreover, deal with more than a single symptom at a time; and even then its capabilities are limited by the very few really opposite states which exist between natural disease and drug-action. Antipathy may do tolerably well for immediate needs and temporary troubles; but it is not competent to deal with complex, persistent, or recurrent maladies. For these we are shut up to the homœopathic method, if we are to make any rational use of drugs in disease at all. This operates "without injury to another part and without weakening the patient." It is of inexhaustible fertility, for the analogies between natural and medicinal disorders are endless. It is complete, for the one order of things may cover the other in its totality. It is gentle, for no large and perturbing dosage is required for its carrying out. It is, lastly, permanent; for the law of action and re-action, which makes the secondary effects of antipathic palliatives injurious, here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, the secondary and more lasting recoil will—after (it may be) a slight aggravation—directly oppose and extinguish it. It is thus that Hahnemann explains the benefit wrought by homœopathic remedies,—thus, and also by the theory (§. 28-52) of the substitution of the medicinal for the actual disease, of which he cites parallels in nature.

Here again we pause to ask what objections have been taken to Hahnemann's position. His doctrine of the three relations between drug-action and disease seems too simple for certain minds. One (Anstie) calls it metaphysical; another (Ross) geometrical; a third exclaims "how curious, how ingenious, how interesting!" and seems to think that in so designating it he excludes the possibility of its conformity to nature. But why

should it not have these features and yet be true? What other alternative is possible? What fourth term of comparison can be found between (be it remembered) the effects of drugs on the healthy and the symptoms of disease? If you use the one for the other, you must do so allœopathically, antipathically, or homœopathically. Medical men seem very fond now-a-days of disclaiming any system in their practice, and announcing themselves as altogether lawless and empirical. But they can no more help practising upon one or other of these principles than M. Jourdain could help speaking prose unless he launched into verse. If they would only analyse their own thoughts, they would see that as soon as they learn the physiological action of a drug they consider what morbid states it can indirectly modify or directly oppose. These are two of the members of Hahnemann's triad; and the difference between us and them is that our first thought seeks out what disorders the drug phenomena most resemble. We would not neglect the other two directions in which the medicine might be utilised, if we had reason to think it advantageous to follow them; and our complaint is that the profession at large do neglect and ignore the third, to the great loss of their patients.

Why should they do so? Some have answered that the method is rarely practicable, that real parallels between disease and drug-action are rare. To speak thus, however, implies a very deficient knowledge of pharmacodynamics. Others have expressed a more general and natural objection when they have argued that medicines which are truly similars must aggravate rather than benefit, if they act at all. It would seem so; and it is not surprising that in the older works on Materia Medica morbid states analogous to the action of drugs are set down as contra-indicating their employment. But this difficulty *solvitur ambulando*. Let any one take an obvious instance of such a contra-indicating condition—a sick stomach for ipecacuanha, a congested brain for opium, a dry febrile tongue for belladonna. If he gives a quantity capable of exciting such states in the healthy, he may undoubtedly aggravate. But let him reduce his dose somewhat below this point, and he will get nothing but benefit. This has been tested again and again, and no one has reported adversely to it: on the contrary, uses of medicines derived from the method are now becoming as popular in general practice as they have long been in ours. Why should this benefit result? We have heard Hahnemann's explanation, that such remedies work by substitution and by exciting reaction. It is one in which it is not difficult to pick holes, and he himself says, in propounding it, that he does not attach much importance to it (§ 28). Any discredit, however, resulting from its disproval

must attach equally, as regards substitution, to Bretonneau and Trousseau ; as regards reaction, to more than one ingenious thinker of our own country, as Fletcher, Ross, Rabagliati.* More recently, the hypothesis has been advanced, that medicines have even in health an opposite action in large and small quantities, so that the reduction of dose necessary to avoid aggravation gives you a remedy acting in a direction contrary to that of the disorder, while its choice by similarity secures practicability and complete embracement. I myself feel great difficulty in acceding to this theory as a general account of homœopathic cure ; but there is no justification for representing its adoption as an abandonment of the homœopathic position. It is an attempt at explanation, that is all : the fact that likes are cured by likes is the all-important thing, account for it how we may. So Hahnemann said, and so all we homœopathists believe.

The side of Hahnemann's position on which he is most vulnerable in his exclusiveness ; in which he maintains his method to be applicable to all non-surgical disease, and to render all other ways of employing medicines superfluous and hurtful. This led him, as has been fairly urged, to regard intestinal worms as products of the organism, and to ignore the acarus as the exciting cause of scabies ; it has resulted among his followers in a denial of palliatives to their patients by which much suffering might have been spared. In the first matter, however, he erred in common with most of his contemporaries ; and in the second he is not responsible for the excesses of disciples who are often more Wilkesite than Wilkes himself. The rational homœopathist recognises, indeed, the inferior value and limited scope of antipathic palliation. He knows that it is only properly applicable to temporary troubles ; but in these he makes full use of it. He does not allow his patients to endure the agonies of angina pectoris, when he knows that amyl nitrite will relieve them ; he does not refuse them chloroform during the passage of a calculus any more than during that of a fœtus. Hahnemann's exclusiveness is not to be justified ; but it may fairly claim excuse as the enthusiasm of a discoverer, full of the sense of the power of his new method, and naturally led to apply it everywhere and to esteem it without rival.

The treatment of this subject in the second part of the Organon is purely practical. It gives instructions for the selection of remedies upon the homœopathic principle, and for their judicious employment when selected. It enquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. It con-

* See *Monthly Hom. Review*, xxiii, 600-2.

siders the treatment on the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections. It gives directions for diet and regimen ; for the preparation of medicines ; for the repetition of doses, and for their size.

It is on the last of these points only that I can touch here : for the rest I must refer to the work itself. Hahnemann's treatment of the subject of dose has not had justice done to it, in consequence of our knowing only the fifth edition of the Organon. In the year 1829, after the publication of the fourth edition, he unfortunately determined to secure uniformity in homœopathic usage by having one dilution for all medicines, and this the decillionth—the 30th of the centesimal scale. Our present Organon represents this view ; but the first four editions make no such determination, and are entirely moderate and reasonable in the principles of posology they lay down. The dose of a homœopathically selected remedy, they say, must obviously be smaller than one intended to act antipathically or allœopathically. If too large, it will excite needless aggravation and collateral suffering. It should be so reduced that its primary aggravation (which Hahnemann supposed a necessary result) should be hardly perceptible, and very short-lasting. How far this must be varies with the medicine used ; and for suggestions on this point he refers to his *Materia Medica Pura*, where the dosage recommended ranges from the mother-tincture upwards, the 30th being a dilution of exceptional height. He alleges experience alone as having led him to attenuate as far as he has ; but argues the reasonableness of so doing from the increased sensitiveness of the diseased body, pointing out that dilution does not diminish the power of a substance in proportion to the reduction of its bulk. Excluding the specific doses mentioned in the other work referred to, which are simply matters of fact and experience, there is nothing in this part of the Organon—in its essential structure—to which fair exception could be taken.

I wish I could have stopped here ; that there had been in the volume I am now expounding nothing more difficult to defend than what has gone before. In its first three editions —*i.e.* up to 1824—there is not. Almost everything in Hahnemann's work during the first quarter of this century is of enduring worth ; it is positive, experimental, sound. But from this time onwards we see a change. The active and public life he had led at Leipzig, with the free breath of the world blowing through his thoughts, had been exchanged, since his exile to Coethen in 1821, for solitude, isolation, narrowness. The reign

of hypothesis began in his mind—hypothesis physiological, pathological, pharmacological. The theories he was led to form in all these branches of thought found their way into the later editions of the Organon, and so demand some consideration from us here. But let it be remembered throughout that they are not of the essence of its argument ; that its structure and substance were complete before they appeared, and—in the judgment of many of us—are rather injured by their interpolation. Without them, all is inductive reasoning or avowedly tentative explanation ; they, dogmatically asserted but all unproven, introduce a new and questionable element, they constitute what Drs. Jousset and Gailliard have well called the "romance of homœopathy."

The first of these hypotheses is that of a *vital force*, as being the source of all the phenomena of life, and the sphere in which disease begins and medicines act. Hahnemann would probably at all times have called himself a vitalist, in distinction alike from the animism of Stahl (which made the immortal soul the principle of life), and from the views of those who would bring all vital phenomena under the laws of physics and chemistry. He early, moreover, employed the term "dynamic" to denote the sphere in which true disease took its origin, and those effects of drugs which require vitality for their production. Disease has its "materies morbi" and organic changes ; but all these may be—Hahnemann would have it always were—secondary products and effects, the primary derangement being invisible and intangible, manifest only in altered sensations and functions. Drugs, again, produce—many of them—chemical and mechanical effects; but these might occur in the dead as in the living body. The exclusively vital reactions they set up in the crucible of the organism belong to another sphere : they correspond with the beginnings of disease, like them are revealed by altered sensations and functions, like them are to be characterized as "dynamic."

Had he gone no farther all would have been well. It is easy to read into his language the present protoplasmic doctrine of life ; while the frequent commencement of disease in molecular rather than molar changes*, and the dynamic—as distinct from the mechanical and the chemical—action of drugs, are recognised by all. But in his later years Hahnemann advanced from this thoroughly tenable position into one far less easy to maintain. He adopted the view that vitality was a "force," analogous

* Hahnemann himself would have allowed this "frequent" to be more correct than "invariable" ; for he considered cholera due to the invasion of a cloud of minute organisms, and on this ground advised camphor to be used so freely for it (see Lesser Writings, p. 851, 854). He is thus granting, *in principle*, the germ-theory of infectious diseases, and the propriety of parasiticide treatment in them.

to the physical agencies so called, without which the material organism would lack sensation and functional activity, which animates and energises it during life and leaves it at death. It is this "vital force" (*Lebenskraft*) which is primarily deranged in illness, and on which morbific potencies—both natural and medicinal—act through the sensory nerves. Its behaviour under medicinal influence is ingeniously imagined and elaborately described (§ 127); and in the fifth edition of the Organon it is frequently mentioned as the actor or sufferer where previously the author had been content to speak of the organism (as in § 148).

Now Hahnemann can hardly be thought the worse of for entertaining this view, since, in some form or other, it was almost universally prevalent in his day. If the advice of the present Pope has been taken, it is still the teaching of all Roman Catholic colleges; for it is simply the Thomist doctrine—itself derived from Aristotle—under another name. But the tendency of recent science is to regard the organism as no monarchy, wherein some "archæus" lives and rules, but as a republic in which every part is equally alive and independently active, the unity of the whole being secured only by the common circulation and the universal telegraphic system of nerves. It is unfortunate, therefore, that Hahnemann should have committed himself and his work to another conception. Either or neither may be wholly true; but one would have been glad if the Organon had kept itself clear of such questions, and had occupied only the solid ground of observation and experiment.

And now of the *psora-theory*. This is far too large a subject for justice to be done it here. It has been fully handled elsewhere;* and any one who would desire to deal fairly with Hahnemann on the point has abundant material for so doing. I can only say a few words as to what it purports to be and what it really is.

It is sometimes averred by Hahnemann's critics that he made all chronic disease—or at least seven-eighths of it—originate in itch. But this is a misconception. He begins by excluding

* See Dudgeon's *Lectures on Homœopathy*, ix. and x., and my own *Pharmacodynamics*, pp. 87, 90 and 839. A thoughtful paper on the subject was presented to our International Congress of 1896 by Dr. Goldsbrough; and, with the discussion following, may be read in its Transactions. Dr. Goldsbrough differs from me as to the range of cutaneous disease covered by the name "psora" in Hahnemann's writings, and indeed so extends it as to include itching eruptions of all kinds. He makes him explicitly contend for a doctrine of "herpetism" which I have viewed as only implicitly contained in his thought. He is thus unable to agree with me that Hahnemann "based the logical superstructure of his psora-theory upon the distinct entity scabies." I have carefully weighed what my able colleague has written, but am unable to modify the judgment expressed in the text, and in the references given in this note.

from the category of true chronic maladies those which arise from unhealthy surroundings, noxious habits, and depressing influences (§. 77); for these, he says, disappear spontaneously when the *lædentia* are removed. Neither will he allow the name to the medicinal affections which the heroic treatment of his day made so common (§.74-6), and which he regards as incurable by art. True chronic disease consists of such profound disorders as asthma, phthisis, diabetes, hypochondriasis, and the like—disorders insusceptible of cure by hygiene, and tending to permanent stay and even increase. A certain proportion of the affections so characterized were traceable to venereal infection—syphilitic or "sycotic" (*i.e.* gonorrhœal); and it seemed to him that the remaining seven-eighths (it is here that these figures come in) must have some analogous "miasmatic" origin. In the medical literature of his day he found numerous observations (he cites ninety-seven of them) of the supervention of such diseases upon the suppressing of cutaneous eruptions, among which scabies—then very prevalent—held a prominent place. In this last he thought he had found the "miasm" he wanted. It resembled syphilis in its communication by contact, its stage of incubation, and its local development, while it was far more general. He thereupon propounded it as—together with the other contagious skin-affections, the tineæ, etc., which he regarded as varieties of it—the source of the non-specific chronic diseases, understood as defined.

Now it is easy for us, knowing what we know (or suppose we know) about itch, to make merry over this theory of Hahnemann's. But to condemn or ridicule him for it is a gross anachronism. We forget that the modern doctrine of scabies dates only from Hebra's writings on the subject in 1844. Before that time men like Rayer and Biett could deny the existence of the acarus ; and it was quite reasonable to regard it as only the product of the disease. Hahnemann, who was one of the most learned physicians of his time, knew all about it, and had, in 1792, written upon it.* He nevertheless, in 1816, described scabies as a specific, miasmatic disorder, forming itself in the organism after contagion (as syphilis does), and announcing by the itch-vesticle its complete development within. It was thus regarded that he propounded it as the origin of so much chronic disease. We, understanding it better, must refuse it such a place. But when we look beneath the surface of his doctrine, we find it far from being bound up with his view of scabies. It rests upon the broader ground of morbid diathesis, and especially upon that form of it associated with cutaneous

* See *B. J. H.*, xxi. 670.

disorder which has led the French pathologists to speak of a *diathèse herpétique* or *dartreuse*. Translate Hahnemann's "psoric," now into these terms, now into "scrofulous," and you have the substance of his thought, which is absolutely true and of the utmost importance. It was for therapeutic purposes that he arrived at it, and these it has subserved in no common degree, giving us a wealth of new remedies, of long and deep action, which are our most valued means in chronic disorders. Compare, for instance, our use of sulphur with that which generally obtains—with that even which obtained in our own school before the psora-doctrine was enunciated, and you will see what we have gained by it.

Here again, then, we cannot allow Hahnemann to be depreciated on account of his hypothesis, strange as it may seem to us. But we must regret that he incorporated it in his Organon. Neither it nor its practical consequences form any part of his method, as such ; and pathological theory is out of place in the exposition of a mode of proceeding which is wholly independent thereof. In reading the Organon, let us determine to ignore it, or to translate its language in the way I have suggested : we shall then do greater justice to the main argument of the treatise.

And now a few words upon the theory of *dynamization*, which is a subject quite distinct from that of infinitesimal dosage. We have seen that Hahnemann was led to adopt and defend the latter on grounds whose legitimacy all must admit, whatever they may think of their validity. For the first quarter of a century of his practice in this way (he began it in 1799) he thus regarded and justified it. He maintained, as I have said, that by the multiplication of points of contact obtained, dilution does not weaken in proportion to the reduction of bulk ; but, in so speaking, he admitted that it did weaken. He even attempted to fix the ratio of the two processes, estimating that each quadratic diminution of quantity involved loss of strength by only one-half ; and this calculation remains unaltered in all editions of the Organon (note to § 284). In the third edition, however (*i.e.* in 1824), there appears for the first time the note we now read as appended to § 287. He here speaks of the unfolding of the spirit of a medicine as effected by the pharmaceutic processes of trituration and succussion, and in proportion to the duration of the one and the repetition of the other. By regulating these, accordingly, we can secure either moderation of excessive crude power or development of finer and more penetrating medicinal energy. In publications of 1825 and 1827 he carries yet farther this new thought. At first he had ascribed the increase of power to the more intimate mixture effected by

his processes ; but now he declares it to be something over and above this—a change, a liberation of the dynamic, a development of the spiritual, powers of the drugs, analogous to the production of heat by friction. Treated in this way, he affirms, "medicines do not become by their greater and greater attenuation weaker in power, but always more potent and penetrating" ; there is "an actual exaltation of the medicinal power, a real spiritualisation of the dynamic property, a true, astonishing, unveiling and vivifying of the medicinal spirit."

These views were so little in accordance with those expressed in the Organon that we find scant further trace of them in the edition of 1829. In the note before mentioned, "refined" (*verfeinert*) becomes "potentised," as we have it now ; and in the directions for proving medicines a note is added to § 129, saying that recent observation pointed to greater attenuation and potentisation rather than larger quantity as best giving the strength required for the purpose. This is all. In 1833, however, the pharmaceutical portion of the treatise has two new aphorisms (269, 270) embodying them. Its posological section remains unchanged, save in § 276. Here Hahnemann had said, in former editions, "a medicine, even though it may be homœopathically suited to the cure of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity." In the fifth edition he adds "and the higher the potency selected," which obviously changes the meaning of what has gone before, and makes dose a mere question of number of drops or globules. I mention all this to shew how entirely the doctrine of dynamization was an after-thought, and how little the Organon proper (with which we are immediately concerned) has to do with it.

But what shall we say of the theory itself, in its bearing on Hahnemann's worth as a thinker ? This must depend very much upon the stand-point from which we regard it. Was it a gratuitous hypothesis, at best a mere logical consequence of the other views of the originator ? or was it an attempt to account for facts—these being in themselves genuine ? Hostile critics assume the former position, and judge accordingly. We, however, cannot do this. Whatever our own preferences in the matter of dosage, it is impossible to read the history of homœopathy, still more to be acquainted with its periodical literature, without recognising that highly attenuated medicines have an activity *sui generis*. They show this in provings on the healthy as well as in the treatment of the sick ; and not here and there only, but in such multitudinous instances as to make coincidence and imagination utterly inadequate as accounts of the phenomena.

The Hahnemannic processes certainly do develope virtues in drugs which in their crude state are altogether latent. Brimstone, oyster-shell, flint, charcoal, table-salt—these substances in mass have a very limited range of medicinal usefulness ; but what cannot homœopathy do, what has it not done, with sulphur, calcarea, silicea, carbo vegetabilis and natrum muriaticum, in the dilutions from the 6th to the 30th ? In this form they are in our hands as well-tried agents as any on which ordinary medicine depends. Their potency is a fact to us : how are we to account for it ? Hahnemann's dynamization, in the light of later science, must be held untenable ; but to this day we have nothing to put in its place. And even if we had, we should not the less honour the philosopher who perceived the necessity of the explanation ; who brought to light the hitherto unknown phenomena, and set us to work at giving a scientific account of them.*

I have now completed my exposition of Hahnemann's medical philosophy as contained in his Organon. But we are accustomed now-a-days to demand more of philosophy than that it shall be sound in method : it must also show its power in bearing fruit. Hahnemann's need not fear the challenge. There is a fine passage in Macaulay's essay on Bacon, in which he recounts the numerous gains to mankind which the science of the last two hundred years has contributed. If the writer of the "Novum Organum" could have looked forward, he says, he might well have rejoiced at the rich harvest which was to spring up from the seed he had sown. In like manner has even the immediate future responded to the impulse given by our Organist. Could he have foreseen the medicine of to-day, how much there would have been to gladden his heart. He lived in a time when heroic antiphlogisticism was in full force ; when physicians "slew," as in Addison's day, "some in chariots and some on foot" ; when every sufferer from acute disease was drained of his life-blood, poisoned with mercurials, lowered with antimonials, and raked by purgatives. He denounced all

* Dr. Gatchell, in a very interesting essay, brought before the Paris Congress of 1900 the views now entertained about the effects of solution, as substantiating Hahnemann's dynamization. In a complete solution of a complex body, he writes, there are no molecules, but only "ions" into which the molecules have dissociated. These ions are electrically active while the molecules are passive, and so a fresh force may be said to have been imparted to the original substance. These views may be helpful to our conceptions, so far as compound salts and solvent processes are concerned, but they hardly aid us for other substances and modes of preparation ; and as a solution of one part in the thousand is considered a "perfect" one, we do not even for the salts get far on in Hahnemann's scale.—Dr. Gatchell's paper may be read in English in the *Medical Era* for April 1901.

this as irrational, needless, injurious ; and it has fallen—never, we trust, to resume its sway. The change thus wrought even in the practice of the old school would be a matter for thankfulness on his part ; but how his spirit would have bounded when he looked upon the band of his own followers ! The few disciples made during his life-time have swelled into a company of over twelve thousand practitioners, who daily, among the millions of their *clientèle*, in their hundreds of hospitals and dispensaries and charitable homes, carry out his beneficent reform, making the treatment of disease the simple administration of a few (mostly) tasteless and inodorous doses, and yet therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the Aconite and Belladonna, the Bryonia and Rhus, the Nux vomica and Pulsatilla, the Calcarea, Silicea, Sulphur, which he created as medicines, playing their glorious parts on an extensive scale, robbing acute disease of its terrors and chronic maladies of their hopelessness. He would see his method ever developing new remedies and winning new victories,—evoking Lachesis and Apis, Kali bichromicum, Gelsemium, and earning laurels in yellow fever as green as those which crowned it in the visitations of cholera. He would see his principles gaining access one by one to the minds of physicians at large,—the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half adopted under other explanations and names. He might well feel, like Bacon, about the "Philosophia Secunda" which should end his Instauratio Magna. He had given its "Prodromi sive Anticipationes" : "the destinies of the human race must complete it—in such a manner, perhaps, as men looking only at the present would not readily conceive." The destinies of the human race, in respect of disease and its cure, are completing it ; and will be yet more profoundly modified for the better as that completion goes on.

LECTURE IV.

THE KNOWLEDGE OF DISEASE.

Hitherto, in dealing with the three elements of the method of Hahnemann—the aspect it takes of disease, the mode in which it ascertains drug-action, and the principles on which it fits the one to the other—I have confined myself to exposition and vindication of Hahnemann's own deliverances on the subject, and these mainly as contained in his Organon. There is still, however, a criticism to be made on his positions from the standpoint of the medicine of to-day; and to this I must now address myself.

In the opening words of the definition of homœopathy which formed the starting-point of my first lecture, I said "Homœopathy is a therapeutic method." It is, I might have added, so described by its author. We find the name, the formula, and the full statement of it in the first edition of the Organon. "Hitherto," he writes in the Introduction, "the diseases of human beings have been treated not rationally, not on fixed principles, but according to various curative intentions, among others by the palliative rule *contraria contrariis curentur*. Directly opposite to this lies the truth, the real road to cure, to which I give the guide in this work: To cure mildly, rapidly, and permanently, choose in every case of disease a medicine which can of itself produce an affection similar (ὅμοιον πάθος) to that it is wished to cure (*similia similibus curentur*)." Homœopathy is a therapeutic method; and it belongs, avowedly at least, exclusively to that part of the therapeutic sphere in which drugs are our instruments. "To cure" . . . "choose in every case of disease a medicine." It gives no instruction as to the other resources of the physician's art—diet, regimen, temperature, climate, the use of water and electricity, and so forth. Some analogies among these, and even among psychical affections, to the operation of similars have been pointed out by various writers from Hahnemann downwards; but, whatever be their value,* they at any rate find no place here. For our present purpose, homœopathy is a method of drug-therapeutics; and

* Hahnemann's suggestions of the kind have been criticised by Dr. Dudgeon in his Lectures (p. 71-4), and by Dr. Sharp in his "Essays on Medicine" (1874), Essay VI. On the other side see Dr. Percy Wilde in the *M.H.R.* for 1896, p.p. 116, 149.

while it has the advantages, must also share the limitations, of its materials. These limitations are of several kinds, but are mainly imposed by the superior claims of other remedial measures. *Similia similibus* may be the best mode of choosing medicines, but medicines are not always the chief or the most appropriate means of treating the sick. Such a thought was hardly so familiar to the age of Hahnemann as it is to our own. The ordinary medical attendant was then in fact as in name an apothecary—one who served out drugs from a store ; his only variation upon this theme occurring when he bled or blistered. Of the natural history of disease nothing was known, and the idea of trusting to it was before Skoda and Dietl unheard-of. Hygiene played as little part in the doctor's prescriptions as it did in the patients' lives ; and the *tolle causam* on which we now lay so much stress was then directed only to those hypothetical morbid states—obstructions, spasms, altered humours, and so forth—which were assumed as the foundations of disease. With the advance of knowledge on these subjects a corresponding encroachment has been made on the sphere of drug-therapeutics ; and homœopathy occupies a less prominent part in the practice of homœopathists, not because they trust to it less as a guide to drug selection, but because they have less need of drug action itself.

In a lecture "On the Place of Drugs in Therapeutics," delivered at the London Homœopathic Hospital in 1895, which is readily accessible,* I traced the progressive adoption of this position from Hahnemann himself through Carroll Dunham, Dudgeon, and Dake. In assuming it on my own part, I reminded my hearers of the potency of diet in scurvy and of regimen in lithæmia ; and of the benefit of exposure to nature's influences as seen in Pfarrer Kneipp's system (to which might now be added the fresh air treatment of phthisis). I showed the wide range of the maxim *tolle causam* ("that royal road," as Hahnemann calls it), applying it to the abuse of the tea, coffee, tobacco and alcohol which—to say nothing of coca, kola and absinthe—play so large a part in present-day life ; and also to the place occupied by reflex action in the etiology of disease. I recognised the aid brought to the healing art by surgery, by hydrotherapy, by electricity, by gymnastics and massage (I might have added, by heat and cold). I need not further enlarge on this subject. I only mention it here to show that I am not unmindful of the wide field of therapeutic work which lies outside the special plot of ground we cultivate ; and of our right and duty, as physicians and not merely homœopathists, to labour in it.

* See *M.H.R.*, xl. 14.

proceed, therefore, with my comments on our original definition. "Homœopathy is a therapeutic method, formulated in the rule *similia similibus curentur*—let likes be treated by likes. The two elements of the comparison here implied are the effects of drugs on the healthy body and the clinical features of disease; in either case all being taken into account which is appreciable by the patient or cognizable by the physician, but hypothesis being excluded." We shall have more yet to say upon *similia similibus*; but must first dwell further on what I have called the elements of the comparison, and will begin with the aspect of disease which is selected for it.

I suppose that all lecturers on the Practice of Physic commence the account of particular diseases by describing their clinical features. "Every now and then," as my former teacher at King's College—Dr. George Budd—used to say, "we meet with" cases presenting such and such groups of phenomena and sensations. He would then give the name by which the malady thus constituted is styled, and would proceed to relate how it came about, and wherein it essentially consisted, so far as these points were known. But observe the difference involved in this "so far." The etiology and pathology of the disease were more or less uncertain, and our conception of them was liable to vary as new facts came into view. But its clinical features remained. They were those which perchance Sydenham, or even Hippocrates, had described as graphically as any modern physician: they, amid all shiftings of conceptions about them, were permanent and sure.

Hahnemann, as we have seen, took these features as the disease-basis of his method. Simplicity and certainty were his aims in practical medicine. He could not conceive that the obstacles to them were insurmountable, and we have heard him* expressing—out of his profound Theism—his faith that as the Creator has permitted disease in its numerous forms, He must also have to reveal to us a distinct mode whereby it may be known and combated. This "distinct mode" was, he considered, the clinical. He was indeed far from refusing the aid of etiology, to such extent as it was available. The Organon has shewn him pointing out that it is obviously part of the physician's duty to ascertain the presence or incidence of any exciting causes of disease, that he may remove them now and ensure their avoidance in future. It is also desirable, according to his teaching, to discover the past causes—both predisposing and exciting—of the patient's morbid condition, as certain medicines are found specially suitable when disease has originated in certain ways—

* See p. 15.

arnica when from injuries, rhus and dulcamara when from cold damp, and so on. Pathology, however, Hahnemann absolutely rejected for therapeutic purposes. It was in his day far more a matter of guess-work than it is now, and was too much of a quicksand for a sure foundation to be laid in it. But he went farther, and maintained that a knowledge of the essential nature of disease was both unattainable and useless. His views on this subject are best expressed in § 5 and 6 of the fourth edition of the Organon (they were omitted, I know not why, in the fifth) :— "It may be conceded that every disease is dependent on an alteration in the interior of the organism. But this alteration is only guessed at by the understanding in a dim and illusory manner from what the morbid symptoms reveal concerning it (and there are no other data for it in non-surgical diseases) ; and the exact nature of this inner invisible alteration cannot be ascertained in any reliable manner. The invisible morbid alteration in the interior and the alteration in the health perceptible to our senses together constitute to the eye of creative Omnipotence what we term disease ; but the totality of the symptoms is the only side of the disease turned toward the practitioner,—this alone is it that is perceptible to him, that is the main thing he can know respecting the disease, and that he needs to know to help him to cure it." The side of disease which pathology explores was thus to Hahnemann its *noumenon* in the strict sense of the word,—recognised metaphysically as existent, but taken no practical account of ; for all purposes but those of thought represented by the phenomena. The "totality of the symptoms" is, to the therapeutist, the disease.

Is this position tenable ? Most persons would at once answer in the negative ; but they would do so, I think, without regard to the end set before us in thus limiting our apprehension of disease. If we were dealing with it as an object of science, a branch of natural history, it is certain that symptomatology would be an insufficient basis for our knowledge. No one has better shown this than Liebermeister, in his Introduction to the section on Infectious Diseases in Ziemssen's "Cyclopædia." The basing unities of disease on symptoms gave us such pathological entities as hydrops, icterus, apoplexy, and the like ; and "from this symptomatic stand-point quotidian fever was a different malady from the tertian or the quartan form, while on the other hand ascites and tympanites were only different forms of the same disease." He goes on to argue that the most scientific—because the most real—rule of classification must refer to *causes*, must be etiological. The quotidian and quartan types of fever are one, because they both originate from malaria : they are to be differentiated from pyæmic febrile attacks, though

these may have a similar rhythm and similar symptoms, but are to have grouped with them other malarial affections which differ greatly in symptoms, such as malarial neuralgia, malarial diarrhœa, malarial cachexia. "The lightest forms of varioloid is regarded as essentially identical with the most severe form of variola : on the other hand, vaccinia and varicella are separated from it. The simplest diarrhœa arising from the poison of Asiatic cholera is to be ascribed to this disease : on the other hand, a very severe and deadly cholera morbus is to be marked as another malady."

Nor is it for classification only that such scientific knowledge of morbid states can be turned to account. It avails for prognosis. That we are able to distinguish true typhus from other forms of continued fever, and that we know its natural history, enables us to affirm that if the patient survives the nadir of his prostration between the fourteenth and seventeenth day, and then displays an upward tendency, he will pretty certainly recover. It avails for the general management of the patient. To recognise relapsing fever as present leads to a care being taken after the first apparent recovery which would otherwise be needless, but which here materially influences the course of the second paroxysm : it also suggests the use of antiseptics during the interval for the possible prevention of the recurrence, as carried out so successfully by Dr. Dyce Brown in Aberdeen.* It avails, again, for estimating the influence of treatment. Of old, every chancre which disappeared without secondaries supervening went to the credit of the mercury given, or to the demonstration of its needlessness if it had been omitted. We now know that the soft chancre—which occurs by far the more frequently of the two—has no such significance, and is naturally without *sequelæ*.

Now if medicine were an applied science only, it would be with such knowledge and its utilisation entirely that we should be concerned. But it is (as we have seen) the merit of homœopathy that in it medicine assumes its true place in being an art —the art of healing. It should have, as I have said, a life of its own, independent of the nourishment its associated sciences bring. The method of Hahnemann gives it this, by taking the clinical aspect of disease as its working basis. Pathological knowledge has little to do with drug-selection so determined. It has taught us—for instance—to recognise enteric fever as specifically distinct from typhus, and for many purposes this differentiation is highly important. But the indications for its homœopathic remedies were just as plain when it was classed

* See *B. J. H.*, xxxi., 355.

merely as "typhus abdominalis," and were as well given of old by Wolf and Trinks as they are now by Jousset and Panelli.

Again, if our aim be the ascertainment of the particular organ affected in a given case, symptomatology is certainly insufficient. Not, indeed, because it is to be distinguished from physical diagnosis, and has to do with "rational" signs merely. The phenomena requiring a 'scope or speculum for their perception, the sounds elicited only by percussion and auscultation, are as truly symptoms as is a dilated pupil or a wheezing respiration. Not thus, but because to ascertain the seat of disease we have to bring in the aid of morbid anatomy. This is the science of *lesions*, while clinical medicine takes account of *maladies*—which, in the words of Tessier, are "constituted by an assemblage of symptoms and lesions undergoing a definite evolution." The one speaks of hepatisation of the lung, the other of pneumonia; the one of herpes, the other of shingles. Now the lesion—save where, as in the last instance, it is on the surface—is a thing inferred only, not perceived or experienced; and hence is not strictly included within the range of the knowledge of disease required by the homœopathic method, which—again to quote Tessier—is one of "positive indications." To many minds, accustomed to make physical diagnosis their chief aim as physicians, this is a very unacceptable feature of our practice. But let us look at the matter dispassionately. What do you gain by inferring, from certain signs, that a given group of symptoms means the presence of inflammation of the air-cells proper, as distinguished from the bronchial mucous membrane or the pleura? Something, it may be, for prognosis: you know better what the patient has to expect, and both he and you feel more security from being able to follow the morbid process as it were with your mind's eye through all its stages. In other cases, as where the digestive organs are at fault, a knowledge of the precise seat of the malady aids you in general management: you can order such food only to be taken as will give the affected portion rest—farinaceous where the stomach, animal where the duodenum, is involved. In neither instance, however, have you gained anything as regards drug-treatment, especially if you are going to conduct this on the principle *similia similibus*. Your medicine must indeed act on the same parts as those affected by the disease, and in the same manner. But, if it produce a like group of symptoms, the inference is that it does so. As Hahnemann wrote in the Organon (§ 148)—"A medicine which has the power and tendency to produce symptoms the most similar possible to the disease to be cured, affects those very parts and points in the organism now suffering from the natural disease." It is from the phenomena that,

in diagnosis, you infer the noumena : quite as surely, in treatment, if drug and disease have the same phenomena, it may be concluded that their noumena are also identical. You are indeed in this way more certain of your aim ; for your diagnosis may be wrong, as the autopsy not uncommonly proves, but your comparison of symptoms—if intelligent and painstaking—cannot err of the mark. And further, it must be remembered that our object is to select, not a *simile* only, but the *simillimum*—the medicine whose action on the healthy corresponds to the particular case in its individuality, in the finer features and more minute ramifications of the malady here presented. Identity of lesion is insufficient for this : " we want " as Dr. Drysdale has said " a pathological simile far more exact and qualitatively like than that afforded by mere coarse morbid anatomy, which is common to all cases alike." We get this by fitting together the variety of phenomena manifested in disease and in drug-action, by " covering " the one with the other. We may not be able to explain why certain symptoms are present in certain cases ; but we must believe that each has its proximate cause, and that the combination of such causes constitutes the individual malady from which the patient is suffering, and to which our drug must be fitted.

For drug-therapeutics on the homœopathic principle, therefore, symptomatology may justly supersede diagnosis, as being in many cases surer and in all more thorough. It gives us a further advantage (which I have already touched upon), in that it often enables us to attack maladies in their forming stage, before they have developed such lesions as physical signs can manifest. The totality of symptoms is intended to be a curative indication ; and if disease is to be cured it should be taken as early as possible, before such results have occurred as become the subjects of morbid anatomy *post mortem*, or even of pathology during life. In such early stages maladies are often recognisable by rational signs alone, and mainly by symptoms of a subjective nature. This point has been forcibly made by Carroll Dunham, in his essay entitled " The Relation of Pathology to Therapeutics " ; and I would take the opportunity of commending the writings of this " beloved physician " (by no name less tender can those who knew him speak of him) to your most earnest attention. His lucid style is but an index to the clearness of his thought ; and in him Hahnemann finds an expositor who knows how to reconcile him to science and expound him in reason without sacrificing an iota of his essential principles. In the essay I have mentioned he shews, that as physiology takes cognisance, not of life, but of the results of life, so that with which pathology is concerned is the result

of the abnormal and perverted life which we call disease. The products of disease pathology sees, hears, or infers : it knows nothing of disease itself. Hence, to base therapeutics upon pathology alone is to make the former merely palliative—a pumping out a leaking ship instead of stopping the leak. It may be said that we do not know where the leak—the primary disturbance—is, and that if we knew we could not reach it to stop it. But by the proving of medicines we obtain agents which shew their power to cause similar inundations, and therefore, presumably, similar breaches, which—upon the principle *similia similibus*—it is the hypothesis that they can repair. If, then, the comparison between the results of disease and of drug-influence be thoroughly and accurately made, the parallelism of action must reach also to that which originates either. "And here," Dr. Dunham writes, "I cannot refrain from rendering homage to the wonderful prevision of genius by which, in an age when pathology, as we understand it, was unknown, Samuel Hahnemann anticipated all that we have said, and all that the most advanced thinkers of our day have taught, respecting the scope and influence of Pathology in relation to Therapeutics. The symptoms of the urinary organs in connexion with the discharge of morbid urine would at one time have been regarded as the proper subject of treatment. But patholgy has now taught us to trace these symptoms back to the kidneys, and beyond the kidneys to the blood, and beyond the blood to the nutrition and the destruction of all the organised tissues. As Dr. Carpenter remarks—'When, for example, the urine presents a particular sediment, our enquiries are directed not so much to the sediment itself, as to the constitutional state which causes an undue amount of the substance in question to be carried off by the urinary excretion, or which prevents it from being (as usual) dissolved in the fluid.' To confine the attention, therefore, in prescribing for a given case, to the immediate organ the perversion of whose functions is most obviously pointed out by the prominent symptoms, is to disregard the clearest indications of pathology. We must analyse these prominent symptoms, and must include their remotest elements in our indications. Nay, these remotest elements—the constitutional disturbances of which Carpenter speaks—are even more important indications for treatment than the more obvious and objective symptoms. But how can we analyse these more obvious symptoms, and ascertain those 'constitutional disturbances' in which they have their origin ? In no other way than by a study of the functions of the entire organism—in what way and to what extent they are performed in an abnormal manner. And this brings us at once to that rule on which Hahnemann

so strongly insisted, that the entire organism of the patient should be examined in every possible way, and that the 'totality of symptoms' should be made the basis of the prescription; nay, that the constitutional, general symptoms are often more conclusive as to the proper treatment than the more obvious local symptoms. The grand old master reached at a single bound the same conclusions to which the labours of a half century of able pathologists have at last, with infinite research, brought the medical profession."

All this time we have been dealing with general principles; but let us look at special forms of disease, and see whether or no the Hahnemannian mode of regarding them is sufficient for their treatment.

1. The *fevers* constitute a group which plays a large part in daily practice. They are maladies in which morbid increase of temperature exists prior or out of proportion to any local inflammation which may be present. The theory of this state is still a moot one. According to some pathologists it depends upon excessive heat-production; according to others upon deficient heat-radiation; while yet another class (with whom I venture to think the truth resides) believe that both factors operate at one time or another in the process.* But whatever be the genesis of fever, it remains a positive fact, a clinical entity, with which we have to deal. Upon the homœopathic principle, we have to treat it with drugs capable of producing fever. How they do so, we may not know; but our ignorance of the process matters little if we are sure about the result. "An infinitesimal quantity of atropia—a mere atom," writes Dr. John Harley, "as soon as it enters the blood, originates an action which is closely allied to, if it be not identical with, that which induces the circulatory and nervous phenomena accompanying enteric or typhus fever." This is sufficient; and as soon as we learnt it to be a fact, from Hahnemann's proving of belladonna (made, I may add, before Dr. Harley was born), yet minuter quantities of atropia (in the form of the juice of its mother-plant) became in our hands trusted remedies for these very fevers. Again, the classification of fevers of which we have already spoken, so necessary for science and so valuable for general purposes, has but the smallest influence upon drug-selection. The old divisions of synocha, synochus, and typhus (the last with its "nervosus" and "putridus"), worthless as they are from a scientific point of view, are much more useful for our practice than those of typhus, typhoid, relapsing, and ephemeral. They denote the *kind* of fever with which we have to do, its quality and mode of life; and to us it is all important

* See my "Knowledge of the Physician," Lecture V.

that our drugs, next to being really febrigenic, should correspond in their action to the kind of fever present. They can hardly set up a whole typhoid, in its complete evolution; but the febrile state they develope is certainly either a synocha, a synochus, a typhus nervosus versatilis or stupidus, or a typhus putridus; and if we find these states existing, in the essential fevers, the exanthemata, or elsewhere, in them we shall have our remedial means.

2. After fevers, the most important group of diseases consists of the *inflammations*. To the pathology of this morbid process many pages are devoted at the commencement of every treatise on medicine or surgery. Whether, after all that has been written, we know much about it in its essence, may well be doubted; but even if we do, of what avail is our knowledge for treatment—at any rate for medicinal treatment? The old phenomenal signs, *dolor*, *calor*, *rubor*, *turgor*, still for all practical purposes constitute inflammation, when externally manifested; and when it is internal, and so invisible, the facts which lead us to infer its presence and seat are no less of the symptomatic order, as I have already argued. To treat inflammation homœopathically, it is only necessary to find a drug capable of setting it up, at the same spot and in the same manner, as evidenced by the symptoms.

3. The *neuroses*, of which I would in the third place speak, are still—as Liebermeister says—symptomatic groups. Their unity is one neither of cause nor of lesion: it is clinical only. It is of much interest to know what is the seat and process of the epileptic paroxysm; but our choice of anti-epileptic remedies must be determined mainly by the power they have of inducing similar paroxysms in the healthy subject, explain it or not as we can. In like manner is it with chorea and tetanus and hysteria: no conceivable knowledge we can gain as to their intimate nature would make us better able to fit homœopathic remedies to them than we should be if we possessed their symptomatic analogues in drugs.

It thus appears that of the three elements which exist in all knowledge—phenomena, laws, and causes, it is the first which, for positive therapeutic action, chiefly concerns us in disease. Not that the other two are worthless to us, even for this end. Our laws here are classifications—the recognition in morbid states of genera, species and varieties analogous to those of animated nature. These enable us to form groups of remedies associated with them, instead of having to wander through the whole Materia Medica for each prescription: they also give a continuity to medicinal treatment, without which the *usus in morbis* were of no avail. Hahnemann led the way here, by con-

stantly insisting on the existence of fixed and definite types of disease, to which standing remedies should be applied ; and by giving us his group of "antipsorics." I fear, however, that he must be considered as having rejected all enquiry into causes—I mean proximate causes, the noumena of the phenomena—in this sphere. In so doing we need not follow him. His ground for taking symptoms as the element of parallelism between disease and drug-action was that they only were surely known. In his day this was true, and his selection of them was most prudent. But to maintain that they alone were knowable was unwarrantably to bar the progress of science. His stricter followers have acted on the *dictum*, and have looked askance on the positive pathology of the present day, with its physical diagnosis and post-mortem confirmations. They have always been a decade or more behindhand in their recognition of such distinctions as those between typhus and typhoid, betwen chancre and chancroid, and in their use of such means as auscultation and thermometry. Now this is altogether wrong. An inference from symptoms, if sure, is as good a basis for treatment as symptoms themselves. This sureness is assumed in the prognosis given and the general management instituted : why should it not be also for purposes of drug-selection ? By proceeding upon it we secure another route to the *simile* we desiderate. We use symptoms to reach it, because they are its most certain expression ; but if it can be otherwise attained, the alternative access may often be useful. Morbid lesions sometimes occur almost, if not quite, without symptoms, as for instance caries of the vertebræ and senile pneumonia. To attempt to "cover" these from the results of the proving of drugs would be futile. But toxicology and experiments on animals here come to our aid, and give us in phosphorus a substance capable of inflaming alike the cancellous structure of bone and the pulmonary air-cells ; so that with it we can combat these diseases, however latent and expressionless they may be. There is indeed something fascinating about similarities of this kind ; and our late colleague Dr. Sharp proposed (following in the footsteps of Paracelsus and Rademacher) to make seat of action instead of symptoms the basis of our method, which accordingly he would call "organopathy." That remedies so led to may prove effectual is undoubted : we have a good example of them in the ceanothus americanus, which, though never proved on the healthy, and only known to "act upon" the spleen, has been found strikingly effective in pains, enlargements, and other disorders of this organ. But we should never, if possible, rest content with identity of seat between disease and drug : we should aim also at making their kind of action the same, and

this can only be done by securing similarity in their symptoms. In this way we elevate the *simile* to a *simillimum*, and proportionately enhance its energy in cure.

We thus come back to the phenomena as our mainstay in practice: for therapeutic purposes, the totality of symptoms constitutes the disease. As a result of this view, the examination of patients by the homœopathic prescriber is far more minute than that ordinarily practised. He can hardly, indeed, inspect and explore for himself more thoroughly than does the well-trained practitioner of to-day; but he listens to and questions the sick person with greater patience and more painstaking completeness. He pays more regard to subjective symptoms. I have already more than once indicated the large part played by sensations in homœopathic proving and prescribing of medicines: I am glad now to support our appreciation of these from an address delivered by the late Dr. Russell Reynolds in 1874.

"Is it not coming to this," he protested, "that but little attention is often paid to the accounts which patients give of themselves, their ideas, emotions, feelings, and physical sensations? These are things which we cannot weigh in our most guarded balances; measure by our finest scales; split up by our crucibles; or describe in any terms save those which are peculiar to themselves, and which we cannot decompose. These symptoms are often disregarded and set aside; and the patient, whose story of disease is made of them, is thought fanciful, hypochondriacal, hysterical, nervous, or unreal; because, forsooth, we have physically examined thorax, abdomen, limbs and excretions, and have found in them nothing wrong; because we have looked at the retinæ, examined the limbs electrically, traced on paper the beatings of the pulse, weighed the patient and not found him wanting. Still he is miserable, in spite of placebo and assurance that there is nothing organically wrong! There may be in him a consciousness of a deep unrest; or of a failing power, which he feels, but which we cannot see; or of a something worse than pain, a sense of impending evil that he is conscious of in brain or heart; a want of the feeling of intellectual grasp, which he may call failure of memory, but which memory—when we test it—seems free from fault; a want of the sense of capacity for physical exertion, which seems, when we see him walk or run, to be a mere delusive notion, for he can do either well or easily to our eyes and those of others; and so he is called nervous, and told to do this or that, and disregard those warnings which come to him from the very centre of his life. And let me ask whether or no it has not again and again happened

in the course of such a history as that which I have only faintly sketched, that some terrible catastrophe has occurred? Do we not see minds gradually breaking down while we say there is no organic change in the brain? hearts suddenly ceasing to do their work, when after careful auscultation we have said there was nought to fear? Suicide or sudden death sometimes disturbs the calm surface of our scientific prognosis of no evil: we may be startled, and may then see all that we ought to have seen before. But when the ripples that such unforeseen events have occasioned on that smooth surface have subsided, we go on as we have already done, and still pay but little attention to what the patient feels, and delight ourselves in the precision of our knowledge with regard to physical conditions of which he may know nothing and may care still less. No one can appreciate more highly than I do the value of precise observation, but I do not believe that minute, delicate, and precise observation is limited to a class of facts which can be counted, measured, or weighed. No one can see more distinctly than I do the wrong conclusions at which a physician may arrive by accepting as true the interpretations which fanciful patients may offer of their symptoms; but I am sure that if we pay no heed to these mistaken notions of a suffering man, we lose our clue to the comprehension of the real nature of his malady. Morbid sensations and wrong notions are integral parts of the disease we have to study as a whole, and we are bound to interpret their value for ourselves; but we can ill afford to set them aside, when we are as yet but in the dawn of scientific pathology, and are endeavouring to clear away the obstacles that hide the truths we hope hereafter to see more clearly about the mystery of disordered life. The value of such symptoms may be slight in some kinds of disease, when compared with that of those phenomena which may be directly observed; but we are bound to remember that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs."

In the light of this, which is but one among the many advantages of Hahnemann's mode of observing disease, I think we may make claim for it as being, not only the one safe thing for his own time, but also a mode of procedure most important in itself, and never to be left behind. It needs especially to be emphasized at the present day. It is with us as before the Reformation, when the Bible was used by the Church as a rule of faith only—a source whence were to be inferred the doctrines and practices obligatory on her children. What Luther and his followers did was—as Dr. Robertson Smith has well shown—to recover the Book itself, in the totality of its thoughts

and words, as a means of grace to each individual soul. The fruitful results thus achieved in the spiritual sphere will be paralleled in the medical as the clinical study of disease is allowed its due preponderance, and is made the direct road to therapeutics. Of this reformation Hahnemann was the preacher in his day ; and his voice must ever be echoed by his disciples when they see the profession straying into the alluring, but less practical, paths of pathological speculation.

In support of thus acting, they could cite the words of another acknowledged leader in English medicine, also now deceased,—Sir Andrew Clark. In his Presidential Address at the Clinical Society of London in 1883, this distinguished physician said :—*

"Another great work of our Society has been, and continues to be, the unfolding of the exact relations which morbid anatomy and, incidentally, experimental pathology should hold to clinical medicine. These two chief servants of our art, excited and carried away by their marvellous successes, and assuming a joint sovereignty over our art, look down with condescending superiority upon clinical medicine, ridicule her claims to supremacy, scoff at her empirical distinctions, reproach her with being unscientific, and strive to torture her into a slavish subjection to their theories. But the true relation is not this ; it is, indeed, the converse of it. For the structural change is not disease, it is not co-extensive with disease ; and even in those cases where the alliance appears the closest, the statical or anatomical alteration is but one of other effects of physiological forces, which, acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary condition and intimate nature is in strict language dynamic ; it precedes, underlies, evolves, determines, embraces, transcends, and rules the anatomical state. It may consist of mere changes in the relations of parts, of re-arrangements of atomic groupings, of recurring cycles of vicious chemical substitutions and exchanges, of new conditions in the evolution and distribution of nerve-force ; and any or all of them may be invisible to the eye, inseparable from life, and undiscernible in death. Undoubtedly the appearance of a structural alteration in the course of disease introduces a new order of events, sets in action new combinations of forces, and creates disturbances which must be reckoned with, even as mechanical accidents of the pathological processes. But always behind the statical lies the dynamic condition ; underneath the structural forms are the active changes which give them birth, and stretching far beyond the limits of pathological anatomy, and pervaded by the actions

* *Lancet*, Feb, 3, 1883.

and interactions of multitudinous forces, there is a region teeming with manifold forms of disease unconnected with structural change and demanding the investigation which it would abundantly reward. It is in this mysterious and fertile region of dynamic pathogenesis that we come face to face with the primitive manifestations of disease, and learn how much knowledge from all sources is needed to understand it aright ; it is here that we see how, without help from physics, chemistry, and biology, collecting, converging, and meeting in a common light, no single problem in disease can be completely solved ; it is here that we are made to comprehend how the nature of a pathological product cannot be determined by its structural character, but by the life-history of the processes of which it is only a partial expression ; it is here that we observe how, in therapeutic experiments, the laws of the race are conditioned and even traversed by the laws of the individual ; and it is here that we discover how clinical medicine is to become a science, and how she is already, beyond all question, at once the mother and the mistress of all the medical arts."*

* It is pleasant to find Dr. Clifford Allbutt followng in this direction his eminent predecessor. "Mere observation of disease," he said in his inaugural lecture at the Middlesex Hospital School in 1900, "and morbid anatomy have taken us almost as far as these means can do. . . . We must track our morbid processes in their earliest dynamic initiation, so as to arrest them at these stages." (*Brit. Med. Journ.*, Oct. 6, 1900).

LECTURE V.

THE KNOWLEDGE OF MEDICINES.

At our last meeting we spoke of the knowledge of disease required for the practice of homœopathy. We saw that the phenomena we call "clinical"—the symptoms of maladies, subjective and objective, rational and physical, in their connection, conditions, and order of evolution—form for this purpose the main object of our study. They do more than enable nosology to classify their sum and pathology to diagnose their seat; they directly avail, under the guidance of the method of Hahnemann, for the choice of their remedies. Nosology aids in this, by grouping drugs around definite morbid species, and pathology by utilising their local affinities; but both need completing by symptomatology to determine finally the one medicine which shall be the *simillimum* of the disorder we have to treat. We heard some of the ripest medical thinkers of our time bearing witness indirectly to the validity of this mode of procedure, recognising the dynamic origin of disease, the importance of subjective symptoms as indicating its beginnings, and the necessity of taking all symptoms into account if we are to arrive at a true conception of a case. The inference is that to the clinical study of disease the homœopathic student and practitioner should devote his chief attention. He should learn, indeed, all that pathology, which is the science of disease, can tell him about it in its various forms; but should use the light of such knowledge, not so much to gaze upon in scientific interest, as to illumine his perception of the actual features of that with which he has to do.

Our subject to-day is the knowledge of medicines, which are the tools of the healing art, as disease is the material on which it works. What are medicines? I do not know that any better definition of them can be given than that which was put forth by Hahnemann in 1805, in the preface to his "Fragmenta de Viribus Medicamentorum positivis":—"Quæ corpus mere nutriunt, *Alimenta*, quæ vero sanum hominis statum (vel parvâ quantitate ingestâ) in ægrotum—ideoque et ægrotum in sanum—mutare valent, *Medicamenta* appellantur." My only difference with him would be that I should place the corollary foremost,

and define a medicine as a substance which has the power of changing sickness into health, and therefore—on the principle *nil prodest quod non lædit idem*—of altering health to sickness.

Now on what ground is any substance to be reckoned a medicine ? and how is it to be ascertained what are the morbid conditions and processes it can favourably modify ? There are but two ways by which to arrive at such conclusions, the empirical and the rational.

1. Many, perhaps most, of the ordinary remedial uses of drugs have been stumbled upon by chance. It has generally been the "common man" (as Hahnemann calls him), sometimes even the still lower brute, that has discovered them ; and the professional healer has taken the hint and adopted the practice. After this manner has been gained bark as a remedy for ague, burnt sponge for goitre, arnica for the effects of falls and strains, graphites for tetters, sulphur for the itch. Not less empirically, though among the practitioners of medicine, has arisen the use of mercury and iodide of potassium in syphilis, of bismuth in gastralgia, of arsenic in psoriasis. Theories of the *modus operandi* of such remedies have often been subsequently framed ; but it is certain that their original adoption grew out of no such theories, but was an accidental discovery.

Now it would be the height of unwisdom to neglect information from this source. A remedy is a remedy, however come at, and whether conforming or not to any laws of action we may suppose to prevail. Experience is the test even of medicines rationally ascertained to be such : it is but beginning the process a little lower down when experience itself discovers them. But on the other hand it is obvious that the empirical method is a very uncertain one, and affords no guarantee of further additions to our remedial wealth. Indeed, it is no method at all, but mere guess-work and chance picking-up. It is only hopelessness as to rational therapeutics which has led such writers as Wilks and Druitt in the past to make empiricism a matter for satisfaction and a standard of advance ; and it is with regret that we see it rampant in the highest ranks of the medicine of to-day. Sir William Gowers has for some time been regarded as one of the leading authorities upon nervous diseases, and as a neurological specialist is in great request for consultative purposes. In an address published in the *Lancet* of 1895 (Nov. 23rd) he has shewn us what is in this case the "scientific medicine" on the possession of which that periodical so often felicitates the profession. "It has not been my privilege," he says, "to add much to our therapeutical resources, but the few agents I have recommended have been based on pure empiricism." He gives as examples his employ-

ment of borax in epilepsy and of aluminium for the pains of locomotor ataxy. Of the former his words are—"It was one of many things I tried, simply as a peasant might try in succession a number of herbs"; of the latter "I had no better reason for trying it than the fact that arsenic is a metal, and so is aluminium."* If this is the only mode of progress that "regular" medicine at its best can adopt, we may be content to remain "irregular."

2. There are certain pseudo-rational modes of discovering remedies which have brought undeserved slight on those truly bearing the name. Such is the doctrine of "signatures," and much of the iatro-mechanical and iatro-chemical theory of former and later times. When a real medicine has been gained by these means—as chelidonium in disorders of the liver and euphrasia in those of the eye, as iron in anæmia and muriatic acid in low fevers—it has been by coincidence, not from induction: the result is practically empirical. The truly rational method is that which infers the place and the power of a drug in disease from its behaviour in health. Every such substance, on being introduced into the animal organism, causes certain disturbances, certain changes. Each has its proper series of effects; each selects certain organs and tissues, or certain tracts and regions of the body, and there sets up phenomena of a definite kind. This is the only source of information about them which is certainly and infinitely fruitful. If from observing the pathogenetic effects of a substance we can conclude (subject to the teachings of experience) as to its therapeutic virtues, we have but to experiment with fresh poisons to gain as many additional remedies.

In two of his essays—the "Suggestions" of 1796, and the "Examination of the Sources of the common Materia Medica" of 1817—Hahnemann has fully considered the empirical and pseudo-rational ways of arriving at the knowledge of medicines, and has proved them wanting. In the latter he discusses the ascription of general therapeutic virtues, as when drugs are styled resolvent, tonic, and so forth; the inference from sensible properties, as those of the bitters and aromatics, or from chemical qualities; and the *usus in morbis*, shewing conclusions from this source to be vitiated by polypharmacy and lack of individualisation. In the former treatise he also enquired how

* It is rather curious that the very unusual aluminium should have been the first metal thought of by Sir W. Gowers as a succedaneum to arsenic. Is it possible that the fact had reached him (it is mentioned in my "Therapeutics") that Bönninghausen many years ago published two cases of tabes dorsalis in which a cure had been effected by aluminium metallicum in the 200th dilution?—See *Amer. Hom. Review*, I., 107.

far botanical affinity could guide to medicinal virtues. His conclusion is that none of these sources is trustworthy, and that the only sure one is the effect produced by drugs on the healthy organism.

It is needless at the present day to vindicate the wisdom of Hahnemann's rejection of the fanciful modes of apprehending drug-action mentioned above. We still, indeed, hear of "tonics" (though not of "resolvents"); but that three such incongruous substances as iron, quinine and arsenic should stand at the head of the list of these shews how little of scientific worth there is in the conception. The *usus in morbis* of course maintains its ground, but it is confessed to be only available as a guide when freed from the elements which in Hahnemann's day made it useless. A steadily growing usage, together with ever-multiplying admissions, shews that the proving of drugs on the healthy will ere long be recognised as being all that Hahnemann claimed for it. But in the meantime there is on the part of many such a tendency to look askance at it, and with all so much grudging of Hahnemann's merits as its initiator, that its exposition—if not justification—here becomes a necessity and a duty. We have also, on the other side, to present some critical estimate of the manner in which the work has been done by himself and his disciples, and of the materials we have gained therefrom for our practice.

The organisms on which the effects of drugs can be ascertained are those of the lower animals and of man.

I. There was a time when the *corpus vile* of brutes was thought the only ground on which *fiet experimentum*; and even now it plays by far the largest part in the pharmacological research of the profession at large. If this were sound practice, Hahnemann would be somewhat discredited; for he, recognising that it was available, deliberately rejected it. But have his arguments against its adequacy ever been answered? The first is that the effects of drugs are different on them and on us, and different as between themselves. "A pig can swallow a large quantity of nux vomica without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers and seeds of monkshood: what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. . . . The stomach of a wolf poisoned by monkshood was found inflamed, but not that of a large and a small cat, poisoned by the same substance." * Thus Hahnemann; and similar facts have come to light in later times, among which I may mention the impunity with

* Lesser Writings, p. 299.

which the rabbit may be fed for days upon belladonna leaves. The argument from them has been urged afresh in the forty-first volume of the *British Journal of Homœopathy*, and shewn to be borne out by the contradictory results of later pharmacological research on animals. The second is yet more destructive: it is that we cannot obtain subjective symptoms from dumb creatures, and we have learned how important these are in the knowledge—for curative purposes—of disease, and therefore also of drugs. We may see this by the instance of aconite. In experiments on animals, loss of sensibility of the surface is always noted: hence the drug is supposed to be an anæsthetic, and suited for employment in neuralgia and other simple pains, for which it must be given in physiological doses, or—where the affected parts can be reached—applied locally. But consult human poisonings, or—still better—provings, and another tale is told. While the surface may be insensible to external impressions, it is not so to the patient's own consciousness. It is a dysæsthesia, an anæsthesia dolorosa, from which he is suffering, which—as in the case of Schroff's provers—may develope into actual neuralgic pain, to which therefore aconite is truly homœopathic, and which it will cure by internal administration and in non-perturbing dosage.

These objections are surely fatal to any exclusive or even predominant reliance on experiments upon animals for ascertaining the properties of drugs. But on the other hand they have a place, which Hahnemann himself was ready to acknowledge (thirty years before Magendie began their systematic institution), and which the provings of his school, when thorough, have always given them. Besides the induction of the more violent effects of the drugs, we can learn upon these subjects the result of their long-continued employment in doses sufficient to change without killing. In this way Wegner has ascertained the power of phosphorus to induce a plastic irritation of periosteum, and of the interstitial tissue of the stomach and liver; and Eugene Curie has shown bryonia capable of exciting pseudo-membranous deposit and drosera that of tubercle. Again, experiments on animals lend themselves to analysis and interpretation. Sir Lauder Brunton has well shown how in this way the rapid circulation of atropia has been proved to be due to paresis of the terminal extremities of the vagi in the heart; and the opposite effect of digitalis has been demonstrated to result from stimulation of the same inhibitory fibres at their origin. It is not always that here *le jeu vaut la chandelle*—that we have taken much by our knowledge: but, assuming it to be worth having, it is certainly from experiments on animals that we must obtain it.

II. Such experiments, then, being of subsidiary value only, we turn to the action of drugs on the human body as the main source of our knowledge of them. This knowledge must be gained here, as elsewhere, by observation and by experiment.

1. Observation, in the present instance, has for its field poisoning of healthy and over-dosing of sick persons; and each of these sub-divisions requires separate discussion.

a. Poisoning is obviously limited to the comparatively small class of drugs sufficiently virulent to produce such effects. Here, however, it is of great value. It supplies the more violent disturbances and the *post-mortem* changes induced by medicinal substances better (because more surely) than experiments on animals can do: it aids us greatly in arriving at the lesions they can produce and in obtaining similarity of seat between drug-action and disease. Records of poisoning and works on toxicology have therefore been always largely employed, from Hahnemann downwards, in the construction of our pathogeneses; and nothing can be said against this source of knowledge save that it is, as it were, illegitimate. Poisonings are the product of crime or of carelessness, and in the progress of society should become more and more rare: so that we may not lean too confidently upon them as materials of future information.

b. Overdosing may also be said to be a remediable error; but as long as traditional medicine is practised it will be liable to occur again and again, as it has occurred in the past. The object both of antipathic and of allœopathic medication being to induce the physiological actions of drugs, these are continually being observed; while even in "alterative" treatment the ponderable doses deemed necessary, and the occasionally quick susceptibilities of patients, occasion the development of collateral effects. The older treatises on Materia Medica draw largely on such observations, partly for knowledge as to pathogenetic action, and partly for warning as to excessive dosage. They formed, as we have seen, Hahnemann's earliest source of symptoms; and continued to occupy a prominent place in all his collections. Ere long, indeed, they assumed a position there which our present knowledge must declare unwarrantable. Their obvious weakness is the uncertainty which belongs to them, owing to their exhibitor being already the subject of disease. Of course, if this be of a definite and limited character, and consisting with fair general health; and if all symptoms conceivably resulting from it, or occupying the same seat, are excluded, and likewise all phenomena previously observed in or by the patient during his illness,—then pathogenetic effects of drugs may be observed almost as well as upon

healthy subjects. Some of our best records of the effects of atropia, as those of Grandi, Michéa, and Lussana, have been in this manner obtained ; and without it we should know next to nothing of the physiological action of the bromide and iodide of potassium and of salicylic acid. But Hahnemann, though he perceived the necessity for such precautions, soon came practically to ignore them. An exaggerated notion of the potency of drugs led him to set down well-nigh all the phenomena and sensations noted in patients from day to day by their physicians as effects of the drugs they were taking ; and this in the presence of other sufficient causes and often in the face of the most glaring improbability. I have shown how he has treated the cases of Greding, Störck, Carrére, and Collin in this way* ; and these are but specimens of his pervading practice. At first, it was only from the writings of physicians of the old school that symptoms so obtained were taken ; for the homœopathic dosage was conceived as reducing the power of drugs to do harm. When, however (about 1824), the theory of dynamisation began to influence his mind, and attenuations became potencies, there seemed no reason why these should not produce pathogenetic effects, and they became credited with the changes observed in patients taking them as previously had been Störck's conium and Greding's veratrum. The pathogeneses of the Chronic Diseases, and the new symptoms of the third edition of the Materia Medica Pura, are—so far as they are Hahnemann's—exclusively due to this source, and are untrustworthy in proportion.

This verdict must be passed still more decisively on another mode in which Hahnemann, in later years, utilised the sick in the construction of his pathogeneses. I refer to aggravations, real or supposed, of their symptoms. In 1813 he expressed the opinion that such aggravation "most probably indicates that the medicine given can of itself also excite similar symptoms," but he would not have such symptoms set down as pathogenetic. In the Chronic Diseases, however, there is good reason to believe that he departed from his salutary caution ; and many of the apparently wonderful effects of drugs which experience has proved of little activity (as natrum carbonicum) were probably in this manner obtained.

2. We come now to experiment, which here, as in other departments of research, should be our principal resource. Very little use, however, had been made of it before the time of Hahnemann. Haller's insight had perceived its need ; and he had written—"It is upon the healthy body first that the medicine, free from any foreign admixture, is to be tested ; its taste

* See my "Pharmacodynamics," p. 28-30.

and odour to be ascertained, and then, small doses being swallowed, their effects to be fully noted, how the pulse behaves, how the temperature, how the breathing, how the excretions." * But his words had fallen on barren ground ; for there is no trace of any connection between them and the few provings which were extant at the end of the last century. Störck (1750-1760) had swallowed a few doses of aconite, conium and colchicum,—merely, however, to ascertain whether and how far they could be administered with impunity. Alexander (1768) had tested on his own person castor, saffron, nitre and camphor ; but here again as much to try whether these substances had any activity at all (which in the case of the first two he was led to answer in the negative) as to ascertain their "doses and effects" if really operative. Grimm (1767), Crumpe (1793) and Bard (1765) had made some experiments with opium, Coste and Willemet some with asarum, and Wasserberg one with belladonna. These were the only forerunners of Hahnemann ; and how few and (mostly) feeble were their efforts ! He, on the other hand, once persuaded of the necessity for therapeutics of drug-provings on the healthy human body, proceeded to institute them on the most extensive scale. I have already mentioned the publications in which his results appeared ; and two of these—the "Fragmenta de Viribus" and the "Reine Arzneimittellehre"—are mainly made up of provings. The pathogeneses of the "Chronischen Krankheiten" consist, as I have said, largely of observations on the sick ; but the contributions thereto of others besides himself are in most instances the product of experiments made in health. Of the subjects, manner, and mode of presentation of these provings I have now to say a few words.

a. For the provings whose results are given in the Fragmenta (1805), and in the first volume of the first edition of the Reine Arzneimittellehre (1811), Hahnemann had as subjects only himself and some members of his family—"some others" as he describes them "whom I knew to be perfectly healthy and free from all perceptible disease." By the time, however, that the second volume of the latter work was published (1816), he had gathered round him a band of disciples, and enlisted them in the task. The names of thirty-seven appear in the subsequent issues ; and for the pathogeneses of the Chronic Diseases he can acknowledge the co-operation of twenty-six more. These men conducted their trials of drugs mostly under Hahnemann's eyes, and on their own persons : in some instances, however, as internal evidence shews, they experimented on others, and those who lived at a distance communicated

* *Pharm. Helv.*, Preface.

their results by letter. In all cases the master, being responsible for his disciples' work, supplied the fullest instruction and the most watchful superintendence, so that the results are as genuine as he could make them.

b. As regards doses and mode of administration, it is to be regretted that more definite information has not been vouchsafed to us. We may infer, however, from hints which are dropped, that the symptoms of the Fragmenta were the result of single full doses of the several drugs ; and that the provings of the Reine Arzneimittellehre—at least up to 1826—were conducted with the first triturations (*i.e.*, 1 to 100) of insoluble substances and the mother tinctures of vegetable drugs, repeated small doses being taken until some effect was produced. Towards the end of the first quarter of the century, Hahnemann had begun to entertain his later views about dynamisation ; so that we find the three medicines added to the second edition of the sixth volume (1827), viz. : ambra, carbo animalis and vegetabilis, proved in the third trituration, and the symptoms of natrum muriaticum supplied by three persons to the fourth volume of the first edition of the Chronic Diseases (1830) were obtained from the thirtieth dilution. As in the fifth edition of the Organon (1833) Hahnemann recommends that provings be ordinarily made with this potency, as yielding the best results, we may fairly suppose that it was used in all the fresh experiments whose results are contributed to the second edition of the Chronic Diseases, which appeared between 1835 and 1839.

It is only this last mode of proceeding which needs—if it bears—defence. The question is part of the general one of the infinitesimals of Homœopathy, which I shall have to discuss when I come to the administration of the similar remedy.* I shall there adduce good evidence to show that attenuation of a potent drug like arsenic, even to degrees representing fractions ranging from the hundred millionth to the quintillionth, does not destroy its pathogenetic activity ; while in the case of common salt, almost inert in its crude state, but *vires acquirens eundo*, such activity positively increases at least up to a certain point, so that in the provings made with it at Vienna more abundant results were obtained from the higher than from the lower dilutions. Others among the Austrian provings exhibit the same thing, positively if not comparatively, and later experiments furnish numerous corroborations. I may mention, *exempli gratia*, Dr. Conrad Wesselhœft's results from iris versicolor, as reported to the American Institute in 1868. The tincture, in repeated doses of ten to fifty drops, produced little but local effects, whereas the

* Lecture X.

5x dilution developed a genuine (though not severe) sciatica, which was renewed a month later by the 3x, and intensified by the 1x, under which last rheumatic and neuralgic pains occurred in other parts also. These, he expressly says, were not developed by the tincture. Dr. Wesselhœft has so little of the fanciful about him that this experience of his is of special value. I am quite aware that such results are exceptional; that you may give attenuations to twenty students, and one or two only shall report effects from them. I recognise also that special care must here be taken to avoid illusion, and to eliminate the working of expectant attention. But when all this is said, it remains that potencies will produce medicinal effects which crude drugs cannot excite, and which we of all men, heirs of this great discovery of Hahnemann's, must not neglect.

The symptoms thus obtained, moreover, are of a class especially suitable to homœopathic practice. They are of the "contingent" kind (to use Dr. Drysdale's nomenclature)—dependent upon special susceptibility, rather than "absolute"—producible on all subjects if only sufficient doses are given; and they present, as a rule, those resemblances to the minuter features of idiopathic disease which enable us to select *simillima* instead of *similia* only. I shall not be suspected of undervaluing the importance of pathological lesions and pathognomonic symptoms when I urge the claims, in their own place, of these finer shades of the morbid picture. Let us indeed get images of sicknesses in our drug pathogenesy, but let us also get images of sick persons, in all the variety they display; and this we can sometimes best do by experimenting with infinitesimal quantities. I do not mean such "airy nothings" as the hundredth, thousandth and millionth dilutions employed (or supposed to be employed) by the extreme left of our school. I do not mean "fluxion potencies" of any one's manufacture. I am speaking of the graduated attenuations of Hahnemann's scale, carried up to any reasonable height the experimenter may choose, the same latitude being given here which we allow in clinical reports.

c. The mode of presentation adopted by Hahnemann in his provings is less defensible. Instead of giving us in detail the records of the experiments, he has distributed the symptoms obtained in a schema, mainly anatomical, proceeding from head to extremities, and ending with generalities and psychical phenomena.* The names of the observers, and frequently the time of occurrence after a dose, are affixed to each; but beyond this no information is given as to the connection and sequence in which they occurred. The result is a mass of *disjecta membra* which impresses on the mind of its would-be

* In his later pathogeneses these last were placed first.

student a sense of utter confusion and discouragement. As has been said (in allusion to the order of the schema), he begins with vertigo, and ends with rage.

This unfortunate procedure has been fatal to any acceptance of Hahnemann's provings on the part of the profession at large; and it has been almost universally lamented among his own followers. I may quote Dr. Dudgeon's caustic description of the schema. "It is," he says, "as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the noses all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the *tableaux* Hahnemann has presented us with in his Materia Medica."* The fact is that he never intended his disciples to discover such portraits *à priori*, but only *à posteriori*, from the treatment of disease. His ideal of homœopathic practice was that the symptoms of the patient should be ascertained and recorded, in the order of the schema, and then compared with the Materia Medica to see what medicine has produced all, or the greatest number, or the most characteristic of them. For such a proceeding the schema-form would seem to suffice. But the master forgot that his disciples had not the clue to the maze which he possessed in the knowledge of the original provings, and did not recognise that without it they were liable to go astray and find out false resemblances without end. To use the Materia Medica aright even upon this plan it is necessary to know the significance of the several symptoms as fully as may be, and to be acquainted with the general sphere and character of the medicines. A mere mechanical symptom-covering is as likely to miss as to hit the mark.

This is one of the points in which we have improved upon Hahnemann, even in the structure of his own machine. *Similia similibus* is our aim, as it was his; but we desire to trace our similarities where possible *à priori*, in the physiological action of drugs. The schema is very useful, as a *catalogue raisonné* in which we may find individual symptoms, and to cover cases as anomalous and incoherent as itself. But it should supplement the details of provings, not be substituted for them. To give the latter, in the narratives of the experimenters, has been the rule in homœopathic literature ever since the Austrian Society (1842) showed this more excellent

* Lectures, p. 234.

way; and the exceptions are to be found only in the limited circle which calls itself Hahnemannian, and copies with Chinese accuracy the defects as well as the merits of its eponym. Their vicious procedure will call down its own punishment; for in the Materia Medica of the future their uninteresting and uninstructive contributions, if admitted at all, will receive the comparative discrediting of smaller type.

The members of this party have wrought another great evil in the field of Materia Medica. Hahnemann, in his later years, made too large use of patients (as we have seen) for eliciting symptoms. Not only were fresh sensations and phenomena occurring in the course of their treatment set down to the medicines they were taking, but aggravations of their existing troubles were ascribed to these, and registered as pathogenetic effects accordingly. But here the master has been quite outdone by the disciples. When in a prover some existing deviation from health disappeared under the influence of a drug, Hahnemann recorded it, adding "Heilwirkung" (curative action). Only in the case of iodine has he done this with definite maladies (as goitre and enlarged glands) treated with the medicine. But the Hahnemannians have seized upon the proceeding, and carried it to lengths from which he would have shrunk aghast. They have freely admitted "clinical symptoms" into our pathogenetic lists, cutting up the cases which have recovered under the action of a remedy into their component parts, and sowing these in the appropriate divisions of the schema. They at first denoted such symptoms by a sign (° or °), but soon grew careless about affixing it, and at last (as in Lippe's "Text-book" and Hering's "Condensed Materia Medica" and "Guiding Symptoms"), avowedly omitted it altogether.

I have spoken of "the Materia Medica of the future." The antithesis in the past which I contemplate is not Hahnemann's work—which, for good and for evil, must stand as it is—but the collections of pathogenesy which serve for daily study and reference. Provings, as made, are published ordinarily in journals; it is obvious that the practitioner cannot thus have them to his hand. Accordingly, certain among us have from time to time set themselves to make a digest of this material, and to present it in a compact and accessible shape. The names of Jahr and of Noack and Trinks are well known in this connexion, and they supplied the wants of the second generation of homœopathists. For us, the third, a similar but far more extensive work was done (1874-9) by Dr. T. F. Allen, of New York, and our Materia Medica of yesterday was contained in his ten well-filled volumes. But alas! they presented the same bewildering and repelling appearance as those of Hahnemann:

their symptomatology was given almost throughout in schema. This was pardonable, and perhaps unavoidable, in the older works, where the great preponderance of material existed only in this form. But Dr. Allen had to his hand a wealth of detailed provings, the translation and collation of which would have been an incalculable boon to the profession ; and I must keenly regret that he should have cut up these, and also the records of poisoning he has employed, into the fragments of the Hahnemannic arrangement. His last volume suggests that the same regret has been growing on his own mind ; for the fresh material given in its appendix has suffered no such distortion.

For this reason, and for many others, bearing on questions of trustworthiness and accuracy, it became our persuasion in this country that the work must be done over again ; and the British Homœopathic Society determined to undertake it. It made overtures to the American Institute of Homœopathy, which also had the subject on its mind ; and the result was the appointment of editors and consultative committees from the two countries, and an agreement as to the principles on which the new Materia Medica was to be constructed. This was in 1884 ; and, the work being at once taken in hand, by the end of 1891 the "Cyclopædia of Drug Pathogenesy" was completed. Leaving Hahnemann's work in this department to stand on its own merits, it collates all available material accruing since his time or from outside his sphere in such a form as to make it alike genuine and intelligible. Genuine, because all versions and copies have been (where possible) traced back to their ultimate originals, and verified, corrected, or reproduced therefrom ; because all "clinical" (*i.e.*, merely cured) symptoms and supposed medicinal aggravations have been excluded, and phenomena observed in patients taking drugs accepted only on amply sufficient evidence ; because provings themselves have been critically scrutinised, and not admitted (at any rate to full-sized type) unless their source and method seemed free from objection. And intelligible, because all observations and experiments have (again where possible) been related in detail or sufficient summary, so as to preserve the order of evolution of the drug's effect ; and, where this could not be, the symptoms of each prover given separately, so that some approximation might be made to the same type. We thus have a series of individual pictures of the morbid conditions induced by our medicines ; and have only to fit these to idiopathic disease on the principle *similia similibus* to have the homœopathic method at our full disposal.

When I say this, I am thinking of disease as clinically studied; for here again the phenomena, in their totality, are those which

claim our most earnest attention. The aspect of disease chiefly utilised for homœopathic therapeutics must have its complement in the acquaintance we make with medicines : to obey the law of similars we must have wholes to compare with wholes. In the ordinary practice men aim at knowing what drugs can do, that in disease they may induce such effects with them when they deem it desirable. In old days, accordingly, they cared only to learn whether a given one could purge, or puke, or sweat, that they might class it as cathartic, emetic, or sudorific ; and now they correspondingly limit their investigations to the question whether it is an excitant or depressant of certain nerve-tracts. For such purposes dumb creatures suffice ; and hecatombs of these unfortunates are now annually sacrificed in enquiries as to drug-action. The differences of result, and therefore of opinion, are endless ; and the gain is proportionately small : as our General Medical Council, by banishing "Pharmacology" from the place they had given it among subjects for students' examinations, seems to have come to think. We, on the other hand, have wanted the whole picture of the effects of drugs for comparison with the phenomena of disease, and have gone to work accordingly. As it is human disease to which we need *similia*, and as this is largely made up of subjective symptoms, it is on the human subject that we experiment ; and we faithfully record the whole series of morbid changes which occur after the ingestion of a drug. We test the effect of single full doses to get analogues of acute disease ; and of long-continued small ones, that chronic maladies may find their antitypes. Thus our pathogenetic knowledge, when truly obtained and registered, is like a picture-gallery, in which the discerning eye may perceive the lineaments of all morbid conditions known or likely to occur. Our provings minister to medicine as an art : they are synthetic and sensuous, full of colour and detail. Those of the other camp are analytic, appealing to the reason ; and are available only so far as morbid processes are scientifically understood. The record of the one recalls the graphic pictures of Hippocrates and Sydenham and Watson, to whose ever-fresh lineaments the mind returns with pleasure, wearied with the merely intellectual refinements of modern nosography. The work of the physiological laboratory goes hand in hand with that of the dead-house : Hahnemann's pharmacology and pathology alike move in the region of life.

But you will remember that, when speaking of the knowledge of disease, we saw that their clinical aspect is not the only one in which we should regard the ills which flesh is heir to. From pathology—the science of disease—its phenomena are always

illuminated, and sometimes even rendered transparent so that through them we can see the noumena. Pharmacology should seek a standpoint no less advanced. Provings correspond with our studies at the bedside or in the consulting room; but as to interpret these we go to the dead-house, so to provings we must add—where possible—poisonings and experiments on animals, that the lesions wrought by drugs may be positively ascertained. Records of this kind should find place in the actual Materia Medica of Homœopathy. This, in the "Cyclopædia," has been done; but yet our work is not over. We must use these facts also as materials for inductive generalisation; we must seek to connect, classify and interpret them, to ascertain their laws, to trace them to their causes. In proportion as we do so, we make our pharmacology a worthy mate for the pathology which is growing into maturity beside it. In neither do we content ourselves with generalisations alone; the clinical history of diseases and the detailed provings of drugs must ever form the basis—and the visible basis—of any super-structure which may be reared. But while (to employ another figure) these are the text of our Materia Medica, we should read it with the help of a commentary which may illuminate it by the best available lights. There are some who think they are best following Hahnemann by shutting their eyes and ears to all that has been learned since his time; by recognising nothing in disease but the patient's sensations and obvious appearances, and nothing in drug-action but a scattered heap of symptoms of like kind. We should not go to the other extreme, and ignore any aid which may thus be gained in practice. But we should regard the human body, whether idiopathically or medicinally disordered, as one of whose order we are not wholly ignorant—as a sphere in which we are to some degree at home, and where we may speak and act as no mere strangers. In studying the Materia Medica we are to be more than symptom-rememberers, in applying it more than symptom-coverers: we are *cleri* and not *laici* here, and we fall short of our vantage ground if we work mechanically only.

Whether such commentary should form part of the Materia Medica Homœopathica is a moot question. The editors of the "Cyclopædia of Drug Pathogenesy" have thought it should not. They have had the records of proving, poisoning, and experiment on animals given apart by themselves just as elicited from nature, without touch of human hand in the way of either explanation or transposition of features. But as on the one side the last *is* required, in the form of a schematic index, for the needs of the practitioner, so on the other the student should have an introduction and companion to the text, supplying him

with illuminative and exegetical commentary. In monographs on medicines, like those of the Hahnemann Publishing Society, all will go together; but for the Materia Medica at large separate treatises seem necessary. I have done what I could in this way in my "Pharmacodynamics"; Dr. Hempel, in his "Lectures," had preceded me, and Dr. Burt, in his "Physiological Materia Medica," has followed me. Under the guidance of one or other of us, and in the new form in which our pathogenetic records are now presented, we hope that the student may find these, though perhaps "a mighty maze," yet "not without a plan."

LECTURE VI.

SIMILIA SIMILIBUS.

We have studied together the two elements contained in the maxim *similia similibus curentur*—the phenomena and sensations of disease and of drug-action respectively. It now becomes our task to see how we are to put the *similia* together so as to *curare* by their means. Before we can do so, however, we must enquire if the whole series of drug-effects on the healthy are available for the treatment of the sick after this manner; and we shall soon find that some of them are by their nature excluded from the category. Thus :—

1. Drugs, being material substances, must, if introduced in sufficient quantity into the body, act *mechanically*, by their bulk and weight, and so forth. Such properties of theirs have found little use in medicine—the swallowing of crude mercury to overcome intestinal obstruction, of olive oil to detach biliary calculi, being the only familiar instances. Whatever its value—and the latter practice seems effective and is certainly harmless—it has nothing to do with our present subject; *similia similibus* has no application here.

2. Drugs, when taken from the mineral kingdom, have *chemical* properties; and they exert these within the organism as they do outside it, with such modification as the higher laws of life there reigning impose upon their action. An alkali will neutralise an acid in the stomach as in a test-tube, and so may give immediate relief to heart-burn. A solvent of uric acid—such as the boro-citrate of magnesia seems, and piperazin is reputed, to be—will act thus upon it in the kidney almost as well as in the apparatus of the laboratory. These are examples of the chemical action of medicines. They might be multiplied largely, and would bring us at last into more debatable regions, as the treatment of rheumatic fever by potash salts because of a presumed excess of lactic acid in the blood. Stopping short of these, in the cases I have instanced it is obvious that homœopathicity plays no part, and yet that they are rational enough in themselves. We have better remedies for the tendency to gastric acidity and to renal calculus; but when these products are formed, and are causing distress by their presence, if we can remove the symptoms by chemically-acting drugs we are bound to use them.

3. We are thus shut up, for the sphere of homœopathic action, to the third and last kind of drug-energy, which may be called *dynamic* from its analogy with the forces of nature generally, *vital* from its manifestation only in the presence of life. It is the reaction which drug-stimuli excite in living matter. But even here we must recognise a limitation. Vital action which is exclusively topical does not necessarily, or even ordinarily, conform to the laws of similars. It may do so. The local application of nitrate of silver in inflammations of skin and mucous membrane, which Trousseau cited as the cardinal example of "the great therapeutic principle of substitution which at present rules supreme in medical practice,"—this is obviously an illustration of *similia similibus*, as the same writer admits. "It was soon perceived," he writes, "that the primary effect of such agents was analogous to that produced by inflammation; and it was easy to understand that inflammation artificially induced in tissues already inflamed led to a cure of the original inflammatory attack." If Anstie* and James Ross,† with Fletcher‡ before them, are right, a similar explanation is to be given of the effects of counter-irritation. Blisters are not revulsives, but substitutive agents, acting through continuous and contiguous parenchyma, or through the nerves along the paths of reflex action. But if we follow up our topical agents, we shall find the relation of similarity to fail us. The action of arnica in easing the pain and promoting the resolution of contusions is a dynamic one; but no such condition can be induced by applying arnica to a healthy part. Calendula is a vulnerary by no chemical or mechanical properties it possesses; it cannot act otherwise than vitally; yet it has no power of causing wounds on the unbroken skin. And conversely, it does not follow that because the fumes of osmium set up eczema on the parts exposed to them, that metal taken internally will act upon idiopathic eczema as, *e.g.*, arsenic will. The latter inflames the skin, however introduced into the system; it is therefore constitutionally homœopathic to dermatitis, while the other is (so far as we know at present) only locally so.

Dynamic action, to be available according to the law of similars, must thus not be topical only. It must further be exerted on the living matter of the patient's self, and not on that of guests to which he is against his will playing the part of host. It is not by homœopathic action that sulphur ointment cures the itch, for its influence is exerted on the acarus scabiei rather

* *Practitioner*, iv., 156.

† "On Counter Irritation" (Churchill).

‡ "Elements of General Pathology" (1842), p. 484. See also Dr. Drysdale's exposition of Fletcher's doctrine, in *B. J. H.*, xxvii., 494.

than on the skin that parasite irritates. The same statement may be made as to the living creatures which infest the intestines. Santonine kills the round worm, filix mas the tænia, by dynamic toxic power directly exerted ; the practice is as rational as that which we follow in scabies, but there is nothing in it which lends itself to the rule *similia similibus*. And so of more complex morbid states, whose causation is traceable to agents of this kind. The pernicious anæmia of the East, known as "beri-beri," is now believed to depend on the presence of the ankylostoma duodenale at the seat its name imports. If we were to treat it symptomatically with arsenic, or to attack its cause with thymol, we should in either case be acting on living matter, but in the former only should be giving a homœopathic remedy. You will think at once of the applicability of such reasoning to malarial fevers, as now understood ; but I must reserve that question till I come to their treatment.

Once again, there are drugs, like mercury and iodine, which have a peculiar solvent, loosening effect upon organic substance, melting it down and favouring its ready deportation by the absorbents. The action is a vital one, and we utilise it when we give such drugs in small doses for similar conditions of relaxation and wasting. But we may also employ it directly. New growths and adventitious products are susceptible to this influence as well as the ordinary tissues ; they may, indeed, feel it and give way to it before the latter are appreciably affected. It is in this way, I opine, that the lymph of plastic iritis disappears under mercurialisation, the gumma of syphilis from the administration of iodide of potassium. Whether the good done here outweighs the evil I do not now attempt to decide. I only give the instance to illustrate what I mean by vital actions of drugs which are outside the possible range of the method of Hahnemann.

It is, nevertheless, within this sphere that the method finds its place ; it is dynamically acting drugs influencing living matter which is neither parasitic nor adventitious, and doing this constitutionally and not merely topically, which can become homœopathic remedies. From their list we reach these, ordinarily, by the rule "let likes be treated by likes." The similarity here required is, as we have seen, to be found in the pathogenetic effects of drugs as compared with the phenomena of disease. To establish it, therefore, a collection of such of these effects as had been hitherto observed, and a systematic eliciting and recording of fresh ones, was necessary. This task was initiated by Hahnemann, and has been continued by his followers, in the manner I have already described. From the four large volumes of his "Materia Medica Pura" and

"Chronic Diseases," and the similar number complementary thereto of the "Cyclopædia of Drug Pathogenesy," a full acquaintance with the disease-producing energies of drugs can be obtained by the English reader; and now it only needs the discovery among them of similar conditions to make them also disease-curing.

We have got, then, our dynamic constitutionally-acting drugs; we have the record of their effects of this kind in health; and now we wish to apply our knowledge. There are, Hahnemann has pointed out, three modes, and three only, in which such application can be made.

1st. Having ascertained that a given substance has the power (say) of exciting any bodily function, you give it in disease of other parts when you think such excitation desirable. Thus, you administer diuretics in hydrothorax, and purgatives in apoplexy. It is not that kidney or bowels are inert and require raising to their normal activity, but it is that you think an exaggeration of their ordinary function likely to benefit the water-logged pleura, or the congested brain. There is here no relationship between the physiological effects of the drug and the phenomena of disease. They are foreign, ἀλλοῖος, the one to the other; we may fairly call the practice so exemplified allœo- or allo-pathic.*

2nd. The same discovery having been made, you apply your knowledge in dealing with opposite conditions of such functions themselves. You give your diuretic in ischuria, and your purgative in constipation; you administer paralysing agents for spasm and anæsthetics for pain. Here you are acting directly on the part affected, and the symptoms of drug and disease admit of true comparison. The relation between them is expressed by the ancient formula "*contraria contrariis*," ἐναντία ἐναντίοις: the practice is enantio- or antipathic.

3rd. But there is yet a third alternative. Still acting upon the part affected, you may give your drug in morbid states thereof similar instead of opposite to its physiological effects. You may administer your diuretic in polyuria, your cathartic in diarrhœa: you may treat mania with stramonium and tetanus with strychnia. If you do so, you are, as Sir Thomas Watson recognised in regard of the latter piece of practice (which yet he suggests), acting "according to the Hahnemannic doctrine—

* I have mentioned (p. 16) that Hahnemann, at least in the fifth edition of the Organon, always employs the more correct form, "allœopathic"; but his followers having dropped into the more convenient "allopathic," Dr. Dudgeon has adopted this term in his translation. It is, of course, only partially correct to use it, as ordinarily, to describe traditional medicine as a whole, this being multiform in character.

similia similibus curantur—a doctrine much older, however, than Hahnemann." * *Similia similibus* is in Greek ὅμοια ὁμοιοις : your procedure is homœopathic.

It is of the third mode of procedure that homœopathy avails itself. Before I show you how it does so, let me say a few words in comparative commendation of its action. You must pardon me if in so doing I go again over ground already trodden while we considered the Organon together.

Hahnemann's objections to allœopathic medication are two. There is, first, its uncertainty : you *may* do something by your evacuant and derivative measures, but it is quite as likely that you will not ; your procedure is indirect, roundabout, and one guessing at the problem rather than solving it. Secondly, it is actually injurious : it disorders healthy parts, and floods the system with large and poisonous doses of drugs—these being necessary to produce the desired effects. It disobeys that sage counsel which Dr. Paris used to give to his students : "if you cannot heal your patient, gentlemen, at least do not hurt him." It is a doing evil that good may come, which, if not so absolutely banned in medicine as in morals, should at least be ventured on but rarely and for very good cause.

The antipathic use of drugs has more in its favour, in that it is certainly and rapidly palliative, while it is as direct as the homœopathic. No one would hesitate to employ it in cases of acute poisoning, to antidote—for example—morphia by atropia ; and no one refuses chloroform to the parturient woman because it is on this principle that it allays her labour-pangs. Why then should there be any prejudice against it in other brief and sudden sufferings ? Why should not the deadly spasm of angina be relaxed by nitrite of amyl, and the keen agony of the passage of calculi receive what solace it may from a kindly opiate or even anæsthetic ? I must hold that the man who denies his patients such relief is sacrificing them to his prejudices, is preferring system to humanity, and is unworthy of the name of physician. I thus entirely go with Dr. Kidd† in holding *contraria contrariis* to be, equally with *similia similibus*, a law of therapeutics. It is the law of palliation ; and such palliation is often, in temporary disorders, all that need be done,‡ while in incurable disease it is sometimes all that can be done.

But the very fact that it is palliation to which it guides, and not cure, limits its range of usefulness. It is helpful only for immediate needs and passing troubles : it is not competent to

* Lectures, 4th ed. i., 591.

† "The Laws of Therapeutics," 2nd ed., 1881.

‡ See Hahnemann's introduction to Opium, *Mat. Med. Pura*, tr. by Dudgeon, I.

deal with complex, persistent, or recurrent maladies. It is here rarely practicable, from the few really opposite states which exist between natural disease and drug-action : it is inadequate, from being seldom able to deal with more than a single symptom at a time ; and the inevitable reaction which follows from its being put in operation leads to a return of the evil, often in greater force. These are Hahnemann's arguments against antipathy (or, as he more correctly called it, enantiopathy) ; and they seem to me quite unanswerable.

By cognate reasons it is easy to show the (at least theoretical) superiority of the third, or homœopathic method. Like the antipathic, it acts directly on the affected parts, leaving healthy regions unharmed ; but this last end it is more certain to secure, from the non-perturbing dosage which answers its purpose. It is thus gentle in its manner, opening the closed door of the diseased body, not by smashing the lock with a crowbar, but by finding the proper key. Again, it is of inexhaustible fertility. The fevers, the inflammations, the neuroses, which constitute the greater number of typical diseases, are all more or less plainly figured in drug-pathogenesy ; and quite as readily can those unclassifiable morbid states which so often meet us in practice be covered therefrom, though their interpretation remain unknown. Homœopathic treatment, moreover, is complete : it does not, like its rival, employ bits of physiological action, but opposes wholes to wholes, tracking—by its investigation of the totality of symptoms—the malady in its entire evolution, and so reaching it in root as well as in branches. It is, lastly, permanent ; for the law of action and re-action which makes the secondary effects of antipathic palliatives injurious here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, any recoil there may be will directly oppose and extinguish it. Hahnemann, as we shall see when we come to the philosophy of homœopathy, supposed that such secondary action always took place, and explained by means of it the *modus operandi* of similar remedies. We may not be able to agree with him on this point ; but at least it is clear that any benefit wrought by a homœopathically-acting medicine is in its nature lasting, and liable to no injurious reaction.

These are arguments which, in substance, I have already cited from the Organon. I would fix your attention to-day on three further points—the safety of the method ; the superiority *in kind* of the remedies it educes ; and the success which it has uniformly displayed when fairly contrasted with traditional medication.

1. The antipathic and the homœopathic modes of applying the pathogenetic effects of drugs to the treatment of disease

have this advantage in common over the allœopathic, that they act directly on the affected parts, and avoid disturbing those that are healthy. But then, of the two, the homœopathic use commends itself to us by its greater gentleness. The antipathic drug has to oppose the morbid process that is going on. It must do this by force, by inducing its own equally morbid condition in the suffering organ, without pledge that this shall subside when that is neutralised. It must therefore be given in full doses ; and it is not easy so to proportion these that some side-action shall not be exerted elsewhere as they circulate in the blood. In allœopathic and antipathic medication alike you have to induce the physiological action of drugs,—that is, you employ them as poisons : in the homœopathic we convert them into medicines. "Their whole physiological action" as our lamented Drysdale used to say, "is absorbed into their therapeutic." Their influence is mild ; it solicits and persuades rather than compels ; the patient is conscious of nothing save the amelioration of his distress. Acting thus, they need no large quantities ; and here comes in one characteristic feature of homœopathy—the smallness of its dosage. I am not now alluding to infinitesimals ; they form a subject by themselves to be hereafter discussed. They are fully capable of defence ; but their use forms no essential of homœopathy : the small dose does. In employing this term, I am thinking of such an obvious inference as led ipecacuanha wine to be given by single drops only when administered to check vomiting instead of to excite it ; and to such experience as Dr. Ringer relates with amyl nitrite. In treating with this substance flushes like that it causes, "the author," he writes, "began with a minim dose, but was obliged to reduce this quantity, and he ultimately found that, for the most part, these patients can bear one third of a minim without any disagreeable symptoms, but that a tenth, nay, even a thirtieth of a minim will in some patients counteract the flushing." Dr. Murrell has had similar results from drosera in spasmodic cough and Sir L. Brunton from opium in constipation ; and it has been the almost uniform experience of those who have used homœopathically-acting remedies, so that to the gentleness of their working is added the smallness of their necessary dosage.

The result in comfort and peace to the patient is manifest ; and this is no slight advantage, especially with children. Had such non-perturbative treatment been available in the days of Montaigne, he would not have written as he did of doctors and physic. "I have," he says, "a contemptuous indifference to medicine at ordinary times ; but when I am taken ill, instead of coming to terms with it I begin more thoroughly to hate and

fear it, and reply to those who press me to take physic that they must wait, at any rate, until I am restored to my usual health and strength, that I may be better able to stand the potency and danger of their compounds." I would emphasize these last words, and would claim for homœopathy the high merit that it obeys that cardinal maxim of medicine, *primo non nocere*, which ordinary treatment does not. Against the benefits which our profession has undoubtedly rendered to the world must be set, I fear, a long array of ills produced by drugging. The Cyclopædia of Drug Pathogenesy, of which I have spoken, finds copious material for its "Poisonings" section in the records of over-dosing with medicines. Nor is this a thing of the past. Physicians no longer, perhaps, lead their patients into opium-taking; and a Coleridge with his poetic power blighted, his philosophising emitted only in fragments, and—worst of all—his moral life wrecked, may not be extant now, though we have heard of a morphia-mania which is hardly less distressing. But those who knew Rossetti best have hinted plainly that what made him the melancholy and unfruitful recluse of the last ten years of his life was the abuse of chloral; and a lesser, though true, poet—Sydney Dobell—has told us himself how all motive power was paralysed in him by the bromide of potassium forced upon him by his medical advisers. "He had hoped" writes his biographer "to abandon the habitual use of a sedative medicine which he took always under protest, with a sense that it poisoned life and fettered the use of his brain, but which, during the last eight years, had been prescribed for him by every physician consulted. The result of medical experiment and observation now led to its being prescribed in larger quantities. This was a severe disappointment, as during the few days of its discontinuance he believed that his mind worked more freely and easily."* The picture here presented, of a noble "life poisoned" and a creative "brain fettered" by the constant administration of a fashionable sedative, tells its own sad story, and points its burning moral. Of how many private tragedies may not these public ones be indices! Medicinal mercurialism—so disastrous in the past—is rarely seen now, though a recent observation of Mr. Hutchinson's† warns against its possibility; and iodism, in its constitutional form, does not seem to affect other people as Coindet and Rilliet observed it in the sensitive Genevese. But arsenicism has been in full process during the last generation: it is from the medicinal use of this substance that we have learned its homœopathicity

* Life and Letters of Sydney Dobell (1878), vol. ii. See his own words quoted in *M. H. R.*, xxiii., 321.

† Cycl. of Drug Path., iv., 644.

to shingles, to pemphigus, and to cancer.* Iodine, moreover, in the form of its compound with potassium, so lavishly employed during the last sixty years, has done almost as much harm as good. To the older observations of its noxious effects left us by Wallace, Ricord and Langston Parker, we have later ones to add collected by Lewin and Morrow.† They exhibit its injurious effects upon the skin, the tongue, and the nervous system ; and it is shrewdly suspected that the kidneys do not escape damage while eliminating the mass of chemicals in this shape introduced into the circulation. Men speak lightly of the deafness and tinnitus characteristic of quinine ; but the aurists are beginning to cry out against the wrong thus done to the delicate structures of the ear, and I have more than once seen labyrinthine vertigo resulting from the abuse of the drug. The coal-tar products which have come into such large use of late as heat reducers and pain killers have already an extensive pathogenesis, and much of the severity and even mortality of the recent influenza has been traced to the antipyrin so freely employed to subdue its fever. Antisepsis, too, with all its virtues, has opened a new source of medicinal poisoning, and its carbolic acid and corrosive sublimate, used to bring local death to bacteria, have proved by absorption indefinitely harmful to the patients they would protect against them. Drugging has increased of late, is increasing, and must be diminished. Better expectancy than this ! Skoda, Dietl and Hughes-Bennett in pneumonia, Gull and Sutton in acute rheumatism, many practitioners in typhoid and other self-limiting diseases, have left their patients almost, if not altogether, to nature, with results far from unsatisfactory. It is often charged against homœopathic medication that it is a pretentious doing-nothing. If it were so, it might be worse. Doctor and patient are sustained by the idea that treatment is being adopted, and the one may lay the flattering unction to his soul that at least the other has not been harmed by him.

2. But homœopathy has further claims than such negative ones as these. Its remedies are inoffensive ; they are non-perturbative ; they are liable to do no injury from too liberal or long-continued use ; but they are also positive agents, of a kind which forms, the highest *desiderata* of medicine. Sprengel, the greatest historian of our art, writes :—" Hahnemann, by a true induction, demonstrated that most of those potent medicines known under the name of specifics are useful just because they set up an artificial excitement which often produces phenomena very like those of the malady." It is so ;

* Ibid., i., 448 ; ii., 726.
† Ibid., ii. 713-6 ; iv. 627.

and, conversely, the medicines given in homœopathic practice—given because they set up in health an artificial excitement producing phenomena very like those of the malady—display that potent kind of action known as "specific." Homœopathy is specific medication, and *similia similibus* is an instrument for the discovery of specifics—not for types of disease merely, but for each individual case. Hahnemann claimed this place for his method, which till 1808 he called simply "specific;" and even after he had begun, in that year, to use the term "homœopathic," he often conjoined the other with it. Hufeland, the head of German medicine in Hahnemann's day, allowed the claim. He said that the knowledge of medicines which produce in a healthy state symptoms similar to those of disease may be very well profited of, in order to discover specifics; and, in another place, that "the aim of homœopathy is to find specifics for individual forms of disease, by doing which it may render great service to medicine." *

I am quite aware that at the present day to claim the possession of specifics positively prejudices our cause in the minds of the profession. Medicine, they have decided, is to be an applied science, and is not to run before the knowledge by which it works; while specifics belong to the sphere of pure art. The result is fairly expressed in the following passage from a recent editorial in the *Lancet*. †

"Bacteriologists may be fairly asked to furnish us with definite knowledge as to whether a characteristic micro-organism is uniformly present in pneumonia, and, if so, whether its life-history affords any clue to the phenomena of the disease. While this question remains in abeyance, the treatment of pneumonia—always one of the most disputable and difficult in the whole range of medicine—becomes more difficult than ever. If the disease be truly parasitic, and if the destruction of the parasite be the true object of therapeutics, then it is evident that the antiphlogistic treatment of former days and the stimulant treatment of the present day are alike mistaken and futile. . . . At another point the uncertainty overhanging the pathology of pneumonia is very embarrassing. Is the pyrexia the reaction of the organism to the action of a morbid substance—whether bacillary or not—in the blood? Is it simply the effect of such a poison, or is it the effort of the organism to rid itself of the poison? In other words, as Dr. Hale White puts it, is the pyrexia one of the defensive mechanisms of the body? We cannot answer these questions

* For this subject of specifics, see Dudgeon's Lectures, Lecture iii., and Russell's "History and Heroes of the Art of Medicine," pp. 194, 267.

† July 27, 1895.

with any confidence or certainty in the present state of our knowledge, and yet until they are answered our treatment must remain halting and tentative."

If those who think thus would look into the literature of homœopathy, they would find a treatment of pneumonia there recognised for many decades past which is neither antiphlogistic nor stimulating, which is uninfluenced by theories of the bacterial origin of the inflammation or the "defensive" part played by the fever; but which apportions individual specifics to the different forms and stages of the disease, with results in diminishing its mortality and lessening its duration which no other treatment, positive or negative, can show.*

Happily (perhaps) for their patients, the readers of the *Lancet* do not really wait till these theories have settled their conflicts, but are quite ready to try any remedy which professes to be good for this or that, whether they understand its action or not. If they did not, indeed, they would soon be deserted by their patients, who wish to be cured, and care little for the mode in which this end is attained. Men like Bacon and Boyle have made themselves their spokesmen, and they have urged upon the profession from without the search for remedies of this kind. Sydenham, from within, full of the fresh sense of the blessing of specifics gained from the introduction of bark in the treatment of agues, believed in their existence and advocated their cultivation. But the leading physicians generally, from Hippocrates onwards, in their desire to be rational instead of empirical, have aimed at treating patients according to systems which they have excogitated, and have left specifics to quacks—who have thriven accordingly. Hahnemann once more bent attention in the true direction; while, by discovering the law of specific action, he rescued it from empiricism and haphazard, and made it as rational as it is beneficial. I say, beneficial; for would it not be an immense boon for suffering humanity if all diseases could be treated as ague is treated with quinine? It is because homœopathy is working towards this end—and indeed towards something still more perfect, for to give quinine in every intermittent without discrimination is but rough practice,—it is for this reason among others that its method is not only positively but comparatively desirable.

3. There could only be one challenge to this inference—the appeal to facts. If, in spite of its pleasantness and harmlessness, and of the theoretic promise of the remedies it employs, homœopathy had failed to hold its own in actual practice, we

* See Dr. Pope's articles on the treatment of this disease in the *Monthly Hom. Review* of 1892.

should have to keep silence about it, and at the best wait for a brighter day. But it has been very far otherwise. The early battles over it in this country were fought (at least on our side) largely on the ground of statistics. I do not propose to renew the combat in detail; but this gage I must throw down, prepared to maintain it *à outrance*, that never has the method of Hahnemann had fair opportunity of pitting itself against its rival that it has not come off victorious in the contest. It was so when Tessier had half the beds in the Hôpital St. Marguerite at Paris; it was so when Fleischmann handled his cholera patients at Vienna with such comparative success as to win from the Government the long-withheld toleration of the practice; it was so when similar results obtained in this disease in the London Homœopathic Hospital (then in Golden Square) had the honour of being stifled by the official reporters, lest they should reflect upon the less favourable statistics of other institutions. It has been so since, when the Michigan and Illinois State Prisons were served by the two systems in successive terms of years; when the mortality of the one Orphan Asylum of New York which has homœopathic treatment was set against that of the six others during the same time; when the homœopathic portion of the Cook County Hospital at Chicago recently compared notes with the other wards of the charity. To come nearer home, when the National Temperance Hospital was able to show better results than the metropolitan hospitals generally, it was obliged to except the London Homœopathic. It could only account for so surprising a fact by the supposition (which was, of course, entirely unfounded, and was promptly contradicted) that we did not admit acute cases! Is there any failure to set against these triumphs? There is none; and yet, on the assumption of the nullity of homœopathy, every such trial ought to have ended in discomfiture—that is, if the ordinary treatment were itself of any value. If the same assumption be persisted in, in face of the facts, then the higher mortality which the figures show for ordinary treatment means simply that it is to this extent positively murderous. I do not myself draw this conclusion; but then I do not believe that the rival method is merely expectancy.

The conclusion arrived at is that homœopathic remedies are, from their nature, from their negative advantages, and from the comparative results obtained with them, the best that can be employed, and such as should always be resorted to when practicable. I could enlarge more fully, did time allow, on the argument from their nature. I could show that they are constitutional *substitutives*, acting by elective affinities instead of topical application, and so of much more penetrating influence

and grasp of disease as a whole.* I could exhibit them as *alteratives*, having all the merits of the drugs so called—silently and peacefully, without evacuation or other intermediate action, extinguishing the morbid process at the seat of mischief; the only trace of their working being that where there was a storm there is calm, where there was pain there is ease, where there was weakness there is strength. But I must pause. I have said enough, I think, to vindicate Hahnemann's choice of the homœopathic, as distinguished from the antipathic and allœopathic methods of utilising drug-action in therapeutics. We have yet to study the mode of selecting the similar remedy; and this will occupy us at our next meeting.

* Dr. George Wood, in his "Pharmacology and Therapeutics," maintains that this is the *modus operandi* of quinine in intermittent fever—the standing type, as I have shown and have yet to show of a homœopathic specific.

LECTURE VII.

THE SELECTION OF THE SIMILAR REMEDY.

That likes should—wherever practicable—be treated by likes, and that the elements of the comparison should ordinarily be the clinical features of disease and the symptoms produced by drugs in the healthy,—these points have now been established. Can we—as it would seem we could—proceed at once to select our remedies?

It might have appeared to Hahnemann at first that the problem was thus simple. But in the fourth edition of the Organon (1829) he introduced a paragraph which recognised the necessity for wider considerations. It is that numbered § 5 in the fifth edition, which is the one we have in our hands as translated by Dr. Dudgeon. Let me read it to you :—

"Useful to the physician in assisting him to cure, are the particulars of the most probable exciting cause of an acute disease, as also the most significant points in the whole history of a chronic disease, to enable him to discover its fundamental cause, which generally depends on a chronic miasm. In these investigations, the apparent physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration."

There are, you will observe, two distinct points made in this aphorism. The first is that the causes of disease, predisposing and exciting, are to be taken into account, not merely that they may be removed where possible, but as guides to the selection of the remedy. Thus, in choosing between nux vomica and pulsatilla in a case of dyspepsia, the sex, temperament and disposition of the patient, as also the kind of food which most disagrees, go for something in inclining the balance; in prescribing for rheumatic pains, we think of aconite or bryonia if dry cold, of rhus or dulcamara if damp, has been the exciting cause. If a morbid condition is traceable to a fit of anger, we are thereby inclined to give chamomilla for it; if to a fright, aconite or opium; if to long-continued depressing emotions, phosphoric acid. For complaints having origin in an injury, arnica is always useful, not only immediately upon its reception, but long afterwards.

Dr. Drysdale is the only writer—as far as I am aware—who has enquired into the reasonableness of this practice, upon homœopathic principles. He suggests * that any similarity to the effects of definite exciting causes discoverable in the symptoms of a drug indicates that the latter has acted as a predisposing cause, making the system more susceptible to the morbific agency in question. Dulcamara is homœopathic to catarrhal diarrhœa, not because it is a purgative, but because patients under its influence are more liable to have diarrhœa induced by cold and damp than they are without it. It thus goes deeper than the immediate attack, and not only removes this, but renders the patient less apt to its recurrence. The whole action is just another instance of the use of the totality of the symptoms in selecting the similar remedy.

But Hahnemann speaks further of ascertaining the "fundamental cause" of chronic disease, which (he says) is generally a "chronic miasm"—referring to his doctrine of the origin of a large proportion of such disease in syphilis, sycosis or psora. This we have discussed already, as one of Hahnemann's theories. The question now is, why is it useful to have this causation known? Hahnemann again shall speak for himself. In a note to § 80 of the fifth edition of the Organon, he writes concerning "psoric diseases":—"I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, . . . and in discovering at the same time the principal (antipsoric) remedies, which collectively are nearly a match for this thousand-headed monster of disease, in all its different developments and forms. . . . Before I had obtained this knowledge, I could only teach how to treat the whole number of chronic diseases as isolated, individual maladies, with the medicinal substances whose pure effects had been tested on healthy persons up to that period; so that every case of chronic disease was treated by my disciples according to the group of symptoms it presented, just like an idiopathic disease, and it was often so far cured that sick mankind rejoiced at the extensive remedial treasures already amassed by the new healing art. How much greater cause is there now for rejoicing that the desired goal has been so much more nearly attained, inasmuch as the recently discovered and far more specific homœopathic remedies for chronic affections resulting from psora (properly termed antipsoric remedies), and the special instructions for their preparation and employment, have been published; and from among them the true physician can now select for his curative agents those whose medicinal

* *B. J. H.*, xxvi., 275.

symptoms correspond in the most similar (homœopathic) manner to the chronic disease he has to cure; and thus, from the employment of (antipsoric) medicines more suitable to this miasm, he is enabled to render more essential service, and almost invariably to effect perfect cures."

The object of seeking the "fundamental cause" now appears. It is that medicines suitable, not only to the existing symptom-group, but to the "miasm," may be taken into account in the selection of the remedy. Translate the dubious "psoric" into "syphilitic," and you have the conception free from prejudice. We know that to trace a malady to a syphilitic origin is of the utmost importance as regards treatment. It guides us to a class of remedies of which otherwise we might not have thought. It is so no less so, Hahnemann teaches, in homœopathic practice. He considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subject of an indiscriminate search through the Materia Medica.

Now this is obviously bringing pathology to the aid of symptomatology, and supplies another instance of its usefulness. Nor does it stand alone in Hahnemann's writings. He ever recognised that there were a certain number of diseases of fixed type, acquiring this by origination from a specific cause; and to these he appropriated one or more specific remedies, as always applicable and usually indispensable.

Let me give a few citations and references in support of this statement.

Hahnemann's earliest and fullest utterance on the subject may be read in his 'Medicine of Experience' (1806).* "We observe," he there writes, "a few diseases that always arise from *one and the same* cause" (the italics are his), "*e.g.*, the miasmatic maladies—hydrophobia, the venereal disease, the plague of the Levant, yellow-fever, smallpox, cowpox, the measles, and some others, which bear upon them the distinctive mark of always remaining diseases of a *peculiar character;* and, because they arise from a contagious principle that always remains the same, they also always retain the same character and pursue the same course, excepting as regards some *accidental concomitant circumstances, which however do not alter their essential character*" (here the italics are mine).

"Probably some other diseases, which we cannot show to depend on a peculiar miasm, as gout, marsh-ague, and several other diseases that occur here and there endemically, besides a few others, also arise either from a single unvarying cause or

* P. 502 of Dudgeon's translation of the Lesser Writings of Hahnemann.

from the confluence of several definite causes that are liable to be associated and that are always the same, otherwise they would not produce diseases of such a specific kind, and these would not occur so frequently.

"These few diseases, at all events those first mentioned (the miasmatic), we may therefore term specific, and bestow upon them *distinctive appellations*.

"If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and its cause."

Turning now to the last edition of the Organon (1833), we find Hahnemann dividing miasmatic diseases into acute and chronic. Among the former he names (§ 73), in one category, smallpox, measles, whooping-cough, scarlet fever, mumps; in another, plague, yellow fever, and Asiatic cholera, adding to each list an "&c." His chronic miasmatic diseases (§ 78—80) are three. The first is syphilis; the second is another morbid entity, abstracted by him from the manifestations of the former malady, and named sycosis; the third is psora. Under the latter head he ranges (as we have seen) all non-venereal chronic diseases not traceable to bad hygiene or injurious medication, and so refuses the name of specific to such maladies as gout, cancer, rachitis, and scrofula. On the other hand, he does refer them all to the "psoric" miasm, and provides a special group of remedies with which they are to be encountered. The "antipsorics," indeed, are numerous, while the antisyphilitics and antisycotics are only three in all. But this Hahnemann explains by the hundreds of generations and millions of organisms which psora has infected, and the consequently various forms its influence has assumed (§ 81). The mass of medicines, nevertheless, are apsoric, and are not to be used save as temporary intercurrents in the treatment of chronic non-venereal disease; just as mercury only is to be given in syphilis, and thuja and nitric acid are to be our sole reliance in sycosis.

Another class of specific diseases recognised by him here are the epidemic fevers. These are not indeed to be referred to known types, and treated accordingly; for each epidemic has features of its own. Itself, however, is the product of a single cause, and all instances of it are amenable to one and the same specific remedy, which is to be reached by a study of the phenomena of several cases, carried on until the symptom-totality of the epidemic is reached and its *simillimum* found (§ 73, 100—102, 235—242).

Again, in his "Examination of the Sources of the Common Materia Medica," prefixed to the third volume of his Reine Arzneimittellehre (1816 and 1825), he writes thus :

"From the circumstance that constant remedies have already been discovered for those diseases, few though they be, which have a constant character,* one might infer, that for all diseases of a constant character, constant (specific) remedies might be found. And accordingly, since the only trustworthy way, the homœopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have been discovered." To this (in the second edition) he appends a note, giving as instances the use of belladonna in scarlatina, of aconite and coffea in "purpura miliaris," of spongia and hepar sulphuris in croup, of drosera in whooping-cough, of thuja in condylomata, and of mercurius corrosivus in autumnal dysentery.

These extracts must suffice. But if, in addition, you will, in reading Hahnemann's writings, consider his estimate of bark in endemic malarial fever, of spongia in goître, and of veratrum album in the water-colic of Lunenburg ; his recommendation of aurum in the propensity to suicide ; and his belief in the uniform prophylactic power exerted by belladonna against scarlatina and by copper against cholera,—I think you will admit that my position is amply supported. It is true that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms alone and treatment as individual maladies formed the best mode of proceeding. But it is also evident that he was no mere individualiser ; that to him there were morbid species, and specific medicines ; and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies. Modern pathology must often differ from him as to details : it has at times (as in the "psoric" diseases) to separate where he has blended, at times (as with syphilis and sycosis) to identify where he had distinguished. But the difference is not one of principle. The great work which it has accomplished, in forming so many genera, species, and varieties out of the diverse forms of disease which come before us, has—so far as it is real—his entire concurrence, and becomes directly subservient to his therapeutics.

Hahnemann's ideal homœopathy was thus to obtain a group of medicines for each morbid species, to be chosen from in each

* Of these he had previously mentioned spongia for goître, mercury for syphilis, china for ague, and arnica for mechanical injuries.

case according to its peculiar features. This was not altogether his earliest conception. In the "Suggestions" of 1796 he expresses himself "convinced that there are as many specifics as there are different states of individual diseases, *i.e.*, that there are peculiar specifics for the pure disease, and others for its varieties;" and again—"we only require to know, on the one hand, the diseases of the human frame accurately, in their essential characteristics and their accidental complications, and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, etc., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate disorders." In a note to the first quotation, he writes—"The history of diseases is not yet advanced so far that we have been at pains to separate the essential from the accidental, the peculiar from the adventitious—the foreign admixture, owing to idiosyncrasy, mode of life, passions, epidemic constitution, and many other circumstances. When reading the description of one disease, we might often imagine it was a compound admixture of many histories of cases, with suppression of the name, place, time, etc., and not true, abstractedly pure, isolated characteristics of a disease separated from the accidental (which might afterwards be appended to it, as it were). The most recent nosologists have attempted to do this; their genera should be what I call the peculiar characteristics of each disease, their species the accidental circumstances." Later, in the Organon, Hahnemann took a juster view of what is specific and generic in disease. "In the course" he says "of writing down the symptoms of several cases of this kind" *i.e.* of an epidemic fever "the sketch of the morbid picture becomes ever more and more complete, not more extended and spun out, but more significant (characteristic) and more comprehensive with respect to the peculiarities of this collective disease: on the one hand, the general symptoms (*e.g.*, loss of appetite, sleeplessness, etc.) become particularly and exactly defined, and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent, and constitute what is characteristic of this malady." These "general symptoms," which are characteristic of all fevers, should surely be classed as generic; these "marked and special symptoms," which characterise the particular epidemic under observation, as "specific." We shall thus have another category left, answering to the "varieties" of natural history; and in this we can place the "accidental

circumstances" of Hahnemann's previous description, which are the peculiarities due to the individual idiosyncrasy.

Similarity between disease and drug-action should thus be generic, specific, and individual.

I. Generic similarity is that expressed in the sayings, "*nil prodest quod non lædit idem*" and "*magis venenum, magis remedium.*" To make his case a *simile* of drug-action at all, a person must be ill; on the other side, if he be ill, his remedy must be one capable of causing illness in the healthy, and the more seriously ill he is the more potent should be the poison with which he is treated. These are broad generalities, but they are the basis of homœopathy, and the surer one from such breadth. Then we go a little farther, and say that the class of affections from one of which the patient is suffering must be such as the drug is capable of producing. If his illness is febrile, his remedy must be pyreto-genetic; if the one be an inflammation, the other must be an irritant.

II. Specific similarity (I use the word now in its scientific, not its medicinal sense) implies the existence of species. These, in natural history, mean forms capable of reproducing their kind; and such we have in the infectious diseases. But no less entitled to the name are those which, though barren, spring from a common cause, as the malarious fevers and constitutional syphilis; those which depend on a definite morbid process taking place in a particular organ, as pneumonia and cirrhosis of the liver; or those having a known clinical history, as diabetes and acute rheumatism. These are recognised and stable forms of disease; each sufferer from them presents their essential features, though each may have them in his own way. If we had drugs which caused them all, as strychnia causes tetanus and arsenic chronic morbus Brightii, we should only have to give these, with preference—when more than one existed—to that which corresponded to the individual peculiarities of the case. But it is rarely so; and indeed, in the nature of things, could hardly be expected. The specific morbid states cannot be conceived of as having been fresh creations, full-blown at first, and ever since the same. They are the result—probably the gradual result—of interaction between the organism and its environment: even those which now reproduce their kind may well have been evolved in this way, as Darwin has taught us with regard to the species of plants and animals. In this way the *prédispositions définies* of which Tessier speaks have been established, resulting, under the action of common causes, in fixed forms of disease: in this way specific viruses, themselves the seed (and now perhaps the only source) of fresh disease of the same kind, have been slowly distilled in the alembic of the

organism, till they have become what they are. I venture to think that this is a truer account of the matter than to suppose all infectious disease to have been parasitic, according to the now fashionable germ-theory.

Specific maladies having thus originated, they can seldom—I say—be imitated by drugs *ab ovo usque ad mala*. The substances so called are either elements and simple compounds, or are the result of the vital chemistry at work in organisms themselves evolved by natural selection and other processes. They thus move in no parallel plane with the causes of disease ; and the only point of contact between the two is the living body, in which one and the other effect changes which may well be like —not to say identical—at points, but can hardly be as wholes to wholes. Specific similarity must generally content itself with such correspondences here and there, and is more or less perfect according as they are quantitatively or qualitatively considerable. Let us consider some of its elements.

1. The first requisite for specific similarity is that the drug shall have the same *seat* of action as the disease. I have already shown how provision is made for this necessity in the rule that the totality of the symptoms is to be covered. If the phenomena correspond, so also must the noumena. In this way, moreover, identity of seat is secured alike more certainly and more thoroughly ; more certainly, because on any other plan it must be an inference, which may possibly be mistaken, and more thoroughly, because the full range and even primary origin of the malady may lie beyond the organ obviously at fault. But I have also pointed out that there are cases where symptoms fail us as a guide, and where the "organopathy" of Paracelsus, Rademacher and Sharp comes in welcome aid. Identity of seat is half the battle ; only half, it is true, but to have conquered so far is fair promise of entire victory, and the promise is often fulfilled.

The "seat" of disease contemplated by Dr. Sharp is, as his name for the method implies, an *organ* ; but he is careful to postulate that the skin shall for such purposes be accounted an organ. It is really a tissue ; and this leads us to see that action upon the tissue involved in the disease is sufficient for specific similarity, though there be no correspondence in the localisation. When de Meuriot tells us that "the mucous membranes, ten minutes after the injection of atropia, are red, injected, and dry," he is speaking from those which can be observed, but has no hesitation in inferring the same thing of others which are invisible. That inflammation should have its seat in mucous membrane is therefore, *cæteris paribus*, an indication for belladonna, and this wherever the membrane may be. Sympto-

matic correspondence will give us this identity also ; but in lack thereof it may often be obtained by analogy. It was, for instance, a long time before we had adequate provings by women ; and in the absence of these we had little sure knowledge of the action of drugs on their sexual apparatus. But it was justly argued (as by Dr. Leadam *) that substances which inflamed mucous membrane or provoked hæmorrhage elsewhere should be homœopathic to endo-metritis and metrorrhagia ; and so they proved to be.

Another mode of securing what may be called "tissue-remedies" was initiated by Dr. von Grauvogl, and has been elaborated by Dr. Schüssler. As each part selects from the blood the elements it requires for its nutriment, so does it behave with the drugs brought to it by the circulatory current. But there must be a difference according as such drug is or is not an actual constituent of the part, still more if it be altogether foreign to the body. In the two latter cases the drug must be classed as a "function-remedy," *i.e.* it exalts, depresses, or otherwise modifies vital activity without effecting substantive change. It is different when the part for which it has affinity normally contains the substance in question. If this can act elsewhere as poison in health, as medicine in disease, here it would seem to supply pabulum only,—to be a food ; and such it doubtless is as long as the supply is proportioned to the demand. But what occurs when it is in excess ? The reason why each part selects from the blood its proper pabulum seems to be that such nutritive elements act as specific stimuli thereto, evoking its assimilative activity. Excess of such stimulation must cause, either morbid hypertrophy, or—by exhaustion—deficient nutrition in respect of this very element ; and the latter seems the more frequent occurrence. On the other hand, in such malnutrition idiopathically induced, the best remedy will consist in small doses of these very substances,—not as aliment (which proper food best supplies) but as specific stimuli, raising the depressed vital activity to its normal lines.

This was von Grauvogl's argument ; and he called such substances "nutrition-remedies," instancing their usefulness by the employment of calcarea phosphorica in defective ossification of the cranium, leading to chronic hydrocephalus, and of silicea in enchondroma of the fingers. Dr. Schüssler was so enamoured of medicines of this kind, that he would have had us abandon the whole Materia Medica in favour of a dozen of them,—the fluoride, phosphate and sulphate of calcium, the phosphate of iron, the chloride, phosphate and sulphate of potassium, the phosphate of magnesium, the chloride, phosphate and sulphate

* See *B. J. H.*, x. 59.

of sodium, and silica. I need hardly say that he has found no followers (among the profession) in his exclusiveness; but a large measure of success has been obtained with the new remedies of the kind he has proposed for adoption, and by generally following out the indications he has urged on our notice.*

2. Seat of action is of such value in the endeavour after specific similarity ; but *kind* of action is of no less importance. By this I mean something more than was spoken of among the elements of generic similarity, viz. : that the pathological process shall be the same—fever, inflammation, ulceration, and so forth. I am thinking of the quality which such processes receive from the diathesis or general disease of which they are the outcome. Sydenham long ago pointed to this as an essential element in specificity. "In overcoming a chronic disease," he wrote, "he has the best and truest claim to the name of physician who is in possession of the medicine that shall destroy the species of the disease ; not he who merely substitutes one primary or secondary quality for another. This he can do without extinguishing the species at all ; *i.e.*, a gouty patient may be cooled or heated, as the case may be, and his gout continue unconquered." In like manner we may say, that a medicine may be homœopathic to simple inflammation of an organ, but not to that peculiar modification impressed upon the process by its occurrence as a result of scrofula or of syphilis. Intestinal ulceration, again, is a simple thing in itself ; but it varies in character according as it is a part of a typhoid fever, the ultimate issue of a dysentery, or the consequence of tuberculous deposition in the course of phthisis. To these differences and variations our medicines must correspond so far as is possible. To reach the most suitable remedies for the *qualities* of morbid processes is no easy task. It requires symptomatic comparison, pathological inference, analogy, and clinical experience ; but when obtained it is worth all the trouble. The superiority of colchicum in gouty inflammation to the bryonia or pulsatilla the arthritis would otherwise demand is an instance in point.

3. Of another feature of specific similarity I have already spoken. It is that modification of disease which its originating

* See "The Twelve Tissue Remedies of Schüssler," by Drs. Boericke and Dewey. Dr. Schüssler evolved his theories out of homœopathy, carried them out for many years in fellowship with our body, and gave them to the last in homœopathic form and dose. Latterly he (rather ungratefully) withdrew himself from our ranks, and took up an independent position. It is amusing to notice that in the last edition of his book on the subject, issued just before his death in 1898, he omits one of his twelve medicines, on the ground of the doubtfulness of its presence as a constituent of the organism. Yet this sodium sulphate has been in use by Schüsslerites for many years, and has not been found less active than its associates.

cause impresses upon it. It differs according as it is of physical or mental origin, and these classes have to be further subdivided. A rheumatism arising from dry cold is one thing, from damp cold another : a neuralgia induced by injury to a nerve is different from one brought on by malaria or by gout. Jaundice from mental emotion is not the same disorder as that arising from heat or from a too stimulating diet. I might multiply examples ; but these are sufficient to show my meaning. Now to these modifications also our remedies must correspond ; and here again the correspondence may be arrived at in various ways. Dulcamara supplies a good illustration. Carrére, who published in 1789 a treatise on its virtues, states that he had several times noticed in patients under its influence some twitching of the eyelids, lips and hands on exposure to cold damp weather, which readily subsided under the application of dry warmth. The homœopathic inference therefrom was that dulcamara would be suitable as a medicine to affections thus caused, and so it has proved to be in numerous instances. However arrived at, such causal homœopathicity (if I may so express it) is of the utmost value, and many a time leads as no other guide would to the specific remedy.

4. Another useful point of comparison between disease and drug-action is the *character* of the pains and other sensations present. There is a reason why one should complain of burning pain, another of tearing, another of gnawing, and so forth; we may not be able to explain it, but the kind of sensation present characterises the suffering, and on being found in pathogenesy establishes the specific similarity of the drug which causes it. The burning pain of arsenic is a good example,—the more so because it is at present inexplicable. It has been thought to depend on mucous membrane being the seat of its action; but this cannot hold good of its neuralgia, where it no less obtains.

5. Lastly, I would speak of *concomitance*, that is, the coincidence of two or more marked symptoms in the pathogenesis of a drug and in the phenomena of a disease. Its value rests on the mathematical law of combinations, or—as it is technically called—permutations. The number of the possible rearrangements of the figures of a series increases in proportion to their number, but by leaps and bounds exceeding not merely arithmetical but even geometrical progression, so that while for five figures it is 120, for seven it is 5040. In the same ratio increase the probabilities against any one combination occurring by chance. You will see, then, that if three distinctive symptoms of a case can be found to have been excited by a medicine, there is already considerable likelihood of its acting on the

same parts and in the same manner; and that the odds in its favour increase rapidly as the points of analogy are multiplied. If you have three legs to your stool, Constantine Hering used to say, you may well sit down upon it; but a four-legged chair is better still. He, however, judging from the shape in which he published most of his provings, did not appreciate the full value of this mode of proceeding. It is a small matter that symptoms should be present, compared with their being present in a certain connexion and sequence; and this it is as impossible to discover in the schema of Hering as in that of Hahnemann. Now, with the detailed provings in our hands, we can ascertain order as well as occurrence, and thus enhance many-fold our probability of arriving at genuine results.

Dr. Woodward, of Chicago, and Dr. Ord, of Bournemouth, have of late years urged on us the importance of chronological sequence in respect of organs or tissues affected, and have shewn that many a success may be scored by securing homœopathicity in this matter between disease and drug-action.*

Seat of action, then, in organ or tissue; kind of action, in diathesis or other quality, in causative modification, in character of sensations, and in concomitance and sequence of symptoms,—these are the main elements of specific similarity. The more you can secure of them the better your prospect of reaching the "pathological *simile*," as Drysdale called it, which is the aim of all your endeavours and the best hope for your patient.

* See Transactions of International Hom. Congresses of 1881 and 1896.

LECTURE VIII.

THE SELECTION OF THE SIMILAR REMEDY *(continued)*.

III. Similarity of drug-action to disease is to be generic, specific, and individual. We have considered some of the elements which go to make up generic and specific likeness, and have now to see what can further be done by way of making the similarity individual. That it should so be, if possible, must be evident. Even the essential, typical diseases affect each subject in his own way, so that he presents a variety of the species ; and that which is distinctive in him must be taken into account. Individualisation is as important in therapeutics as it confessedly is in education. Still more decisive are such indications for the choice of the remedy in those anomalous morbid conditions, coming under no definite category, which constantly come before us. I cannot quite go with the saying "il n'y a pas des maladies, il n'y a que des malades ;" but here it is certainly applicable, and we may go with Dr. Clifford Allbutt in viewing as "wholesome" the "tendency to the fall of diseases, as abstract names, and to the rise of the patient."* Of the mode of dealing with such cases I shall speak farther on : at present let us consider individual as complementary to specific similarity.

In pursuit hereof must be taken into account the patient's constitution and temperament, his mental and emotional state, the conditions of aggravation and amelioration presented by his sufferings, the side of the body affected, and the time of day or night at which his symptoms are most pronounced.

1. To almost every medicine of importance in homœopathic practice has been assigned, as it has become well known, a type of patient to whom it is suited. Bryonia corresponds to brunettes of bilious tendencies and choleric temper, with firm flesh ; arsenicum to worn and exhausted constitutions ; nux vomica to vigorous persons of dry habit and tense fibre, addicted, it may be to "high thinking," but not to "plain living" ; pulsatilla to the lymphatic, and ignatia to the nervous temperament, in women and children ; and so forth. These adaptations have mostly been reached by clinical experience, but sometimes the physiological effects of drugs will lead to them ; and Teste has suggested that we may often get useful hints from the results of experimentation on animals,—poisons which have most effect on carnivora or herbivora respectively finding

* *British Med. Journ.*, Oct. 6, 1900.

most receptivity as medicines in corresponding types of human constitution.

2. The mental and moral state of the patient is often a feature of his general temperament, but it may also supervene in the course of his existing malady. It is a matter on which Hahnemann always laid much stress. "In all cases of disease" he wrote in the Organon (§ 210) "that we are called on to cure, the state of the patient's disposition is to be especially noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homœopathically with success. This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy." In this category we have the emotional tension of aconite, with fear of death; the crossness of chamomilla; the melancholia (often suicidal) of aurum; and the *entêtée* state of platina.

3. Conditions of aggravation and amelioration have always played a large part in homœopathic therapeutics; and, as there must be cause for them, it would be wrong to ignore them. It is certainly on account of some real difference in the pains they cause that those of bryonia are aggravated by motion, those of rhus (at any rate after the first) relieved by it; and here it may plausibly be suggested that the difference depends on the more acute and inflammatory-like character of the former. But there are other instances in which no such explanation is available, and yet the fact remains, and is fruitful of practical application. The increase of the head pains of belladonna on lying down and of those of spigelia on stooping; the aggravations of lachesis after sleep and the ameliorations of nux vomica from the same cause; the relief afforded by cold to the pains of coffea and by warmth to those of arsenicum and silicea—the latter in its turn making worse those of mercurius and pulsatilla,—are examples of what I mean. The "conditions" of every drug commonly employed in homœopathic practice are known, having been ascertained either by experiment on the part of the provers (as enjoined by Hahnemann) or from clinical observation; and they are worthy of all attention. They are misused only when they are too widely generalised and when, because the pains of a drug are aggravated by motion, the same is assumed to hold good of all its diverse symptoms. This *may* be so, indeed, as it seems to be in the case of lachesis and the increase of suffering after sleeping; but it must not be taken for granted *à priori*.

4. The side of the body which is affected may be thought a thing of no moment save when unilateral organs are concerned. Sometimes, indeed, the determination of the malady thereto

may be thus accounted for, as when we find right supra-orbital pain associated with hepatic disorder, and calling for chelidonium, while on the left side it is often traceable to the stomach, and is relieved by kali bichromicum. But how are we to account for such a fact as that which is established in relation to viola odorata, that it removes rheumatism of the right wrist only, so that if both joints are affected it leaves the left untouched? There are many similar (though hardly so pronounced) phenomena in our pathogenetics and therapeutics; and they may not be ignored. Teste has contributed a valuable suggestion here, viz.: that the left must be regarded as the weaker side of the body, and so most impressible by lowering causes and depressing drugs; while the disorders and medicines of the right side are rather of the sthenic kind. Whatever be the explanation, the fact of the one-sidedness of the action of many drugs certainly holds good. Dr. Gaston Delaunay, in a thesis presented to the Faculté de Paris in 1874, has shown that in many respects the right and left sides of the body have a separate physiology and pathology; and the phenomena of aphasia point in the same direction.

5. The time of day at which symptoms occur or undergo aggravation is made no small account of by many homœopathic practitioners. The exacerbations of nux vomica about two and three a.m. and of pulsatilla in the evening were early noted by Hahnemann; and we have since come to fix those of lycopodium for 4 p.m. Dr. Claude has published a very interesting essay, entitled "Sur le rythme de quelques médicaments," in which he illustrates this last bit of periodicity by several cases of bronchitis and intermittent fever; and has also established 8 p.m. as an hour of aggravation calling for atropine.

Here, too, we have a suggestion in explanation of the phenomena derived from general physiology. M. Spring, in observations on the diurnal variations of temperature, pulse, and respiration, has found that from 3 to 9 a.m. and from 1 to 5 p.m. are periods of functional increase, while from 9 a.m. to 1 p.m. and from 6 p.m. to 3 a.m. are times of diminished functional activity. Drugs and diseases which induce overstimulation may therefore be expected to show their main influence at the former epochs, and *vice versâ*. Whether any of our observed medicinal periodicities can thus be accounted for I am unable to say; but, whatever be their explanation, they often guide us to the choice of a right remedy. In ague, especially, the hour at which the paroxysm tends to occur is reckoned of much importance; and Dr. Elias Price, of Baltimore, has published a time-chart expressly to aid in the selection of medicines therefrom.

In the union of specific and individual similarity, secured by as many as possible of these elements, lies—generic correspondence being of course assumed—the ideal homœopathy. It is well illustrated by Dr. Dunham in his "Homœopathy the Science of Therapeutics."

"Let us suppose" he writes "a case of uterine hæmorrhage. As many as forty drugs probably produce uterine hæmorrhage. On the basis of this symptom, they form a group isolated from the three hundred and forty remaining drugs of the Materia Medica. We select this group from the Materia Medica, and now we must select a remedy from the group. It were a tedious task to consider and compare them one by one. But we group them again; ten of them produce dark-coloured and ten florid hæmorrhage; ten a limpid and ten a clotted discharge. Our case has a dark-coloured discharge. Our choice is now restricted to ten drugs. But of the ten which produce a dark discharge, only five produce simultaneously a congestive headache. Thus we are limited to five drugs. Thus far, the distinctions on which our grouping has been based (or which have been characteristic of the groups) have had a pathological significance and importance. We can find no such basis for any further subdivision into groups. But we observe in the case a peculiar subjective symptom. The patient complains 'as though a living body were moving through the abdomen.' This may seem trivial. It is equally, however, a symptom produced by crocus, which is one of the five remedies to which our choice had been restricted, and it is produced by no other drug in the Materia Medica. It is, then, a characteristic symptom of crocus, enabling us to individualise crocus, and to distinguish it from all the other drugs which in many respects agree with it."

Dr. Dunham here conducts his individualisation by means of a single peculiar symptom,—one of those of which we shall have hereafter to speak under the title of "characteristics." But he shows further on that the determining feature is sometimes a condition, which may be of time, or circumstance, or concomitance,—thus bringing it into the categories we have just been discussing.

This is ideal homœopathy, and should always be aimed at. But a very little experience will shew that it is not always attainable. The deficiency may be either on the side of specific qualities or on that of individual features, or it may be on both. Clinical experience will here often come to our aid; but, if we homœopathize it all, we must do it by way of individualisation by itself or by that of generalisation by itself. The first secures likeness in the instance, ignoring the type; the second aims at

conformity to the type, and disregards the peculiarities of the instance. Which course shall we follow? The former is that advocated by most homœopathic writers; but it has great disadvantages. It rests for its basis on a minute symptomatology which is at the best uncertain, which even after the sifting it has received cannot always be relied on as a body of genuine drug-effects. Even if the symptoms which serve as indications be trustworthy, there is no knowing what relation they bear to the disorder as a whole. Their own pathological basis (their proximate cause) may be part of its foundation, and then its removal by the drug given is a real gain; but it may just as well be only an outgrowth, and contribute nothing to the strength of the main building. To vary the simile, the pursuit of such indications is too often a lopping off of boughs and leaves, instead of a cutting at the root of a tree.

There is, again, a better word to be said for the alternative of generalisation than is usually conceded to it. If you conduct a school for boys, it is important, as already said, that you consider the character of each individual committed to your care, and act towards him accordingly. But it is quite as important that you make your general arrangements such as to be suitable to the young of the masculine variety of the genus homo. You may not know much about a given new-comer, but you are safe in treating him as a boy. And so with disease. If you must choose, it is surely of greater consequence to secure similarity to the pathological process itself than (in Hahnemann's words) "to some accidental concomitant circumstances, which do not alter its essential character." By pursuing individualisation you *may* strike your mark; but your weapon's point is so fine that, though it pierces deep when it hits, it is very liable to miss. Generalisation gives a blunter point, but a broader one; your impression may be less incisive, but it can hardly fail to be made. Since, then, imperfect similarity is confessedly better than no similarity at all, it may often be wiser to make sure of this than to aim at a mark more dimly seen. That less attenuation of dose is here necessary is no argument against the proceeding; for a similar necessity is admitted even in the sphere of minute symptomatology and the higher infinitesimals.

It will be seen that I am far from advocating generalisation as an habitual practice, still less as the ideal mode of homœopathizing. Though "so careful of the type" I may seem, I would not be "careless of the single life"; while pleading for due subordination in the hierarchy of symptoms, I would have none despised as playing no part in the whole. But individualisation—valuable as it is—was not to Hahnemann (as I showed in my last lecture), and is not in the nature of the case, the

be-all and end-all in the selection of the homœopathic remedy. It is always the better for having generalisation as its complement; and the latter may often be preferably followed when we have to choose between the two. Wurmb and Caspar saying of arsenic, that "it will often cure" chronic intermittents "when other remedies selected with the greatest care have failed";* Espanet reporting that in the numerous cases of dysentery treated by him in Algeria, he "never found the least advantage from substituting for mercurius corrosivus another remedy which seemed more homœopathic to the febrile phenomena or the abdominal symptoms";† the general experience vouched for by homœopathists like Jeanes and Sircar, Jousset, Bähr, and Panelli,‡ that nearly every recent and uncomplicated ague can be cured by quinine,—these are testimonies to the practical value of judicious *specifickering* (as the Germans call it) which are not to be despised.

There are cases, however,—as I have freely admitted,—in which all idea of conformity to type must be abandoned, and we must commit ourselves to individualisation without reserve. In so doing, we may follow one or other of two methods—that by totality of symptoms, or that by characteristics.

1st. The first is Hahnemann's mode of proceeding. It is to write down the symptoms of a case in the order of the schema, and then to find what medicine has caused the whole, or the greatest number, or the most characteristic of them. It is illustrated by the two cases he has related in the preface to the second volume of the Materia Medica Pura.§ One was a gastralgia made up of six symptoms, the patient's health being otherwise good. Bryonia was found to possess all the features of the malady, and in a more marked manner than any other medicine: it also corresponded to the patient's disposition, which was passionate. This remedy was accordingly chosen, and cured in a single dose. The second case was one of dyspepsia, and to its seven features, and again to the patient's disposition, the pathogenesis of pulsatilla was found quite parallel; and it effected a similar cure. His Materia Medica was framed (as I have pointed out) in such a manner as to favour comparisons of this kind. At first memory could hold the symptoms, or a little hunting find them; but as the remedies which had been submitted to proving increased in number, indices to their effects were required.

* See *B. J. H.*, xiii. 430, note.

† *Bull. de la Soc. Méd. Hom. de France*, xix. 179.

‡ See *B. J. H.*, xxxii. 723; *M. H. R.*, xviii. 522; *United States Med. Investigator*, iv. 161.

§ It may be found in vol. I., p. 18, of Dudgeon's translation.

Hahnemann early perceived their need, and appended one to his first pathogenetic collection—the Fragmenta de Viribus. As the Materia Medica grew towards its present dimensions, the indices to it had to form distinct volumes wrought by separate hands, and hence the "Repertories"—finding-means—of Müller, Hempel, and others. We in this country have been somewhat later in supplying them; but we have tried to make up for our delay by aiming at a fulness hitherto unattempted. The Repertory of the Hahnemann Publishing Society, as far as it went, presented every symptom in full under every category in which it could be reasonably looked for. It effected this without intolerable bulk by an ingenious system of cypher, which, though it has frightened many away from using the repertory, is admitted by all competent judges to be of inestimable value. That the symptoms should always be presented in their completeness is an obvious advantage, and in no other way could this have been done. At the same time, as has been pointed out, the repertory can be used like other works of the kind, without any employment of the cypher whatever; while those who seek counsels of perfection in this matter can do so by mastering its (very moderate) difficulties.

I am the more desirous of doing honour to this most laborious and praiseworthy undertaking, because I have myself endeavoured to supersede it. I have, at the desire of the colleagues who worked with me at the Cyclopædia of Drug Pathogenesy, compiled an index to that work which has also embraced the trustworthy material of Hahnemann's symptom-lists. I have explained in the Introduction why I have departed in many respects from the British Repertorians and others. The distinctive feature of my compilation, however, is that it is not a repertory to the whole range of drug pathogenesy, but an index to a special collection of such phenomena. This may be by some accounted a deficiency: to others, however, it will give a sense of confidence they have hitherto lacked. They may prefer working with a limited body of well-attested and sifted material to taking their chance over a wider area. At any rate, such is the "Repertory to the Cyclopædia of Drug Pathogenesy," * which is now before the profession, and whose method is fully described in its Introduction.

In using repertories, two cautions must be borne in mind. The first is that you must not prescribe *from* them, but be guided by them to the Materia Medica, where only you can find the data on which to base a right selection. The repertory can be nothing but an index, and is not responsible for the value of the elements to which it points: this must always be

* London; Gould and Son, 59, Moorgate St.

tested by its employer. Again, a medicine may have produced a symptom which the patient has, but in so different a connexion that no real similarity is thereby established: this a repertory cannot tell us, but the Materia Medica may. The second caution is that while you should seek the totality of your patient's symptoms in a medicine, you should not expect to find all the symptoms of the medicine in your patient. If cantharis in indicated by his renal symptoms, you must not reject it because he has no dysuria: if belladonna is suited to his angina faucium, it requires no delirium to be present to validate its homœopathicity. These are independent morbid states, each with its own proximate cause, and the drug can extinguish as it can excite them separately.

2nd. The other method of which I have spoken works by what are called "characteristics." Hahnemann, in the Organon, taught us the importance of securing resemblance above all things in those symptoms which are peculiar to each drug as an individual. "In the search" he wrote "for a homœopathic specific remedy . . . the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is more particularly with these that very similar ones in the list of symptoms of the selected medicine must correspond, in order to constitute it the most suitable for effecting the cure. . . If the antitype constructed from the list of symptoms of the most suitable medicine contain those peculiar, uncommon, singular and distinguishing (characteristic) symptoms, which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, this medicine is the most appropriate homœopathic specific remedy for this morbid state" (§ 153, 154). Carroll Dunham expanded the same teaching.—"We are so to study Materia Medica" he wrote "as, above all, to bring into strong relief and fix firmly in memory those peculiarities of each drug which are not met with in any other, and which therefore serve to individualise and give character to the drug that produces them, and are called its characteristic symptoms. This term having been much and loosely used of late, it may not be unprofitable to devote a few words to the subject of characteristic symptoms.

"By some writers the leading and most obvious and most frequently recurring symptoms are called characteristic. Thus Bennett calls fever a characteristic of the exanthemata. By others the pathognomonic symptoms of a class of diseases are called characteristic,—by others the pathologico-anatomical. Now, the signification of such a word as characteristic is not absolute. It depends on the connection in which you please to

use it, and which is determined by the question, 'characteristic of what?' In the instances just adduced, the varieties of symptoms cited may indeed be called characteristic, but—characteristic of what? Of classes (the exanthemata), of groups (nosological),—but not of individuals. But the only sense in which homœopathists can use the term is in its application to *individuals*. Hence a characteristic symptom must mean one which is possessed by none other than the individual drug of which it is predicated, and to which therefore it gives character as an individual. In this sense it corresponds precisely to those features of a man by which his friends are enabled to distinguish him from other persons and to recognise him at a glance.

"It is obvious that these characteristic symptoms so precious to the Therapeutist may seem to be of little or no pathological value—may even seem accidental to those who forget that there are no accidents in nature. They would be valueless if we did not need to individualise, but could be content with grouping our diseases and remedies. To the Naturalist whose object it is to group his specimens, it is sufficient to know that John Doe has a vertebral column, is a mammal, has two hands, and is a Caucasian—because this enables him at once to place John Doe in variety Caucasian of the species of man, and his analysis goes no farther. From this his whole physiological status follows. But these items of general knowledge would hardly enable the *sheriff* to recognise John Doe in Broadway. It is of no importance to the naturalist that he has such 'accidental' peculiarities as an aquiline nose, black eyes and hair, and a brown mole on the left ala nasi; but these very peculiarities are all important to the sheriff, for they give him the means of detecting the object of his search upon the crowded street. It must not be forgotten, however, that the points on which the naturalist laid stress are equally important to the sheriff; for if the latter should bear in mind only the *individual* peculiarities of the subject of his quest, and should forget that he is a Caucasian, he might find the former in the person of an Indian, or, if he should forget that he is a bimanous creature, he might arrest a monkey.

"To drop the figure, then, it is evident that we must seek to discover among the symptoms of every drug certain ones that are produced by no other drug, and which shall serve to distinguish it from all other drugs similar in other respects; and that these symptoms will often be unimportant and trivial in a physiological point of view."

It was evidently Dunham's idea that these characteristic symptoms should be employed in selecting, from groups of medicines specifically homœopathic, the one individually so,—

as illustrated by the example of crocus in metrorrhagia already cited from him. But they have of late years assumed a much more important place in the minds of a number of our practitioners, of whom Dr. Henry Guernsey, of Philadelphia, was the foremost representative. They have become in their hands the basis of a "keynote system," which dominates their whole practice. If, they say, the characteristics of a drug are present in a patient, the rest of his symptoms will in all probability be found in its pathogenesis, and they identify such characteristics with the peculiar differences which each drug presents as compared with all others. Dr. Guernsey has expounded it in an essay which you will find in the third volume of the *Hahnemannian Monthly*, and also in the preface to his treatise on Obstetrics. In the latter he illustrates it by the instance of picking of the nose as an indication for cina in metrorrhagia. It is well known that the presence of worms in the intestines has kept up for months a constant stillicidium of blood from the uterus; and "here" he writes "we can readily see the relation between the comparatively trifling symptoms of picking of the nose and the irritation of the bowels caused by the ascarides and the consequent uterine irritation and hæmorrhage. The fact that in many cases it is impossible to trace any physiological connexions between remote symptoms, which still seem to be characteristic, and the disorders themselves, should not therefore induce us to conclude that such connexion does not exist."

Such a position is unexceptionable, and only requires testing by facts. But when we examine the "key-notes" affixed to drugs by Drs. Guernsey, Cowperthwaite, Hawkes, and others, we find them far from being identical with their individual characteristics, as explained by Dunham, and by no means always present in their pathogenesis at all. This, however, though it destroys their professed basis, would not make it impossible that they should serve as guide-posts to the remedy which should be found to answer to the totality of the symptoms of a case. But when the practice of the advocates of the method, as reported by themselves, is observed, it is evident that this further enquiry is regarded as of quite secondary importance, and that its negative result does little to outweigh the presence of the characteristic, which thus become not suggestive only, but determining. In the essay already referred to, Dr. Guernsey says of the "keynote"—"it is something peculiar in the case, some prominent feature or marked symptom, that directs to a certain drug, *and the totality afterwards confirms or disapproves the choice.*" But on the next page he relates a case of dysmenorrhœa to which he was called

in consultation. Struck with the "devout, beseeching, earnest and ceaseless talking" of the patient, he suggested stramonium. The attending physician replied that the other symptoms of the patient were not under the head of that medicine (he might have added that the keynote itself is not to be found there). Dr. Guernsey replied "that stramonium was undoubtedly the remedy, and if it were properly proven and on every variety of temperament and condition, all of her symptoms would be found in the record of its pathogenesis."

It is obvious that practice so exemplified, while it may be successful, has no claim to be a following of Hahnemann. It is wholly empirical and hypothetical. The very term used to denote it involves, either a confusion of thought, or a false assumption. It is equivalent, as the late Dr. Madden has argued, to asserting "that two instruments will harmonise if attuned to the same key, no matter whether they play the same tune or not. It seems to us," he goes on, "that the only way of escaping this dilemma is to assert that every drug can cure every disease, provided the drug and the disease agree in the one particular; an assertion which would overthrow all our ideas of specific relationship. Of course, in Dr. Guernsey's analogy, the living body represents the instrument, and the drug and the disease are the players. If, then, it is enough to ascertain that the two which are expected to harmonise are playing in the same key, the drug must be capable of playing any tune in that key, otherwise the disease might be playing the Dead March in 'Saul,' while the drug—in the same key—struck up 'Champagne Charley.' Will this constitute one of Nature's harmonies? We trow not.

"Our views of specific relationship, and we think they exactly correspond with those of Hahnemann, would represent medicines as automaton players, whose performances were limited to playing a definite number of tunes in certain fixed keys; and the use of the proving is to determine these two facts; viz.: the tunes which each automaton can play, and the key in which each is played. When, therefore, we wish to discover the simile to any disease, we first ascertain the tune which is being played (diagnose the concrete disease), and then compare the remedies known to be capable of playing that tune, so as to determine which agrees in key with the case in point."

Our conclusion must be that these "characteristics" should be somewhat closely scrutinised in themselves, to see if they have any warrant, pathogenetic or clinical; and at the best should play the part of suggestions only, their presence not being allowed to outweigh a specific similarity on the part of another drug to which they may not have been affixed. Used in this

manner, they may occasionally be of service ; but their present predominance in certain fields of practice is, I am convinced, the choice of *ignes fatui* for our guides in place of the steady pole-star of *similia similibus* with the totality of symptoms for its elements of comparison.

In what has now been said there has always been the assumption that the homœopathist arrives at—or has in the first instance arrived at—his remedies by applying the law of similars. This, however, is far from holding good in every instance. Clinical experience, the *usus in morbis* as our older writers used to call it, is largely employed among us. Hahnemann himself, though deprecating resort to it, and publishing but few cases in its aid, has left enough "therapeutic hints" in his writings to make, in Dr. Dudgeon's compilation, a nice little volume ; and his disciples have largely added to this element in our literature. It has found outcome in two ways—the one belonging to the specific, the other to the individual, similarities I have described.

1. We have seen that the species of disease can rarely be reproduced, as wholes, in drug-effects, and that their *similia* must rather be sought by correspondences in seat and kind of action, and such like. But there is another mode of reaching them. Suppose that chance, theory, or other mental process has led to the discovery of remedial powers in a drug ; suppose that this influence is not to be accounted for by any physical or chemical properties it may possess, or by any evacuation on which the effect may indirectly depend, and is not in the same direction with that it exerts in health, we are justified, by the process of exclusion, in assuming it to act homœopathically, even though no similar phenomena are presented by such pathogenesis as it may have. Sooner or later they are pretty sure to appear ; but we need not wait till they rise above the horizon. There are (to vary the figure) breech-presentations in homœopathy as in obstetrics, Hering wittily says ; and though the mode of entrance is abnormal, the child is assuredly born. The power of colchicum over gout is an instance of this. So many facts have come to light, showing that the irritant properties of colchicum can be exerted on the joints, that the remedy can be claimed for homœopathy as all specifics have been or may be.* The pains in the joints it causes in the human subject are in animals developed into obvious congestion, so that experimenters upon them are compelled to conclude that it "produces its therapeutic effects by an irritant action," and again that in gout "it produces a substitutive irritation of the articular surfaces." *Substitutivement, c'est à dire homœo-*

* See *Hahn. Monthly* for March, 1895, and *Revue. Hom. Belge*, April, 1887.

pathiquement, writes Trousseau, and the maxim is never more applicable than in the present example.

2. Here, then, clinical experience re-enforces our attempts at specific similarity: it fills up the groups of remedies for definite types of disease which our treatises on practice present. In another direction, it is employed to supply the gaps in individual similarity which pathogenesy too often displays. Many of the indications of the kind of which I have spoken, derived from the constitution and temperament of the patient, his mental state, the "conditions" of his sufferings, the side of his body affected, the times of day at which he is worse, are derived from the *usus in morbis* only, as also are a large part of the "characteristics" I have described as so much relied on by a number of our practitioners. One result of this is the development of a new kind of Materia Medica among us. Hahnemann applied this name only to "a record of what medicines express concerning their true mode of action in the symptoms they *produce* in the human body." In the compilations, however, of Jahr, Bönninghausen, Hering, Lippe, Cowperthwaite, Gentry, Clarke and others, these pathogenetic effects are mingled (often without note of distinction) with symptoms which have been reported as disappearing under the medicinal use of the drugs. There is no objection to this, so long as they are understood to be what they are, and are not (as too often) quoted in proof of the homœopathicity of remedies; so long, also, as their use is not held up as a pure following of the method of Hahnemann. It is a supplementing of that method by empirical practice, which, however necessary in this rough work-a-day world, is not to be vaunted as a matter for pride, but rather to be excused as a concession to the weakness of our nature.

The real justification of such proceedings is, that they lead to the homœopathic remedy where the ordinary paths thereto are wanting; and in this instance, at least, the end justifies the means. It is for that reason that I have taken so much pains, at previous meetings, to characterize these agents in their own essential nature, apart from the mode of reaching them. That we have an assured one in the rule *similia similibus;* that we are not left to chance for their turning up or to blind experience for their perpetuation, is our claim and our satisfaction. But when they are reached otherwise than by pure inference from pathogenesy,—by mixed methods, or even by the merest empiricism, they still have features by which we can recognise them; and we feel at home in their employment. We are not prescribing homœopathically; but we may be employing a homœopathic remedy.

LECTURE IX.

THE ADMINISTRATION OF THE SIMILAR REMEDY.

We have now obtained our similar remedy, and have only to consider how to administer it. As we divided its elements of similarity into generic, specific, and individual, so let us say that it should be administered, as a rule, singly, rarely, constitutionally, and minutely. The first three of these points will occupy our attention to-day.

1. Hahnemann very early came to entertain a strong aversion to the polypharmacy so prevalent in his day. In the essay of 1797—"Are the Obstacles to Simplicity and Certainty in Practical Medicine insurmountable?"—one of his main points was the impossibility of obtaining definite results unless remedies were given singly; and of his own practice at this time he writes (in words I have already cited)—"Dare I confess that for many years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased; a venesection alone, a purgative alone, and always a simple, never a compound, remedy, and never a second until I had got a clear notion of the operation of the first?"

In so acting, he was surely before his own time, and even the practitioners of this enlightened day have hardly risen to his level. The Theriaca and Mithridate of our ancestors, with their sixty-five and fifty ingredients respectively, had indeed become obsolete before the beginning of this century. But the *Pharmacologia* of Dr. Paris, the leading English treatise on medicines from 1812 to 1843, had for its avowed object (as Dr. Sharp has shown) to expound the "theory and art of medicinal combination," and it opens with the sentence—"It is a truth universally admitted that the arm of physic has derived much additional power and increased energy from the resources which are furnished by the mixture and combination of medicinal bodies."

That polypharmacy is not yet extinct will appear from the following monstrous prescription for a case of paraplegia, which I copy from the manuscript of a Glasgow physician:—

℞ Strychniæ, gr. ⅛.
Liq: Arsenicalis, gtt. xxxvi.
Ammon: carb: ʒ iss.
Ferr: citr: ammon: gr. cxxxii.
Potass: iodid: ʒ ij.
Potass: brom: ʒ vss.
Sol: Mur: Morph: ʒ j.
Sp: Chloroform: ʒ iij.
Æth: Sulph: ʒ iij.
Ext: Ergot: liq: ʒ viij.
Tinct: Cinch: Co: ʒ viij.
Glycerin: ʒ viij.
Infus: Quassiæ ad ℥ vj.

Ft. Mist. : cujus capiat cochl. magn. ter in die. I may mention in passing that the morbid state, which this charge of grapeshot failed to scatter, was much diminished in force by the single bullet of an attenuation of picric acid.

In contrast to all this, homœopathy has—like its founder—"dared to confess" that the single remedy has always been the rule in its hands. When we say "single," it must of course be understood that we do not exclude the use of chemical compounds—like the salts—or of vegetable products, as opium, which analysis may find of complex constitution. If we know their physiological effects as simples, then as simples they can be employed. We may even, though cautiously, go farther, and administer compounds where we are only acquainted with the action on the healthy of their separate elements. In this way we have made good use of the iodide and arseniate of calcium, of the phosphide of zinc and the picrate of iron. But when we are urged to go farther, and to combine in one prescription two drugs of known action, but incapable of entering into chemical combination, we must pause ere we assent. This was the proposal of two of Hahnemann's immediate disciples—Lutze and Ægidi, and almost (it is said) secured the master's own expressed approval. I am far from saying that such mixtures would be ineffective ; but their use would be fatal to the simplicity of the homœopathic method, and would embark us once more on the confused and unscientific polypharmacy from which we have so happily escaped. Still more strongly does this apply to the complex blendings of our remedies lately advocated by Drs. Pinella and Conan. All good purpose to be served by such combinations can be better obtained by the successive, or—if need be—the alternate, administration of their component drugs.

This matter of alternation requires some fuller treatment here. In the Organon, Hahnemann from the first deprecated it, on the ground of the possible interference of the two drugs one with another. In the last edition he disallows it on another ground. "If" he writes (§ 169, 170) "on the first examination of a disease and the first selection of a medicine, we should find that the totality of the symptoms of the disease would not be sufficiently covered by the disease-elements of a single medicine —owing to the insufficient number of known medicines, but that two medicines contend for the preference in point of appropriateness, one of which is more homœopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two medicines, to administer the other without fresh examination, for the medicine that seemed to be the next

best might not, under the change of circumstances that has in the mean time taken place, be suitable for the rest of the symptoms that then remain ; in which case, consequently, a more appropriate homœopathic remedy must be selected in place of the second medicine, for the set of symptoms as they appear on a new inspection. Hence, in this as in every case where a change of the morbid state has occurred, the remaining set of symptoms now present must be enquired into, and (without paying any attention to the medicine which at first appeared to be the next in point of suitableness) another homœopathic medicine, as appropriate as possible to the new state now before us, must be selected. If it should so happen (as it seldom does) that the medicine which at first appeared to be the next best seems still to be well adapted for the morbid state that remains, so much the more will it merit our confidence, and deserve to be employed in preference to another."

Now, if we had no knowledge of disease but that which consists in the survey of the symptoms of each case as it occurs, there could be no doubt of this being the ideal homœopathy. But I have already argued that in this region we are *cleri*, and not *laici*, and must utilise our special acquaintance with the subject. Hahnemann admits that the second remedy *may* prove to be that which at first seemed almost equally indicated : why should not the skilled physician be able to recognise the cases where it will be so, and prescribe it at once accordingly ? Again, all recognise that alternation is often led to *à posteriori*—that fresh examinations of the patient's case point now to one, now to another of the two or more remedies which first occurred to us in connection with it. Why may not the physician equally anticipate here, and so provide for cases where frequent inspection is impracticable or unadvisable ? It is the existence of real species of disease which enables him to do this ; and Hahnemann, who had a full sense of their existence, was practically an alternator, or at any rate an *à priori* prescriber of successions, in many of them. Thus, in croup, he tells us always to precede spongia by aconite, and sometimes to follow it up by hepar sulphuris—a practice which one of his most liege disciples, von Bönninghausen, created into a system, giving to all cases five powders in succession containing respectively aconite, spongia, hepar, spongia, hepar, in this order. In purpura miliaris he advised the alternation of aconite and coffea, giving indeed the indications for each, but saying that one or other should be given according to these every twelve, sixteen, or twenty-four hours. Of cholera he writes—"The best homœopathic practitioners have found cuprum indispensable in the second stage of the fully-developed

disease, alternated, if the symptoms indicate this, with veratrum album. I have also advised the alternation of these two substances from week to week as a preventive against the disease." And no less plainly does he say of the post-choleraic fever—"in this bryonia, alternately with rhus toxicodendron, proves of eminent service." These are acute diseases; but as regards chronic ones of fixed character, the first three editions of the Organon recognise the occasional necessity of alternation in these, and the second and third speak of the absolute impossibility of doing without it in complicated maladies—instancing, in the second, the use of mercury and sulphur when syphilis and psora coincide, in the third the addition of thuja or nitric acid when sycosis also is present. And in the last edition, when contemplating the possibility of having to repeat sulphur many times, he advises the occasional interposition of doses of hepar sulphuris.

Dr. Dudgeon has shown us that in this occasional use of the practice of alternation Hahnemann was followed by many of his foremost disciples, among whom I may mention Hering, Gross, Rummel, Hartmann, Ægidi, and Hirsch. It is now largely adopted among homœopathists; and is defended, by some as an expedient, by others on philosophical grounds. Of the latter the most prominent are our own Drysdale and Russell, and Drs. Martiny and Bernard of Belgium, who contributed an elaborate essay on the subject to the Transactions of the International Homœopathic Convention of 1881. Dr. Drysdale, after showing that no interference of action need be feared unless the two medicines are (homœopathic) antidotes, proceeds to argue that an alternate remedy may revive the susceptibility which would otherwise tend to be exhausted, illustrating this by the well-known laws of the re-action of the retina to colours. Dr. Russell, proving that even specific morbid processes—as typhus and variola—may concur, suggests that much disease is similarly, though not so palpably, complex, and that by judicious alternation we enhance our power for good, and raise the melody of our practice to harmony. Our Belgian colleagues rest their thesis mainly on the practical value of the proceeding, in favour of which they cite many authorities and examples; but they argue that "the medicines alternated act sometimes as useful auxiliaries, sometimes as correctives of each other, sometimes by forming a sort of new remedy, sometimes by drawing out in various ways the re-actions of the organism to make them converge to a cure."

The only formidable opponent of alternation in later times has been Carroll Dunham. In a series of papers (which also you will find in the posthumous volume of his entitled

"Homœopathy the Science of Therapeutics") he discusses the practice at some length, and disposes—as he thinks—of the arguments alleged in its support. But it is evident that with him every case of disease is an unity, a manifestation of a simple derangement of a central "vital force"; whereas, as Dr. Drysdale has well shewn, it is by no means always so, several centres of morbid action often co-existing. Dunham, moreover, allows that the *à posteriori* alternation, which of course is legitimate, may be foreseen and prescribed *à priori*, as with Bönninghausen's powders; and this covers a great many of the ordinary instances of its use.

My own views on the subject are, briefly, these :—I earnestly deprecate the slip-shod practice of habitually alternating, so that when you mix medicines in your patients' houses two glasses are brought for you as a matter of course. I further believe that in many cases in which we most of us alternate, a third medicine might be found which should cover the whole case, as we often supersede two opposite half-truths by some deeper whole truth which embraces them both. But I am persuaded that there may be a real "binary homœopathy"—to use illustrations of Dr. Madden's, double stars in the firmament of medicine, compounds which are themselves radicles in therapeutic chemistry. To arrive at these with certainty, medicines should undoubtedly be proved in alternation; but even in lack of such evidence inferences can be formed as to their relative and joint action. I would further urge that in definite diseases the presence of urgent complications is better met by alternation than by change of remedy,—that, *e.g.*, mercurius corrosivus should be continued throughout a dysentery and aconite as long as the fever of measles lasts, though colic, tenesmus, cough or ophthalmia should require other medicines concomitantly. Beyond this I have not myself gone at present, and the single remedy is entirely the rule in my practice; but I am not indisposed to listen to the suggestions of Drs. Martiny and Bernard in favour of a wider and more methodical use of medicinal groups in the management of complex cases.

II. The second rule for the administration of the similar remedy is that it should be given *rarely*. You will remember that Hahnemann, speaking in 1796 of the monopharmacy of his practice for some time then past, adds "and I have never repeated the dose until the action of the former one had ceased." The single dose, as well as the single medicine, continued to be his ideal for many years thereafter. The two cases I have already related, given by him in 1816 as illustrations of homœopathic practice, exhibit this feature, and so do all others mentioned in his writings up to 1833. When giving

practical instructions, as in the "Medicine of Experience" and the Organon, he lays it down that a second dose should only be given when the action of the first is exhausted. That this point had been reached he at first proposed to determine by ascertaining the duration of each drug's action. But in the first edition of the Organon he substituted for this rule, as based on an uncertain quantity, another which directed that the manifest effects of the first dose should be allowed to subside ere a second, if necessary, was given. In the recommendations about medicines given in the prefaces and notes of the *Reine Arzneimittellehre* we find this principle constantly recognised. Suddenly, however, in the Organon of 1833 a complete change appears. The waiting for a dose to exhaust its action is declared needlessly to delay the cure, and more frequent repetitions are counselled, at intervals to be determined *à priori*, and with regard rather to the disease than to the drug.

In this instance Hahnemann's later views have been adopted by the more liberal school of homœopathists, while those who call themselves peculiarly by his name lean rather to his earlier practice. These, however, do not reject the use of frequently repeated doses in hyper-acute diseases such as cholera ; while, on the other hand, their more advanced colleagues feel the influence of the older mode of practice. There are few of us, I suppose, who do not sometimes, when a medicine has declared its influence, pause for awhile, and allow it to act ; and I can myself testify to the value of the plan illustrated especially by the practice of our French colleagues, of intercalating days of repose when a drug has to be taken for a length of time. Professor Hoppe, of Basle, in an ingenious paper which you will find in the twentieth volume of the *British Journal of Homœopathy*, shows how—in recent diseases—a single medicinal impression may well be conceived of as rectifying the disordered balance, and setting going the processes which lead back to health.

I think that the action of single doses in disease has hardly been sufficiently studied,* and that it might derive more light than it has done from the provings of medicines. We know that here it makes a great difference how we proceed, whether, giving a single full dose, or—which is the same thing—a succession of smaller doses till some effect is produced, we watch the results until their complete subsidence, or whether we keep

* A good illustration of their value is furnished by Dr. Stens, in a cough of six months' standing, in which, malady and patient calling clearly for bryonia, the drug was nevertheless ineffective in both high and low potencies given in the usual way. A drop of the mother tincture was taken one evening on retiring. By next morning the cough had taken its departure, and it did not return. (See *Hom. Recorder*, April, 1894.)

the subject of experiment under the continual influence of the drug by doses repeated at regular intervals for some space of time. The former plan produces effects which in their regular evolution resemble the course of acute disease : the latter gives rise to the numerous, varied, and apparently incoherent phenomena of chronic disorder. In therapeutics, accordingly, there seems no reason why single doses should not neutralise so much of the disturbance of a recent malady that the remainder might readily undergo resolution. We have an instance of this being done in the use of hyoscyamine in mania advocated by Dr. Lawson. He gave a grain of the alkaloid once for all, and the artificial mental disorder thus induced dissipated to a large extent the existing one, and left the patient comparatively sane.*

In all probability the determining indication for single or repeated dosage is the amount of re-action of which the patient is capable. If this is deficient, you may redouble your medicinal impressions without stint : if it is excessive, you must hold your hand. I am inclined to agree with a recent French writer that we make too little of this—that we ply our patients with medicines till we fret their morbid condition into renewed and accelerated activity. We are not afraid, like our old school friends, of saturating their systems with drug-material, but we do not consider the dynamic disturbance we may set up by repeated drug-action. We are sending an ever-fresh series of vibrations throbbing through the frame, and may shake its delicate machinery out of gear and exhaust its capacity of vital response. I have often been struck by the rapid course taken by cases of hopeless disease, especially of phthisis, when homœopathic treatment has been tried as a *dernier ressort*. Since it could not save them, there has been little to regret in this ; but it would not be justifiable practice if we knew it.

On all these grounds, then, I would emphasize our present rule, and say—whenever the case admits of it, give the similar remedy *rarely*.

The foregoing was the advice I gave to my class at the London School of Homœopathy in 1880—3, and it represents my views and practice since. The subject has been re-opened lately by one of our most original therapeutists, Dr. Robert Cooper, in a manner which deserves attention. In a series of articles in journals and separate publications dating from about 1893, he has advocated and illustrated the treatment of chronic disease by what he calls "arbori-vital" medication. This consists in the use of the freshest possible preparations of plants,

* *West Riding Lunatic Asylum Medical Reports*, vol. v. (1875), p. 40.

and the administration of these in material but single doses allowed to act for a length of time. The principle of the selection of the plants is implied to be homœopathic; though Dr. Cooper employs a number of them hitherto unknown to medicine and certainly unproved on the healthy body, and gives no reason for their choice.

Dr. Cooper's pharmacy is obviously in the right direction; his posology will be grateful to many of us; and his single-dose method is a reversion to Hahnemann's earlier mode of proceeding which I have already urged as worthy of cultivation. His results, in many instances, merit the most respectful attention. I cannot, however, follow him in the theory by which he justifies his practice,—comparing, as he does, the effects on the body of the administration of a dose of plant-juice with the germination of plant-seed when sown in the earth. Neither can I see any fruitfulness in the apparent hap-hazard or at best single-symptom similarity by which he selects his medicines. I do not think that he will induce us to use vegetable medicines only, any more than Schüssler has persuaded us to employ none but salts of minerals. Few, if any, will be found among the profession to accept arbori-vitalism, as few, if any, have accepted bio-chemistry, as a dominating working theory; but we shall have to thank the authors of these schemes for many a valuable remedy and mode of procedure.

3. The similar remedy is to be administered singly and rarely; it is also to be given *constitutionally*. It is chosen from the correspondence of the totality of its symptoms with those of the patient, that it may embrace his whole malady. It must, therefore, therapeutically as pathogenetically be taken into the system. Its mode of entrance is comparatively unimportant. This may be the olfaction of Hahnemann's practice at one time, or the hypodermic injection advocated for occasional use by Kafka: it may consist in absorption from the cutaneous surface or through the rectal mucous membrane. Ingestion through the mouth into the stomach is ordinarily most convenient, and forms our usual method.

But are local applications never desirable in homœopathic practice? The answer to this question must occupy us for some little time.

At the British Homœopathic Congress of 1878, Dr. Dyce Brown read a paper "On the Use of External Applications in Homœopathic Practice."* It grew out of a recommendation of his to the students of the London School of Homœopathy, that in obstinate cases of follicular pharyngitis they should swab the throat with a solution of nitrate of silver, which—being printed

* See *M. H. R.*, Dec., 1878.

in the *Monthly Homœopathic Review*—had been severely criticised by the stricter practitioners amongst us. He did not succeed in disarming their opposition, and Dr. Fenton Cameron, among others, several times expressed himself very adversely to the employment of such measures. Dr. Gregg, of Buffalo, U.S., had for some time previously been publishing in the *Homœopathic Times* a series of articles on the subject, in which he goes still farther than Dr. Cameron in condemning all local measures; while, in the *Bulletin* of the Société Médicale Homœopathique de France for June, 1878, Dr. Hammelrath makes as decided a departure in the other direction, advocating the direct application of the medicine which is being given internally, whenever this measure is practicable.

You thus have plenty of material from which to build up your own thoughts on the subject. I would aid you by enquiring, regarding local application of remedies, first, Is it homœopathic? does it conform to that method of Hahnemann which I am now expounding? and secondly, Whether it is so or not, is the practice necessary, or at any rate advantageous?

Now, when we have to inquire as to the conformity of any therapeutic procedure to the method of Hahnemann, it is obvious that Hahnemann's own doctrine and practice on the subject—if ascertainable—must have great weight in our determination. It is not decisive, for he like other men was fallible; but it counts for a great deal. I think that Dr. Brown makes too much of the master's opposition to local applications when he says that he "strongly discouraged, or rather forbade, the use of any external treatment whatever." In the last edition of the Organon (§ 205) he does, indeed, speak to that effect; but only with reference to the manifestations of constitutional infection, whether primary or secondary. His objection to any local interference with these rests on the pathological ground, that thereby the natural evolution of the malady is checked, and its force either diverted to other and, perhaps, more important organs, or so pent up in the system as to be a source of continued ill-health and recurring complaints. Of course, believing as he did that all chronic disease not traceable to unhealthy living or medicinal poisoning was due either to psora, to syphilis, or to sycosis, his objection to local applications held good for most maladies of long standing. But it makes nothing in relation to acute diseases, or to non-miasmatic chronic affections; and even admits of exceptions in its own sphere, as we shall see immediately. We must inquire farther, therefore, for Hahnemann's general views on this matter.

Dr. Dudgeon, in his Lectures (pp. 516 and 565), mentions two exceptions as made by Hahnemann to his general rejection of

topical applications. These were the use of arnica, of rhus, and of arsenicum or heated alcohol for bruises, strains, and burns respectively, and of thuja for old condylomata. He shows, indeed, that in earlier times he availed himself more largely of such measures, but these he retained up to the last (1830-5). What, then, is the rationale of the applications now specified?

1. Bruises, strains and burns are local injuries, which may occur in an otherwise healthy person. They are *primarily* local, and only affect the general system—if at all—secondarily and by way of sympathy. It is rational, therefore, to treat them locally, whether by medicinal agents specifically adapted to the changes the parts have undergone, or (as with burns) by a homœopathic application of temperature. The reason, I take it, why Hahnemann was content with topical treatment here, but eschewed it elsewhere, was his persuasion of the necessity of covering the totality of the symptoms, and making the medicinal action correspondent to that of the malady. All true disease, he believed (as distinct from external injury), proceeded from within—from a primary derangement of the "vital force." The pathogenetic action of medicines was similarly induced when these were introduced into the body; and hence the precept *similia similibus curentur* could only be fully obeyed when the drug corresponding to the patient's morbid state was internally administered. He says nothing anywhere that I know of in condemnation of a conjoint internal and local use of the homœopathic remedy, but seems to have been so satisfied with the former that the question of the need of the latter hardly occurred to his mind.

2. The application of thuja to condylomata seems quite another thing, and Dr. Dudgeon characterises it as a departure on Hahnemann's part from his avowed principles. But let us consider the exact terms of his recommendation. In the introductory essay to his treatise on Chronic Diseases (at p. 106 of the first part of the second edition, 1835), after recommending the internal administration of thuja 30 and nitric acid 6, he goes on:—"This will suffice to remove both gonorrhœa and condylomata, *i.e.* the whole sycosis, without its being necessary to apply anything of an external character, save, in the most ancient and stubborn cases, the touching of the larger figwarts once a day with the mild pure juice (mixed with equal parts of alcohol) expressed from the green leaves of the arbor vitæ." I think there can be no doubt of his meaning here being that he regarded these "old and stubborn" figwarts as well-nigh extra-vital things, remaining behind after the whole internal malady —"the entire sycosis"—had been cured. They were dead results of a past process, withered fruits of a germination which

had ceased to proceed; they had no root in the system, and could not be reached from within, and were, therefore, best dealt with by the local application of the remedy. This, it is important to observe, is to be carried out with the mother-tincture, while for internal use a high attenuation is recommended. The infinitesimal dose was in Hahnemann's eyes most suitable to the dynamic process—the crude drug to its material results. It is another illustration of the same view when he says (in 1801),* "In cases where, along with a local affection, the general health seems to be good, we must proceed from the at first small doses to larger ones." I think that on this principle we can explain how it is that the substantial quantities of arsenic given in the old school cure without much aggravation the many forms of chronic cutaneous disease to which the drug is so perfectly homœopathic. The patients thus affected are generally otherwise in good health. In this case, you cannot—as with condylomata—apply the "larger dose" locally; but you carry out the same thought when you administer it internally, leaving it to reach the skin by elective affinity.

The conclusion seems to be that Hahnemann's only objection to local applications arose from their failing in most cases to cover the totality of the symptoms. When the affection was local from the first, or had become so secondarily, he was entirely in favour of the topical use of the indicated remedy, and this in doses far more substantial than those he recommended for internal administration.

I think that we need hardly go farther in our inquiry. Local applications, under certain circumstances, are homœopathic upon Hahnemann's own showing: we need not ask whether they are so in spite of his contrary judgment, or whether, not being so, they are nevertheless to be employed. The only question that remains is, how far do the local applications in ordinary use among (so-called) homœopathic practitioners conform to Hahnemann's canons?

As affections local from the first in which we employ them a good many may be ranked. There are the bruises, strains, and burns already mentioned, to which we may add—as of like character—wounds and stings. There are then several forms of conjunctivitis, and especially the various kinds of purulent ophthalmia, all of which seem to be due to the actual contact of virulent matter with the eye. Malignant pustule is often caused by inoculation at the spot affected, and involves the constitution secondarily; stomatitis, œsophagitis and gastritis set up by irritant poisoning belong to the same category, and several affections of the skin due to external irritations. Whatever we

* Lesser Writings (Dudgeon's transl.), p. 446.

can do in all these instances by the local application of medicines homœopathic to them, we are doing according to the method of Hahnemann.

A still wider sphere is open to us when we look for lesions which, at first the product of some internal malady, have now become local only. Almost all chronic inflammations of skin and mucous membrane, which are of fixed area and of unvarying persistence, find place here. Such are granular ophthalmia, with its pannus, and other forms of chronic conjunctivitis; chronic otorrhœa; ozæna; chronic laryngitis; winter-cough, with dyspnœa (*i.e.* chronic bronchitis, with thickening of mucous membrane); gleet; ulceration of the cervix uteri; and many local eczemas, as of the ears and scrotum, with other cutaneous affections. These morbid patches have often become as nearly extra-vital and as purely local as Hahnemann's old condylomata, and require topical treatment accordingly. Without it, indeed, they will rarely get well. In this same category might sometimes be ranged the follicular pharyngitis, the recommendation of nitrate of silver applications for which by Dr. Brown has caused so much disturbance in certain minds. But here we are on less certain ground, as this lesion is often a symptomatic affection only,—the gouty, hæmorrhoidal, or herpetic diathesis lying in the background. It will generally, I think, be our wisdom to treat it mainly by internal medication, even though in obstinate cases we conjoin topical measures.

We are thus led to the question whether, even in local affections having a constitutional root, we do not act wisely in bringing our remedies to bear directly upon them, where practicable, while covering the totality of the symptoms by giving them internally at the same time. Dr. Dudgeon quotes several homœopathic authorities in favour of a limited use of this method,—among them Gross, who is found recommending lachesis, silicea and rhus as external applications to ulcers of the leg. But this practice has now been advocated and carried out on a very extensive scale by Dr. Hammelrath. In the communication to which I have referred, he has told us how he has brought it to bear wherever available, using always the same remedy locally which, upon homœopathic principles, was being given internally. He began with affections of the eyes, and was (he says) "astonished at the results which he obtained." He then went on to affections of other parts, as the ears, the nares, the mouth, and the ano-genital region; and had the same markedly increased success as compared with that which he had previously gained from internal treatment alone. He commonly employed the remedies locally in the first trituration or (aqueous) dilution, adding lard or water as required.

I think that such practice deserves further consideration and trial ;* and that, although we have not Hahnemann's example or precept in its favour, it is in entire conformity with the spirit of his method. What then shall we say to Dr. Gregg, who denounces all local measures, even to the pulling out of an aching tooth or the poulticing of a gumboil ? I think it is quite possible to agree with him also in substance, though we cannot follow him into all the details through which he would carry us. The arguments and facts he brings forward relate to violent repressive measures—cauterisations and such like, and to morbid states in which the possibility of metastasis exists. In such maladies and by such means topical treatment is indeed to be condemned ; and it is one of the great benefits conveyed by homœopathy that its practitioners have always set their faces against it. How many affections of the brain, eyes, and ears have resulted in children from the forcible suppression of eruptions on the head! and from how many have we saved them by our invariable practice of curing such eruptions from within !

But this brings us to the question of the *nature* of our local applications. Hitherto those we have had before us have been chiefly such as consist of the drugs internally homœopathic to the malady present, *i.e.* capable of producing something like it from within. Such is the relation of arnica to bruises, of rhus to strains, of arsenicum to burns, and of thuja to condylomata : to the same class belong the topical applications of Gross and of Hammelrath. But Dr. Brown would carry us farther. He would embrace in his means of treatment remedies locally homœopathic to the lesion, *i.e.* capable of inducing its *simile* when externally applied, and thus only. He would take up the words of Trousseau (which I have already cited) : "The primary effect of nitrate of silver and similar agents is analogous to that produced by inflammation, and it was easy to understand that inflammation artificially induced in tissues already the seat of inflammation led to a cure of the original inflammatory attack. When this view was once acquired, there flowed from it the great therapeutical principle of *substitution* which, at present, reigns supreme in medical practice." Replace (as Trousseau himself warrants us in doing) "substitution" by "homœopathy," and (Dr. Brown says) we have the justification of any topical treatment of this kind which we may find desirable.

I do not see how his position can be controverted, so long as he deals with lesions primarily or secondarily local only.

* Dr. J. S. Mitchell's results with arsenical triturations, locally applied as well as internally administered, in malignant ulcerations are favourable illustrations of its value (see *New Engl. Med. Gazette*, July, 1895).

Cantharis is homœopathic to a burn or scald, because its external employment causes similar inflammation and vesication, not because of any symptoms resulting from its internal use. Yet it is homœopathic, and its curative action is undoubted and most satisfactory. The same drug, employed as a blister, if applied to the thorax of a healthy animal produces a patch of inflammation in the subjacent pleura. Though we had no evidence of its power to cause pleurisy when taken by the mouth, we should yet be quite justified in claiming for homœopathy any benefit which blistering can produce in this malady. Similar reasoning may be used in all cases in which a local irritant is applied to cure a local inflammation.

But I cannot go with Dr. Brown when he attempts to explain the rationale of the process, and upon the basis of the theory propounded to advocate the use of other applications, not provedly homœopathic to the case. He supposes that irritants act by causing primary contraction and secondary dilatation of the blood-vessels, and that, when applied in moderate strength to an inflamed part, they induce their primary influence only upon it, contracting its vessels, and so reducing its hyperæmia. Any substance or agent, therefore,—as temperature or astringent drugs—which can contract the vessels is suitable for the purpose, and is presumably homœopathic to the mischief; for, if it can primarily contract, it can secondarily dilate. I have more than once given my reasons for believing that this is a very imperfect account both of inflammation and of the action of irritants; and I cannot think that we are warranted in assuming its truth and acting upon it. I would remind Dr. Brown of what Dr. Drysdale has said about "substitutive" treatment: "The cure also is only partial, and consists most probably in mere constriction of the capillaries without removal of the other elements of the morbid process, for dilatation of the capillaries or mere hyperæmia does not of itself constitute inflammation, as is well shown by Virchow, although it is essential to the manifestation of all the prominent symptoms." *

I cannot, moreover, assent to the explanation which would resolve all the effects of hot and cold applications into similar changes in the calibre of the small vessels. Cold has its own physical effect in robbing an inflamed part of its preternatural heat, which should be taken into account; and such pleasant warmth as is ordinarily applied in poultices and fomentations rather relaxes the muscular coats of the arteries than contracts them, as any one can see by applying a hot sponge to the surface of his body. It probably does this by raising the whole vital energy of the part, and so inducing a fuller afflux of blood

* *B. J. H.*, xxvii. 500.

to it. I must urge my esteemed colleague to look a little beyond nerves and blood-vessels in his explanations of pathological conditions and pathogenetic effects, if he would satisfy all the requirements of the case.*

These, gentlemen, are the views I would impress upon you on the subject of local applications. They do not, as you will have perceived, involve the advocacy of any indiscriminate use of such measures: they are, indeed, only an extension of the principles laid down by Hahnemann himself, and an application of them to instances beyond the range of his recorded perception. They should not, therefore, I submit, receive the condemnation of the most devoted follower of the master; and the practice to which they lead should not be stigmatized as any departure from the method he has bequeathed to us.

* Holding the views above expressed as to the superiority of constitutional over local treatment, it may be imagined that I hailed with warm welcome Sir Felix Semon's lectures (*Brit. Med. Journ.*, Nov. 2nd and 9th, 1901) on the subject, which appeared while this sheet was going through the press. Sir Felix points to the established treatment of syphilitic lesions, and the recently introduced serum-therapy of diphtheria, as shewing how victoriously topical treatment may be superseded by general, and he hopes for a similar change to be wrought by the judicious use of tuberculin—of which in our hands the following pages will show many an example.

LECTURE X.

THE ADMINISTRATION OF THE SIMILAR REMEDY *(continued)*.

We have seen how the remedy arrived at by the law of similars is to be administered, as a rule, singly, rarely and constitutionally. We have to-day to consider the precept that it be given *minutely*; and in so speaking we raise the whole question—truly a *quæstio vexata*—of the homœopathic dose.

I have already touched upon this subject more than once. In defining at the outset what, in its essence, homœopathy is, I included in the statement the provision that its remedies should be given "in doses too small to excite aggravation or collateral disturbance"; and I endeavoured to shew the reasonableness and advantage of such a requirement. In lecturing on the Organon I went a step farther. I shewed that even in its second edition Hahnemann had come to occasionally recommend infinitesimals—thousandths, millionths, and yet higher fractions of a grain; and that from the third edition onwards he had propounded a theory (that of dynamisation) to account for their efficacy when prepared according to his directions. I did not disguise my conviction that, whatever the value of the theory (as propounded by him), the practice was a distinct step in advance, a discovery well-tested and fruitful. I cautioned you, however, against viewing it as of the essence of homœopathy. The small dose is a logical consequence of the law of similars: infinitesimals belong to it historically only.

Historically, however, they do belong to it; and you will justly expect me to give you some information and guidance about them here. I will not go again over the ground traversed in the lecture (VII.) on "Homœopathic Posology" which you will find among the preliminary matter of my Pharmacodynamics. But, referring to or summarising this as may be needful, I will endeavour to lay before you the past and present of the subject, and to give you some suggestions for wise thought and action about it.

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 shew that the ordinary doses of arsenic, against which even a healthy stomach needs to be shielded by its administration after meals, would increase the irritation of one already inflamed—for which, nevertheless, the homœopathic principle would direct its being given. 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, we cannot say. If you will read the article on "Hahnemann's Dosage" which I have reprinted as an appendix to my Pharmacodynamics you will see that the transition was made, somewhat *per saltum*, between 1798 and 1799. It only then took him as far as ten-thousandths and millionths, and it is not till 1809 that we find him using higher fractions than these. But from the trillionths and sextillionths arrived at then we see him in 1816 mounting in the case of arsenic to decillionths, in which finally, in 1829, he (for the sake of uniformity) advised all homœopathic remedies to be given. To make such solutions he devised a graduated attenuation which, after some variations, settled down upon a centesimal scale. The first dilution was made to contain one part of the drug in a hundred of vehicle. This was done for dry plants, which were treated with twenty parts of alcohol for a given time, by adding eighty parts more subsequently. The tinctures prepared from fresh plants by mixing their expressed juice with equal parts of spirit were to be considered as of half-strength, so that 2 drops were to be added to 98 of alcohol to make their first dilution. Henceforward, the attenuation was to be carried on through successive phials by adding 1 part of the first to 99 of spirit to make the second, one part of this to 99 more to make the third, and so on; from which it will be seen that in his final decillionths Hahnemann had reached the 30th degree of the scale adopted. In the case of insolubles like the metals, attenuation was obtained by adding to a grain of the substance 99 grains of sugar of milk, and after trituration in a mortar sufficient to ensure thorough admixture adding a grain of the product to 99 more grains of the vehicle. This process might of course be continued indefinitely, but Hahnemann saw reason to believe that after the third degree the substance treated became practically soluble; he accordingly directed the fourth attenuation to be prepared with water, the fifth with equal parts of water and spirit, and the sixth and upwards with pure spirit,—all in the proportion of one part in a hundred.

With the exception of a suggestion in the preface to the proving of thuja that such a drug might be with advantage raised even to the 50th, and in a statement in the fifth edition

of the Organon that the 60th, 150th, and 300th potencies displayed more rapid and penetrating, though shorter, action than the 30th, Hahnemann seems to have kept himself to the latter as an ultimatum. Some of his disciples, however, were not content with this. They pushed on until the exalted region into which the master but looked and seldom entered became their habitual dwelling-place, and from thence they mounted higher and even higher. 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 lease of life. 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 millionth.

I must advise you to reject these preparations, not so much upon the grounds of science and reason as upon those of pharmacy. They are simple impossibilities. It has been calculated that to make the millionth potency of a single medicine according to Hahnemann's instructions would require 2,000 gallons of alcohol, and would occupy more than a year in the process. Whenever, accordingly, we are able to learn the manner in which these preparations are made (and the tendency is to keep it a secret), we always find it other than that recognised among us, and illegitimate in itself. Jenichen's, which first broke ground in the new field, are now known to be simply succussions of an ordinary attenuation with only occasional dilution—so many shakes being reckoned as producing a potency one step higher in the scale. Korsakoff's contact potencies need only to be mentioned to be rejected. The preparations which go under the names of Fincke and Swan are made by what is called "fluxion." A stream of water is allowed to flow in and out of a vessel holding a fixed quantity, which is previously filled with a given dilution of a drug. This is supposed to be further attenuated according to the quantity of water which passes through the vessel, or according to the time required for a certain fixed quantity of water to pass. In Dr. Swan's method a "perturbation more violent than succussion" is superadded by letting the water pass through a finely perforated tube into the potentising vessel. The question at once arises—does this continuous "displacement" effect attenuation in the Hahnemannian proportions? Tests with eosine have answered it in the negative; and in Dr. Swan's case a further error has been made in confounding addition with multiplication, so that his millionth comes to equal Hahne-

mann's tenth! Dr. Fincke's process does not come quite so badly off, but it has been found to give "unesimal" dilutions instead of centesimal, so that his 1000th is Hahnemann's 151st. Dr. Skinner, who has done much in exposing the unreality of his colleagues' preparations, thinks that in his "centesimal fluxion potentiser" he has avoided their errors. But while he believed their potencies genuine, he testified that he found no difference between them and his own. The inference is obvious.*

I am glad that I have not to justify to you these insensate and often dubious proceedings. They are a chapter in the history of homœopathy which had to be glanced at; but we will trust that it has only been an episode, and will go back to the practice of Hahnemann's method as he left it. Can we sustain even this in the face of science? Is matter divisible into such fractional parts as are denoted by the high figures of even his potencies? Is it still active as far as it goes? and is there any ground for preferring it in this finely-divided state to preparations of a cruder kind?

I. The pharmaceutical question obviously requires a distinct answer according as it is trituration of insolubles or dilution of solubles which is being practised.

1. The homœopathic triturations were about twenty years ago made the subject of a very thorough microscopical investigation by Drs. Conrad Wesselhœft, Samuel Jones and Edwards Smith in America and Dr. Buchmann in Germany. Of this an account was given in the thirty-eighth volume of the *British Journal of Homœopathy* (p. 324). The results were there summed up as follows:—

"*a*. It is clear that trituration, to approach anywhere near its ideal, must be conducted upon a better method than that laid down by Hahnemann, and with a rigid scrutiny of its results as it proceeds. With this view the instructions of our own Pharmacopœia † may be cited as of much value. It directs not only that a decimal scale shall be followed instead of the centesimal, but that the first step of this shall be the rubbing-up of the medicinal substance with *equal parts* of sugar of milk; and it adds—'as the reducing of the medicines to the finest possible powder is a most essential point in this method of preparation, and as it is very difficult to effect this after a large proportion of sugar of milk has been added, a small portion of the trituration should be carefully examined under the microscope at this stage, and if the particles are found to be very unequal in size, the trituration should be continued until the reduction of the

* For full development of this subject, see *B. J. H.*, xxxix. 17.

†"British Homœopathic Pharmacopœia." London: Gould and Son. 3rd ed., 1882.

particles to a uniform degree of fineness is complete.' The remaining eight parts of saccharum lactis are then gradually added and incorporated, the whole process lasting an hour. The subsequent attenuations are effected in two stages, taking forty minutes in all. Triturations thus prepared bid fair to be all that can be expected of them.

"*b.* This 'all,' however, is not so much as their theory requires, or as we have hitherto supposed it to be. The concurrence of all observers shews that a large proportion—about one-third—of the drug undergoes nothing but coarse comminution ; that much of the finest subdivision is already reached in the first step of the progress ; and that at the succeeding stages there is a progressive diminution in the number of particles present. We cannot, therefore, say with any precision that a grain of the third centesimal trituration represents a millionth of a grain of the original substance. All we can affirm is that it contains an indefinite number of more or less minute particles thereof ; and those hardly smaller while certainly fewer than would be furnished by a similar proportion of the second potency. It begins to look as if Hahnemann was wisest in his earliest practice with triturations, in which the first was used for provings and the second for medicinal purposes. We hardly seem to gain anything by going beyond this point.

"*c.* The question of the solubility of insolubles can hardly be said to have been decided by these investigations. They certainly do not make anything in favour of substituting trituration for dilution above the third, as was once recommended ; for they shew that on this plan few particles of the drug would survive at the sixth. If we would raise the drug further, it must be by means of a liquid medium ; and here again our Pharmacopœia seems to speak most wisely. 'At this point'—the third—'experience has shown that even the most insoluble substances have become soluble both in water and in alcohol ; *or, if not actually soluble, they are reduced to such minute particles that they are capable of permanent suspension through the fluid,* so that it retains their medicinal virtues, and answers all the purposes of a perfect solution.'"

As regards the last point, the "amethystine fluid" of Faraday is cited. This is gold dissolved in aqua regia, and reduced therefrom with an etherial solution of phosphorus. There results a fluid in which gold is present in the proportion of one part of the metal to 760,000 parts of liquid. In this the highest power of the microscope fails to find any particles of gold ; but if it be illuminated by a cone of condensed sunlight the golden gleam in the path of light shews that the gold is present in

suspension, not in solution, and a film of it is left after evaporation. Dr. Wesselhœft found a similar result when he diffused through water finely powdered glass. But as to the solubility, or quasi-solubility, of metals science has made a vast stride in the researches of Nageli. I shall have to cite these immediately in support of the power of infinitesimals to produce physiological effects. I mention them now as showing that copper, at least, can be taken up by distilled water in sufficient quantity to poison a spirogyra growing in it, though the metal was presented to it in the crude form of coins.

2. This brings us to the other distinctive feature of homœopathic pharmacy—its dilutions. There can be no question here of the adequacy of the mode of preparation to effect all of which the process is capable. The doubt is how far attenuation can be carried.

This has been expressed from within our ranks as well as from without. Thus we have essays from Dr. Samuel Cockburn, of Glasgow,* and Dr. S. Whitney, of Boston, U.S.A.† The former argues that succussion of a liquid must result in uniform size of its particles, and hence that the drop of the first dilution, containing a hundredth part of the drug, cannot be subdivided another hundred times at the second step, as the theory requires. Dr. Whitney points out that to suppose a drop of the juice of a plant to be uniformly diffused through the mass of fluid representing the third attenuation is to make it 640 times more attenuate than it would be in the gaseous form, which he assumes to be the ultimate rarefaction of matter; and maintains that this is impossible.

Now these objections might very well be met on their own ground of theory. To Dr. Cockburn we might reply that he makes no allowance for diffusion, but supposes his drop of the first dilution to live an isolated life among those of the next dilution to which it is introduced; which is absurd. To Dr. Whitney it might be urged that the "radiant matter" of Crookes has already shown us a fourth state in which it can exist, and that it would be most unwise to fix a rigid limit, derived from our present knowledge of it, beyond which we cannot allow it to be separable. But there is a more conclusive answer to either: the doubt *solvitur ambulando*. Take, as Dr. Deschere has done,‡ a deeply colouring matter like eosine. You will see it with ordinary vision pervading every portion of the second attenuation, where it must exist in the proportion of one ten-thousandth, and the cone of concentrated sunlight will

* *Annals of Brit. Hom. Society*, iii, 21.

† *N. Engl. Med. Gazette*, Dec., 1879, p. 268.

‡ *N. A. J. H.*, Feb., 1880, p. 417.

show its fluorescence in the fifth, where its attenuation is represented by the ten-thousand millionth.

Here, too, comes in the evidence furnished by chemical analysis, by the microscope, and by the spectroscope. The first has detected nitrate of lead and sulphate of copper pervading the third attenuation.* The second of course has no place where true solutions are to be examined; but if Mayerhofer's experiments can be relied on, has followed up several suspended metals to dilutions (on a scale of 2 to 98) ranging from the tenth to the fourteenth. The third, in Dr. Douglas Hale's hands,† has revealed the presence of strontium and barium in the 5th dilution; in Dr. Ozanam's,‡ of lithium in the 6th, and of sodium in the 8th. Dr. Wesselhœft's repetition of experiments with the two last metals failed§ to trace the former above the 3rd decimal, the latter above the 7th of the same scale; but there seems no reason to question the validity of the older observations.

We have, moreover, additional testimonies derived from experiments made to see how far semen, vaccine lymph and septic blood can be attenuated without losing their distinctive properties. I adduce these here, rather than under the head of the proofs of the activity of our potencies, since the substances used can hardly be ranked as drugs in respect of *modus operandi*. Dr. Arnold has fecundated frogs' eggs by immersing them in the 3rd dilution of their semen, and has successfully vaccinated children from the first (aqueous) dilution of vaccine lymph.¶ But it is with septic blood that the most astonishing results have been obtained. You will find in the thirty-first volume of the *British Journal of Homœopathy* an account of the experiments made herewith by M. Davaine, who is no homœopathist, though he has diluted according to the Hahnemannian scale. He found that the blood of rabbits dying of septicæmia could, in the dose of a ten-trillionth of a drop, induce a similar and fatal disease in other animals of the same species. As this represents a point between our 9th and 10th attenuations, it shows conclusively that matter can be carried by the homœopathic processes to that degree without ceasing to be present, or losing the activity proper to it.

But a far more serious objection has arisen of late years, not indeed to the soundness of the points we have hitherto made, but to the possibility of indefinite attenuation. The conception

* *B. J. H.*, xx. 278, 287.

† *Annals*, iii. 31.

‡ *L'Art Médical*, Jan., 1862: see also vol. xx. of *B. J. H.*, p. 282

§ *Hom. Times*, Aug., 1880.

¶ Dudgeon, Lectures, p. 368.

of the infinite divisibility of matter current in Hahnemann's day* has now been exchanged for that of its atomic constitution, which implies that we must at length arrive at a stage at which we can divide no more. This idea was not disturbing to us at first, as imagination might suppose the atom as small as it pleased, and far beyond the reach of any attenuation reasonable homœopathists were likely to use. Our confidence was rudely shaken, however, when physicists began to attack the question of atomic magnitudes, and agreed that these—minute as they were—did not carry us into numbers exceeding trillions. Thomson and Clerk Maxwell estimate the number of ultimate atoms which can be contained in a space $\frac{1}{10000}$th of an inch cube as between a hundred billions and ten thousand billions; and, supposing these atoms to be of oxygen and hydrogen, and to unite to form water, Sorby calculates that four thousand billions of molecules of water might occupy such a space.† Drs. Wesselhœft and Sherman ‡ have shown that, upon such data, the molecules of a liquid drug would become exhausted at about the eleventh centesimal dilution, and at the twelfth would cease to be even probably present.

This startling difficulty is evaded by some by saying that the atomic constitution of matter is at best only a theory, that it can never be proved. Others, with more plausibility, affirm that the size of atoms may hereafter be found more minute than at present estimated. The late Dr. von Grauvogl attempted to make a great point of the experiments of Jolly, who found that a certain amount of contraction accompanied the attenuation of a solution of saltpetre. "Since every new attenuation," he wrote,§ "produces, by molecular contraction, a new *minus* of the volume present before their preparation," "Hahnemann's decillionths and all other calculations fall to the ground." But when we come to look at the amount of this contraction, we find that at the first stage it is only 21 c.c. in 2257, *i.e.* about one part in a hundred, and that on further dilution the proportion diminishes still farther. Although, therefore, some allowance must be made in our calculations in consequence of this discovery, it cannot make a difference of more than one or two steps of the centesimal scale.

On the other hand, in support both of the limited divisibility of matter and of the estimates made as to the size of its ultimate

* He takes it for granted that "a substance divided into ever so many parts must still always contain in its smallest conceivable parts *somewhat* of this substance" (Organon, 5th ed., §. 280, note).

† *Monthly Microscopical Journal*, March, 1876.

‡ Transactions of Amer. Institute for 1879; *American Homœopathist*, May, 1878.

§ Text-book of Homœopathy, tr. by Shipman, ii. 65.

particles, we have the negative bearing of the facts already adduced. That vaccine lymph is active at the first dilution and semen at the third; that colour is perceptible in the second and fluorescence in the fifth; that chemistry can detect substances in the third potency, and spectrum analysis in the eighth; that septic blood retains its virulence even in the ninth—all this has hitherto been urged only as proving the extent of our power of subdivision. But state the facts conversely—that lymph will not vaccinate beyond the first dilution, or semen impregnate beyond the third; that chemistry and spectroscopy find decreasing evidence of the presence of drugs as we go on attenuating, and at length lose sight of them altogether; that septic blood at a certain degree of dilution will no longer infect—and they no less forcibly suggest that that power has a limit. It is curious, moreover, that the highest point yet reached—Davaine's ten-trillionth—closely corresponds with the physicists' calculations as to what the limit is.

II. Our second question was—Is matter still active as far as it is divisible? Some of the experiments already adduced answer this question in the affirmative as far as animal ferments are concerned: we have yet to establish the same fact as regards drugs. It is to this mainly that I have addressed myself in the lecture referred to as in my Pharmacodynamics. I have there shewn, on unimpeachable testimony, the astonishing heights to which poisons like arsenic and phosphorus, alkaloids like atropine, strychnine and aconitine, can be carried without losing their power to produce their wonted physiological effects. That lecture stands as it first appeared in 1880. Were I writing it now I could add several pertinent observations of like nature. Let me indicate a few of them.

1. Darwin, in his experiments on the quasi-sensibility of insectivorous plants, was led to try how far dilution and reduction of dose could be carried without re-action failing. The plant chosen was the sundew (drosera rotundifolia); the re-agent consisted of salts of ammonia. His letters, as published by his son, shew amusingly how surprised he was at the extent to which he was carried, and how much he feared that his results would be accounted incredible. "You will laugh," he first says to a correspondent when telling him that the drosera leaves detect (and move in consequence of) gr. $\frac{1}{2880}$ of the nitrate; but before he has finished he has ascertained that similar results follow gr. $\frac{1}{20000000}$ of the phosphate.

2. Dr. Blackley, in the course of his well-known researches on hay-fever, thought of trying how small a quantity of the causative agent of this trouble—the pollen of plants—could induce its phenomena. "From careful and oft-repeated ex-

periments" he writes "I am certain that so small a quality as the $\frac{1}{100000}$ of a grain of pollen will give rise to very perceptible symptoms if this is inhaled within a given time." *

3. Pollen, you may say, is not exactly a drug; but you will allow that copper is. Carl von Nageli has recognised a lethal potency in this metal so far exceeding any chemical power that he has coined a new word, "oligodynamis," to denote it. His experiments had their origin in the observation that water drawn from a brass faucet, or distilled in copper vessels, had a fatal effect on spirogyra. He then began to try how far he could reduce the amount of poison without losing its effects. He distilled one litre of water in glass retorts, suspended four clean copper coins in such water during four days, and found that this solution killed his plants in a few minutes. When the water was poured away, the glass rinsed and washed carefully and refilled with neutral water, the spirogyra again died in a very short time. This rinsing and refilling could be repeated many times before the walls of the vessel lost the "copper force" they had acquired, and their power of communicating it to their contents.† If, however, the glass was washed out with dilute nitric acid, and refilled with fresh neutral water, the plants flourished and remained healthy. Nageli attempted to ascertain the amount of copper dissolved by suspending twelve small copper coins in twelve quarts of neutral water during four days. These twelve quarts were slowly evaporated, and the minute residue, supposed to be a hydroxyd of the metal, was found to be in the proportion of one part to nearly one hundred million of the vehicle. From this and other experiments he concluded that the "oligodynamic" effects of copper result from solutions in the proportion of from 100 to 1000 millionth.

4. Professor Ostwald, of Leipzig, published in 1897 some interesting researches on the crystallization of super-saturated solutions. This took place, he found, on the addition of very small quantities of the same or an isomorphous substance in the solid state. Wishing to ascertain how minute the added matter might be, he availed himself of the homœopathic triturations, and found that crystallization could be effected in the case of salol and thymol with traces of the 6th, in that of thiosulphate of soda with the 9th, and in that of chlorate of soda with the 10th dilution of the decimal scale.

* *M. H. R.*, xxxiv. 604.

† This observation has been thought to give scientific sanction to the "bottle-washing" attenuation practised by Fincke, Swan and others, and to render inexcusable the putting any limit whatever to the extent to which such process may be carried. Though the vessels lose their communicating power "very slowly," however, they do lose it in time; and a thousand millionth is only the 9th dilution of the decimal scale.

5. Lastly, let me bring to your notice the facts which Becquard, Curie and Debierne have ascertained relative to the phosphorescence of certain metals—uranium to wit, and the more recently discovered polonium, radium, and actinium. The luminous emanations they give forth have been conceived of as corpuscular, but the loss of substance hereby induced is so minute that it has been calculated that a flat piece of radium one centimetre square, shining continuously with an appreciable glow, would diminish in weight by less than a milligramme in 1,000,000,000 years. How infinitesimal the quantity of luminiferous matter given forth, then! and yet it suffices to impress the retina with the sensation of light. Debierne's discovery is that such phosphorescence can be transmitted, as from a metal like radium, which has it, to one like barium which by nature has it not; and that even in solution. This would seem to make the luminous energy a dynamic one.

III. The foregoing are facts; but they do not carry us beyond the point at which we reached when considering the subject from the pharmaceutical stand-point. Physiologically we can get as far as we can physically; action corresponds to substance. But after all we have only got as high as the 15th dilution at the utmost: it is a far cry to Hahnemann's 30th's, and what shall we say to Danham's 200th's—which, prepared by himself in legitimate manner, he came to use almost exclusively in his practice, esteeming them of more efficacy, both in acute and chronic disease, than any lower attenuations?* Bönninghausen had preceded him, and Tessier and Grauvogl have followed him in the same estimate—positively if not comparatively—of this exalted potency. We cannot ignore such testimony; yet even if Hahnemann's theory of dynamization could be accepted, and would substantiate their experience from the scientific side, we could not get over the lack of evidence that matter is so far divisible, or can transfer its medicinal property to the vehicle in which it is dissolved or suspended. We must act here, if at all, on empirical grounds only, admitting that logic has nothing to say for us, and that science—which has gone with us so far—is now not only inactive but becomes our opponent.

The one field in which a real dynamization can be reasonably recognised is that of those substances which are inert in their crude state, but which, when rubbed up with some indifferent vehicle so as to ensure a fine division of their particles, become active enough.

We have a familiar instance in mercury, which as pure quicksilver may be swallowed by the pound, but which, when intimately mixed with confection of roses or with chalk,

* See his Homœopathy the Science of Therapeutics, pp. 227—266.

becomes a potent drug. It is now recognised that the amount of oxidation which takes place in the preparation of blue-pill and grey powder is very small, and that minute subdivision is the essence of the process. Hahnemann, as you have been told, largely developed this mode of preparing drugs, introducing the improved method of a graduated trituration with sugar of milk. The metals—gold, silver, platinum, zinc, together with such neutral substances as charcoal, flint, and lycopodium, are awakened to energy by this potent process, and show themselves capable of no little influence upon the organism. But it is obvious that since in this way a real development of power is effected, there must be a certain stage in the process at which the drug, inert in its crude state, begins to be active, and another at which this newly-awakened energy is at its height, after which all further attenuation must have a contrary effect.

Hahnemann indeed thought that an indefinite development of power resulted from the dilution he at first practised to avoid aggravations and collateral effects. When asked to explain how such increased power could be elicited, he replied that the thorough solution and diffusion of the medicine enabled it to present so many more points of contact to the living matter. This is the same thought which has subsequently been expressed by the phrase, that medicines act by their surface, not by their mass, and are therefore effective in proportion as the former is extended. Grauvogl aptly says:—"It is a matter of indifference what quantity of iron I make red hot, even were it many hundredweight, whose quality of heaviness might crush me; it could burn me, on coming near to it, only so far as it could touch me with its surface." This thought was pushed by Doppler to a calculation of the extent of surface developed by the Hahnemannic trituration, which reached from two square miles in the third trituration to the whole area of the constituents of the solar system in the ninth. But it has been pointed out* that such a calculation assumes that the whole original grain is carried on into every successive trituration; whereas we know it to be reduced a hundredfold at each step, so that "even supposing each successive trituration to be thoroughly penetrated with the medicine, the superficies can never exceed that which was presented by the first." Conversely, then, it would seem better that we should dilute without reduction of mass, and this idea Hahnemann at one time countenanced, saying in the Organon of 1833, "I dissolved a grain of soda in an ounce of water mixed with alcohol in a phial, which was thereby filled half full, and shook the solution continuously for half an hour, and this was in dynamisation and energy equal to the 30th development of

* Dudgeon, Lectures, p. 366.

potency." In 1839, however, he tells us that it is absolutely necessary to dilute medicines in order to potentise or dynamise them:—"The greatest amount of succussion or trituration of substances in a concentrated form will not enable us to liberate and bring to light the more subtle part of the medicinal power that lies still deeper."

As my penultimate quotation shows, Hahnemann came later to ascribe an occult virtue to the processes of trituration and succussion employed by him, independent of their aid towards effecting a more thorough solution. In this he has been followed by many of his more enthusiastic followers; but I am glad to find the latest of these falling back upon the more rational explanation. I refer to Dr. Skinner, who has written a series of articles on "The Dynamisation of Medicines" in the journal edited by him called *The Organon*. I would call attention to the arguments adduced in the number for January, 1880, as entirely commending themselves, save where he ends by saying that the 30th centesimal of Hahnemann can be made by allowing 3000 minims of water to pass slowly (through a funnel) in and out of a 100-minim measure containing one minim of mother-tincture. It is not only that the process is quite inadequate to the task, as Dr. Skinner himself admits in the next number of his journal (p. 194); but it is very doubtful whether any *solution d'emblée* can be equivalent to the graduated method devised by Hahnemann. Grauvogl made some experiments to determine this. He found that the 30th, 10th and 3rd decimal attenuations of arsenic, prepared in the usual way, produced a certain definite effect upon him (the first showing its influence by great thirst). He then made at once a solution corresponding in strength to about the 7th decimal, and not till after taking this for six days did he experience an effect, which at the utmost only amounted to that which the 30th produced on the second day of proving it.

Returning from this digression to our former point, it seems that extension of surface will not account for development of power in the Hahnemannian attenuations beyond the first. A later discovery of science, however, comes to our aid; and seems to show that separation of particles may have something to do with it. We refer to the researches of Crookes on the behaviour of matter in a fourth state—beyond the solid, liquid, or gaseous—which he calls "radiant." If from a closed globe full of air as much as possible be withdrawn by an exhausting pump, the molecules that remain acquire an astonishing activity, manifesting itself by luminous, thermic, and electric phenomena according to the circumstances. Dr. Garcia Lopez, in the *Criterio Medico*,* has fairly turned this fact to account in defend-

* Feb., 1880.

ing the energy of the homœopathic infinitesimals ; and we truly get far enough when we find that on reducing the pressure to the millionth of an atmosphere or less gases acquire these peculiar properties. It is impossible to say how much farther the separation might not be carried without advantage. On the other hand, it must be remembered that the energy manifested is rather that of the forces of nature than of the properties of matter, and that drug-action belongs to the latter category. It would seem to be the greater scope for molecular motion afforded by the wider range given to the particles which enables them to display the phenomena of light, heat and electricity in this enhanced degree ; and it would not be easy to apply such a conception to the reactions of medicinal particles with the living matter of the organism. At the best, suggestions derived from this source must stand or fall with the doctrine of the atomic constitution of matter, and cannot harmonise with the notion of its infinite divisibility. If separation of particles be the cause of their greater activity, the time must come when further distance will outweigh ampler space, and the energy allowed by the latter will be lost in the expenditure required for the former. *

* The above paragraph would be my answer to the ingenious considerations brought before the British Homœopathic Society by Dr. Percy Wilde, and published in the tenth volume of its *Journal* under the title of "Energy, in its relation to Drugs and Drug Action." I cannot think that the power of drugs to induce changes in protoplasm is a result of any potential energy they may possess as physical substances ; nor can I admit that even this is *indefinitely* increased by separation of their particles, that is, fails to diminish and finally disappear as these lessen in number and increase in distance from each other.

LECTURE XI.

HOMŒOPATHIC PRACTICE.

We have now surveyed the method of Hahnemann, in all that is essential to it. It is a rule—let likes be treated by likes. The "likes" are—on the one side the clinical features of disease, with such knowledge of its ætiology and pathology as can be had; on the other, the physiological action of drugs. Their similarity is to be, as far as possible, generic, specific, and individual; and the remedy thus selected is to be given (as a rule) singly, rarely, constitutionally, and minutely. If you have followed with concurrence the reasonings I have set before you, I trust you are satisfied that this method has every claim—scientific and practical—upon our acceptance; that our wisdom as medical men is to carry it out wherever it is applicable.

I have yet to speak to you of some subsidiary matters—of the philosophy of homœopathy, the rationale of its curative process; of its history in the world of medicine; and of its claims on the profession. But before passing on to these, I feel bound to dwell on another series of considerations. I am assuming that you accept the method of Hahnemann, that you intend to adopt "homœopathic practice." What does this involve? What alteration does it make in your relation to the profession and the public? What duties does it lay upon you? What provision must you make, and what course of action must you follow, to carry it out aright? You may well ask such questions; and I am bound to answer them. Let us pass to-day, then, from the principles of homœopathy to its practice.

I. When Hahnemann first propounded his method, he did so in the ordinary medical journals, addressing himself to his colleagues. He wrote, as he acted, in the liberty which every qualified physician is supposed to have, of doing what he thinks best for his patients, and of expressing his views among his peers. But this liberty, which had been granted to every systematiser who had preceded him, and has never since been refused, was denied to him. The reform in therapeutics he proposed was so great, so sweeping; the mode of treatment he would substitute for that then current so put to shame its

complexity, its violence, its absence of solid base, that the practitioners of his day could not bear it. They silenced him in their journals; they stirred up the druggists to hinder his dispensing his medicines; they invoked the arm of the State to forbid the new practice. If any man would carry it on, he must do so secretly. It was outlawed alike professionally and politically.

Nevertheless, it was believed in: it was adopted. Those who dared to adhere to it found themselves excluded from all the associations whereby the practitioners of medicine seek to advance themselves in the knowledge of their art. Membership of medical societies, practice in established hospitals, freedom of utterance in professional journals, was denied them: the recognition of truth to which their reason led them, and the application of it for the good of their patients to which their conscience constrained them, were treated as crimes. Their only wish was to practise freely, in their natural position, what their judgment dictated to be best; but this was sternly disallowed. What was the result? As they multiplied, they set up societies, hospitals, journals for themselves, calling these by the name of the method to which they were devoted. As time went on, schools and colleges had to be established to teach the new method, whose very mention was tabooed in the existing educational institutions; and homœopathic pharmacies became necessary, where our medicines could be obtained, and homœopathic directories, from which the public could learn who were practitioners of the system.

The consequence is, that homœopathy has acquired an organisation. From a creed it has become a church. The new adherent to it at the present day finds it in this position, and the first question he has to decide is whether he shall join this church or not. Shall he simply embrace the creed, practising it as far as his patients and colleagues permit, and professing it no more than occasion demands? Or shall he avow his faith, affiliate himself to homœopathic institutions, and allow his name to appear in the *Homœopathic Directory*, or at least in the annually published list of members of the British Homœopathic Society? Now I am well aware of how much there is to be said for the former alternative. In the abstract, it is the legitimate course to follow. It was the mode of proceeding adopted in every country at the first, until the intolerance of the profession compelled its abandonment; and each new convert must feel strongly induced to attempt it afresh. But, much as I sympathize with the sentiment which actuates him, I can have no hesitation in advising him to prefer the other course. The organization of homœopathy was, indeed, forced upon it; but,

however acquired, it now belongs to it as a body to its soul. The position it has taken up was not of its seeking; but, having been occupied, it cannot be abandoned without fatal misunderstanding. We, who have held the fort for many a day, must continue to hold it until our claims are yielded, and our method receives its legitimate recognition, our mode of practice its due liberty and honour. We cannot do so unless from time to time we receive reinforcements to supply the gaps left by age, sickness, and death. The greater our numbers, the better our institutions are manned and our journals filled, the more respect we shall win for our system, the nearer we shall bring the day when the profession shall be forced to recognise it and to invite us back to free fellowship. Till then, do not weaken the cause by standing aloof from its embodiments. Allow your names to be placed in our published lists, or rather, be proud of it as of an enrolment in a Legion of Honour. Seek service in any homœopathic hospital or dispensary which may be in your neighbourhood; send cases to the homœopathic journals; apply for membership in the British or other Homœopathic Society. Every man who acts thus lends fresh strength to the witness we bear to truth in medicine, and hastens the day of its victory.

I know that in the meantime the course of conduct to which I invite you involves heavy sacrifices. Things are not indeed as bad as they were, when to avow one's belief in homœopathy meant professional and even social outlawry. But the price is still a heavy one to pay. Such memberships and appointments as you may have you will find it hard to retain, and you will get no more. Consultations and assistance will be generally grudged, often refused. By many of your fellows you will be treated as a black sheep; spoken of behind your back as a fool, if not knave; met face to face with significant coldness. Even the more liberal-minded, though they tolerate you, will do it with a pity which is often contemptuous. There are, of course, exceptions to this rule, in individuals, and even in circles —among which Birmingham deserves honourable mention; but as a rule it holds good. You must run the risk of being so treated. But what of that? Are you the first who have had to suffer for truth—to go, if need be, without the camp, bearing its reproach? Count the cost, indeed, before you make your avowal; but do not let it deter you from making it. To some extent you will find compensation. Another fellowship will welcome you, other places of honour and usefulness will be open to you. Still, you will be a heavy loser, and can only incur the loss in the firm conviction that you are thereby serving the cause of truth. This conviction is mine; I trust it may also be yours.

II. This, then, is the first thing I have to advise—that you avow your new faith in the most practical way, identify yourself with its body and not merely its soul, join its church as well as profess its creed. And now arises the next question,—What are the duties of the new position you have taken up? In what way do they differ from those of every practitioner of medicine?

Do you, in acknowledging the truth of homœopathy, bind yourselves to its exclusive practice? No; by no means. In becoming (as men will call you) "homœopaths," you have not ceased to be physicians. "Medicus nomen, homœopathicus cognomen," we may say after St. Augustine's manner. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system. We have protested against the tyranny which has ostracised us because we believe this "best" ordinarily to be homœopathy; and it is not for us to be entangled again with any other yoke of bondage. We must let no one impugn our right of unfettered therapeutic choice. In allying ourselves to homœopathic institutions we manfully recognise a truth which has laid hold of us, but which is at present denied and cast out: we in no way determine how far its practical consequences shall reach. Take up this position from the first. Claim to be priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position; but let them not inspire you with a sectarian spirit. Assert your inheritance in all the past of medicine, and your share in all its present: maintain your liberty to avail yourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. This is the only legitimate ground to occupy, and you should make it plain that on this you stand.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "homœopathicus," and not only as "medicus." Duties to your patients, for they will seek your aid as such; duties to the method itself, under whose name you enlist, and whose advantages you enjoy. The correlative of liberty here, as everywhere else, is loyalty; and without such counterpoise it degenerates into mere haphazard and empiricism. Our special vantage-ground is our practice according to law, instead of in the "unchartered freedom" of which our old-school colleagues boast, but of which the best of them must often tire. Do not readily forsake it. At the outset think even of liberty as little as possible. Children are not the better for being free; and the same may be said of novices in the method of Hahnemann. Your wisdom

at the first is to practise it as exclusively as you can. Let experience, rather than *à priori* assumption, teach you where it needs supplementing by other means. You will actually do more good to your patients on the whole, than if you began as eclectics; and you will be acquiring habits of order and precision which will stand you in good stead as you go on.

I am speaking thus, as regarding men who are about to commence practice in a new locality as avowed homœopathists. There are others, of course, who—already in harness—must erect their new building within the walls and under the cover of the old. They will begin by treating selected cases with their novel remedies, leaving unchanged the great bulk of their practice. As they learn confidence and experience, they will push their homœopathy farther on, and let their former expedients drop more and more into the background. At last the latter will have become the exception, and the former the rule of their practice, and the term "homœopathic" becomes justly applicable to their position and mode of treatment. They will then have reached the ground already occupied by those who have practised homœopathically from the beginning. But there will be this difference. They will have learnt what are the exceptions to the rule *similia similibus curentur*, and what are the auxiliaries with which it must be carried out. No man can know these so well as he who has worked out the subject for himself. Nevertheless, homœopathic practice as a whole is, regarded scientifically, a vast experiment towards the decision of the question how far likes cure all diseases without the aid of other means; and the results of that experiment, so far as it has gone, are available for the beginner. Let me briefly indicate them here.

1. First of all, let me remind you again that drug-giving, however important, is not the beginning and 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 neutralise chemical or organic infections. You must not call the measures—surgical, regiminal, hydropathic—by which you effect these ends, "auxiliaries;" you must not imply that they lie outside the ordinary path of medicine. Do not enter upon homœopathic practice with the thought that all your knowledge and command of natural influences may henceforth be laid aside. You must be—as Hahnemann ever was—hygienists, that you may also be healers.

2. This applies to the fundamental duty of the physician, whatever be his medical creed. He must obey the rule "*tolle*

causam," when practicable, before any other ; he must remove the *lædentia* and supply the *juvantia* of nature at large. But when, now, the physician practising homœopathically comes to his own rule, *similia similibus curentur*, he must bear in mind the limitations of it inherent in its own nature. Likes can only be treated by likes, where likes are to be found. Where your patient's trouble is one which drugs cannot simulate on the healthy body, you cannot apply your law. You will remember the instances of this which were suggested when we were on the subject. How can drugs produce anything like the disorder of sensation and function attending the passage of a calculus ? How can they supply analogues to neoplasmata ? Homœopathic *medicines* may do something for such conditions, as every now and then they have done ; but there is no homœopathy, strictly speaking, in their selection. The homœopathic practitioner is not passing by his law, if in the one case he hushes pain or relaxes spasm, if in the other he melts down the morbid growth by a liquefacient.

3. But, over and above such qualifications and limitations, the rule *similia similibus* may have practical exceptions—exceptions found to be such from experience, not necessary, nor such as could be foreseen *à priori ;* in all probability provisional only, but actual, and to be duly regarded. Are there many, or any, such ? Well, my proposed teaching expressly contemplates contingencies of this kind. I am to tell you what homœopathy can do in the various recognised forms of disease. There may be diseases 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 enquire how much it can effect, as compared with the capabilities of old physic, in each malady that comes before us. If the answer to such enquiry should be to its disparagement, we must follow the leading of the facts. Thus :

(a.) The use of cold baths in typhoid fever seems to give somewhat better statistics as regards recoveries than even our own treatment can boast.*

(b.) The recurrence in relapsing fever cannot be prevented by homœopathic remedies ; but can be by antiseptics like the hyposulphite of soda.†

(c.) We have nothing to take the place of full doses of iodide of potassium in tertiary syphilis.

(d.) In peritonitis from perforation we must give full doses of opium, as in ordinary practice, if we are to have a chance of saving our patients.

* See Dr. Bakody's report of the Pesth Hospital (*B.J.H.*, xxxiv. 149.)

† See Dr. Dyce Brown in *B. J. H.*, xxxi. 363.

(e.) In cardiac dropsy we can rarely get the good effects of digitalis and its congeners without the induction of their primary physiological effect, so raising the arterial tension.

(f.) Nitrite of amyl is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy.

(g.) The use of iodide of potassium in aneurism seems outside the range of our method, and is yet a valuable piece of practice, on which we can hardly improve.

(h.) In uræmic coma, measures for relieving the brain of the "perilous stuff" which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment.

These eight are the only instances that at present occur to me in which, homœopathic treatment being applicable in the nature of things, it is at present so excelled as to be displaced by measures of another kind. You will see at once how few they are in proportion to the mass of ills where the balance is just the other way. You will thus be encouraged to commit yourselves freely, with such reservations, to the guidance of the homœopathic law. Let none impugn your liberty, but let all respect your loyalty: so you will witness to the method you profess, and will have the approval of your own best judgment.

III. Such is the counsel I would give you as to the general ordering of your practice. Let us now go more into detail, and see what should be your actual work at the bedside and in the consulting room.

I have spoken of the selection of the homœopathic remedy. I have shown you that its similarity should be, as far as possible, generic, specific, and individual: I have indicated the parts which generalisation and individualisation respectively should play in the process. Descending now from principles to practice, let me advise you to let generalisation predominate in your prescriptions for acute disease. That is, do not let your thoughts range down the whole Materia Medica, from aconite to zincum (as we used to say; now it must be from abies to zizia), in search of your simillimum. Fix them rather upon the group of medicines which general consent has associated with the malady before you. They were first arrived at by the rule *similia similibus;* or, if obtained *ex usu in morbis*, they have seemed warranted *à posteriori* by it. They have stood the test of long and wide experience, so that you may be sure of their answering to the species—the essence of the disease. Suit them, as among themselves, to the form and stage of the malady; but do not, without very grave cause, go beyond them in search of a closer similarity, which is too often illusory. Of course no finality is contemplated; new remedies must from time to time be introduced, and old ones extend

their known range of action. Leave this, however, to men of larger experience; as beginners, you had better keep to the ground already surveyed. In the presence of pleurisy, the best thing you can do for your patient is to appropriate aconite and bryonia, cantharis and apis, arsenicum, sulphur and hepar sulphuris to the inflammation and effusion. If pneumonia is before you, aconite, bryonia and sulphur again, with phosphorus, iodine and tartar emetic, comprise the whole ordinary therapeutics of the disease. Some five or six medicines in variola, seven or eight in scarlatina, ten in continued fever, twelve in chronic intermittents (in recent ones four will suffice), are as many as are ordinarily required for your choice; and our best comparative results have been obtained where—as with yellow fever and cholera—our remedies have been few in number and everywhere the same.

The same rule holds good even in chronic disease, where the disorder conforms to a recognised type. You will rarely get good, in diabetes, by deserting phosphoric acid and uranium; in rickets, by going beyond calcarea, phosphoric acid again or phosphorus, and silicea. But when your patient's narrative has gone so far as to satisfy you that you have to deal with an anomalous case of no definite character, you will do well to let your mind work freely among the medicines which the symptoms suggest. Go upon the plan of exclusion. Test the remedy which first occurs to you by the next symptom mentioned. If you have chosen aright, it will harmonise therewith: if not, it will suggest another, and the symptom next following will decide between these, or supply a third candidate for your acceptance. So, step by step, you will proceed; and when the whole case is before you, you will have obtained as the result of your elimination one, two, or three medicines, which seem well to cover the case. These you will then prescribe, in succession or alternation, as you may determine; and, if you have proceeded carefully, you will find them the fundamental remedies for the disorder. They may be with advantage suspended for a time, or even replaced by others; but you will be driven again and again to them, and ultimately it will be with them—if ever—that you gain the day.

In thus choosing, do not neglect to supplement your memory by reference to the Materia Medica, and to its indices—the repertories. Do not, indeed, be ashamed of doing so in the presence of your patients, if need so requires: they will not complain of you for taking too much pains. But especially when the day's work is over; when a new case has come before you, or an old one hangs fire,—review its symptoms. Look them up one by one in your repertory; follow the drugs indicated to

the Materia Medica, and weigh well what you find. Do not be hasty, or too fondly credulous: examine into the source of symptoms ere you trust them: but if you can safely do so, essay the medicines to which they point. You will thus frequently gain unexpected successes, and will be ever enriching your armamentarium. In acute and typical diseases, the fewer your remedies the better: but beyond this range, you can hardly have too many. It is here that the mere *specificker*, the mere organopathist fails; while the full method of Hahnemann wins victories which are a continual source of delight.

IV. And now a few words about the choice of dose. I think I have spoken with sufficient fulness of the general facts and principles of homœopathic posology. Short of actual experience, you are in a position to judge for yourselves what you will do in the matter. I do not wish unduly to bias you on so moot a question. It would, however, be carrying reserve too far, it would be neglecting your obvious interests, if I failed to give you some practical advice—from an experience of over forty years—as to the doses you should commonly employ.

And here, as in the choice of the remedy, I would distinguish two categories into which your cases will fall. We have seen that the object of attenuation is two-fold—to avoid aggravation and collateral disturbances, and to develop the peculiar properties of drugs. Now in the acute, typical disorders—the fevers, inflammations, catarrhs, neuralgias, spasms—which constitute the bulk of daily practice, the first-named object need alone be sought. The medicines with which you combat them are such as are already active in their crude state: your only care need be to protect your patients from their over-activity, to see that their physiological be wholly absorbed in their therapeutical action. For this purpose but moderate attenuation suffices. If you carry in your pocket-case the first decimal of aconite, baptisia, belladonna, bryonia, gelsemium, ipecacuan, iris, nux vomica, and spongia; the first centesimal of apis and tartar emetic; the third of mercurius corrosivus, phosphorus, and veratrum album; the sixth of arsenicum; if you reinforce these with a few medicines of full strength to meet special contingencies —as hamamelis for hæmorrhage, and camphor for shock and collapse,—you will have a quiverful of shafts which will rarely need augmenting. By further dilution, if need be, at your patient's house you can exactly proportion the dose to age, sex, and susceptibility; and you will rarely do anything but pure good.

It is otherwise when you have to deal with chronic disorder in its almost infinite variety. Your range of medicines here is a wide one, and so also must be that of your dose. Of the drugs among which you will have to choose many are such as only

develope active properties after a certain degree of attenuation: such are sulphur, calcarea, silicea, lycopodium, natrum muriaticum, sepia. Certain actions, moreover, of the more potent, and even of the feebler drugs, belong to them peculiarly in infinitesimal form. I may cite arsenic, phosphorus, and nux vomica in the former category, chamomilla and coffea in the latter. In my Pharmacodynamics, when speaking of the dosage of each drug, I have noted these points; and they may well lead you, as they have led me, to associate certain potencies with certain medicines, making the two almost as inseparable as the words and tune of a song. Sulphur 30 is a definite remedy to me, dose and all. I know what I can do with it as I know the powers of aconite ix. So I can say of lycopodium 12 and silicea 6, and of many other drugs. I require here, therefore, a wide range of dosage as regards my remedies; and still more as regards my patients. Their variations in susceptibility are great; they require change of potency from time to time as well as of medicines; the protean transformations of their maladies have to be followed up with corresponding shiftings of means. I do not know that you need go higher than Hahnemann's 30ths; but, as you have thus already got beyond the estimated divisibility of matter, you will hardly be taking a fresh step if you dip occasionally into Dunham's 200ths.

In such affections, then, while not neglecting the lowest preparations, I advise you to rely largely upon the medium and higher—to use attenuation for developing the finer actions of drugs which you desire to bring into play. In prescribing for other than acute disorders, you should always—if possible—do so from a homœopathic chemist. There are plenty of such in this country—intelligent, well-informed men: they have an excellent Pharmacopœia for their guidance: you may rely upon them, and should support them. The best way of prescribing is to order a drachm or two of the tincture or trituration, directing the proper number (three is a good average one) of drops or grains to be taken at a dose. The tinctures can be thus measured by being dropped into water from the phial; for the triturations small scoops are provided, holding about three grains by weight, which will best be taken dry on the tongue. Tablets of these are now prepared and are very convenient. Sometimes, when quantity is no consideration, and when the convenience of busy men or the tastes of children are to be consulted, you may give the medicines in the form of pilules, or even of globules; but I confess that I am not fond of these preparations, and do not advise their preferential choice.

V. A practitioner's medicines form his chief apparatus for practice; but next come his books. What works, you may fairly ask me, should you add to your library, and what use should you make of them, to enable you to superadd a literary knowledge of homœopathy to that of medicine in general?

Well: first of all you should be well grounded in the principles of our system. You should study Hahnemann's Organon, in the light of the introduction to it I gave you in the second and third lectures of this course; and should follow it up by a thoughtful perusal of the volume of essays I have often mentioned, by Carroll Dunham, entitled (from the first of the series) "Homœopathy the Science of Therapeutics." For an independent study and presentation of the subject, I may commend to you the *Essays on Medicine* of Dr. Sharp. If you will also read the "Lesser Writings" of Hahnemann which under that name Dr. Dudgeon has collected and translated for us, you will have attained a thorough and scholarly knowledge of the basis of the new method you intend to practise.

Next, you must possess, in some form or other, the Materia Medica of Homœopathy—the collection of the pathogenetic effects of drugs with which it works the rule "let likes be treated by likes." You should procure Hahnemann's own *Materia Medica Pura*, which we now have in excellent rendering and shape. Its prefaces and notes alone make it worth possessing; and though you may not learn much *à priori* from reading its lists of detached symptoms, yet, when a repertory refers you to them, you will have them in their original and only available form. To this add the "Cyclopædia of Drug Pathogenesy," and—if you feel inclined to range beyond its borders—Dr. Clarke's "Dictionary of Practical Materia Medica." Read also, as we have no lecturers on Homœopathic Materia Medica in this country, some of the expositions of this kind which have found their way into print, among which I may name Hempel's, Dunham's, and my own as contained in the later editions of my "Pharmacodynamics."

Of repertories themselves I have already spoken to you: it only remains that I indicate the best treatises on the homœopathic practice of physic. By some among us these are discountenanced altogether, on the ground of the pure individualisation which is conceived of as governing our therapeutics. To this I need not tell you that I cannot assent: I hold it on the contrary a great gain that the accredited homœopathic treatment of the definite types of disease should be set down for the guidance of the beginner. I have worked myself in this field also; but far more elaborate treatises have been given us by Drs. Bähr and Kafka in Germany, Dr. Jousset in France, and

Dr. Goodno in America. The *Science of Therapeutics* of the first, and the *Clinical Lectures* and *Practice of Medicine* of the third, are available for us in an English dress ; and we shall all welcome Dr. Dyce Brown's addition to our store, when he gives to the world the teachings on the subject which were so long valued in the London School of Homœopathy. Read such books through ; consult their appropriate sections when you have to treat each form of disease ; and you will gain strength and light incalculable for your daily work.

In addition to these, take in as many homœopathic journals as you can afford, from England, from America, and from other countries with whose language you may be acquainted. Take them in, *and read them*—a consequence which does not always follow. Give those who edit and supply them the support of feeling that their work is appreciated ; and reap the utmost benefit of it for yourselves. Dwell in no isolation ; indulge in no self-sufficiency. You can only live in the life of the body to which you belong : in its growth alone can you grow. You are cut off at present from the wider fellowship of the profession at large ; but you can cultivate the corporate virtues in your narrower circle. The great hindrance to the spread of homœopathy in the old world has been the lack of *esprit de corps* among homœopathists ; had it not, indeed, possessed the vitality which truth alone can give, it had perished long ago in the midst of our dissensions and divisions. I trust that you will not contribute to these, but will rather bring strength to the heart of the body—its centre of life and unity. You will do this as you think more of the essentials of the method than of its accidents ; as you cultivate it for the good of your patients rather than for the filling of your own pockets ; as you count all difference of opinion as to means a small thing in comparison with our common end—the promotion of the good cause we have at heart. Practise homœopathy in this spirit ; and you will do your part, small or great as it may be, for the reform in medicine which one day will be seen to mark with white the nineteenth century of our era.

LECTURE XII.

THE PHILOSOPHY OF HOMŒOPATHY.

Homœopathy, as I have hitherto presented it to you, is a *method*. It has indeed been framed by scientific processes,—reached by inductive generalisation and tested by deductive verification; but the thing framed is not a law of science,—it is a rule of art. It does not say—such and such is: it says—let such and such be,—in this case "let likes be treated by likes." My exposition and vindication of it, accordingly, has dealt solely with facts. We have considered the elements of the comparison, the relation between them, and the manner of carrying out the rule, with pure reference to their sufficiency, practicability and advantage; and, if you were to choose to stop here, you would be in full possession of homœopathy as a working method.

But the mind of man is not so constituted as to rest content in phenomena only. He must know the "why" and "how," and not merely the "what"; and homœopathy has been throughout an object of thought as well as of fact. From his first writing on the subject Hahnemann endeavoured to explain how likes were cured by likes, and his followers have never been weary in suggesting further explanations of their own. You may well ask me to tell you something about these, and whether I can commend any of them to you as affording a satisfactory rationale of the process. This, accordingly, I shall endeavour to do to-day.

There is, indeed, a special reason why the homœopathic cure should be accounted for. There is no difficulty in understanding the action of drugs allœopathically or antipathically related to the disorder presented for treatment. The former by some evacuation or revulsion, the latter by direct opposition to the set of the morbid change, can readily be conceived of as restoring the affected part to its normal condition. But it is not so when we come to give drugs which cause in the healthy a similar disorder to that before us. It would seem at first sight as if nothing but aggravation could ensue; that if one fire can put out another's burning when applied to other parts of the body than that which is the seat of conflagration, if directed to

the same part it can but increase the original flame to twofold intensity. Yet it is not so. Even were the general experience of the homœopathic school put out of sight, there is no doubt that arsenic, which causes gastritis and enteritis in the healthy, cures irritative dyspepsia and chronic diarrhœa in the sick; or that it is capable of setting up nearly every form of the cutaneous mischief for which it is so efficient a remedy. Here, if nowhere else, we should have to inquire, *in quo modo?* But we homœopathists know that the field of the problem is coextensive with specific medication, and are deeply concerned in making what approach we may to its solution.

Now, since medicines whose influence is directly opposed to the tendency of the morbid process operate in cure after a manner easy to be conceived, it is not strange that attempts should have been made to resolve into such an operation the behaviour of similarly acting medicines; to suppose that, though they seem homœopathic, and are selected because of such apparent relationship, they are really and within the system antipathic.

I. The first to propound such a theory of cure by *similia similibus* was Hahnemann himself. He supposed that every drug, whether given in health or disease, produced two series of effects, the secondary being precisely opposite to the primary; that, if given in morbid states corresponding to its secondary effects, *i.e.*, antipathically, it acted at first as a palliative, but then, its own secondary operation supervening, increased the disease; while, if given when a condition answering to its primary effect was present (homœopathically), it caused a temporary aggravation indeed, but then by its secondary effects, which were opposite to the disease, a considerable amelioration thereof.

I believe that this was substantially Hahnemann's doctrine from first to last. But as a somewhat different account of it has been given by the historian and exponent of homœopathy to whom I so constantly refer as an authority,—I mean Dr. Dudgeon,—it is necessary that I should say somewhat in justification of my statement. Dr. Dudgeon considers that in the "Medicine of Experience" and the Organon, Hahnemann conceived of homœopathic action as the substitution we have heard of from Trousseau, that is, as the overpowering and annihilation of the natural disease by an artificial one excited at the same spot, which latter, being but of brief duration, soon subsides, leaving health behind. "At a subsequent period, however," writes our author, "viz., in the preface to the fourth volume of the Chronic Diseases (1838), Hahnemann attempted another explanation of the curative process." This is the doctrine that

it is the vital force which is always the conqueror of disease; that in our patients, especially those chronically sick, its power is insufficient for this victory; and that by administering a medicine acting in a direction similar to that of the malady, the vital force is, as it were, stirred up to fresh efforts in opposition, "until" (I quote Hahnemann himself) "at length it becomes so much stronger than was the original disease as that it can again become the autocrat in its own organism, can again take the reins and conduct the system on the way to health." But if you will listen to a short extract from the Organon (§ xxix.), I think you will agree that the earlier and later thought of the master had very much in common :—

"As every disease," he writes, "(not strictly surgical) depends only on a peculiar morbid derangement of our vital force in sensations and functions, when a homœopathic cure of the vital force deranged by natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger, similar, artificial morbid affection is brought into contact with and, as it were, pushed into the place of the weaker, similar, natural morbid irritation, *against which the instinctive vital force*, now merely (though in a stronger degree) medicinally diseased, *is then compelled to direct an increased amount of energy*; but, on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the substituted artificial (medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

Now, though there is certainly a substitution of medicinal for natural disease contemplated here, rather than the reinforcement of the one by the other as suggested in the Chronic Diseases, yet the exaltation of the reactive vital force is (in the words I have italicised) distinctly stated to be the means whereby the ultimate cure is effected, just as it is in the later putting.

It remains only to connect this view of Hahnemann's with his doctrine as to the primary and secondary actions of medicines, which again is hardly done by Dr. Dudgeon.

In the "Essay on a New Principle for ascertaining the Curative Power of Drugs," published in 1796, Hahnemann writes :—*

"Most medicines have more than one action; the first a *direct action*, which gradually changes into the second (which I

* Lesser Writings (Dudgeon's translation), p. 312.

call the indirect secondary action). The latter is a state exactly the opposite of the former. In this way most vegetable substances act."

After saying that such opposite states are not so discernible in most mineral medicines, he goes on :—

"If, in a case of chronic disease, a medicine be given whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body to be brought about ; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days."

This, however, he says, is a mere transitory affection, and, if troublesome, may readily be suppressed by a dose of some antagonistically acting palliative, as opium when the medicine was hyoscyamus.

Thus the cure, in homœopathic treatment, is conceived to result from the induction of the secondary action of the drug, which is antagonistic to the morbid condition present. And now, in the Organon, we find him identifying this secondary action of the medicine with the stirring up of the opposing vital force of which we heard previously,

"Every agent* that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed *primary action.* Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force endeavours to oppose its own energy. *This reaction belongs to our preserving vital force, of which it is an automatic action, and it is termed secondary action or counteraction.*

"During the primary action of the artificial morbific agents (medicines) on our healthy body, our vital force seems to conduct itself merely in a passive (receptive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it, and thereby alter its state of health : it then, however, appears to rouse itself again, as it were, and to develop (*a*) the exact opposite condition of health (*counteraction, secondary action*) to this effect (*primary action*) produced on it, if there be such an opposite, and that in as great a degree as was the effect (*primary action*) of the artificial morbific or medicinal agent on it, and proportionate to its own energy ; or (*b*) if there be not in nature a state exactly opposite to the primary action, it appears to endeavour to indifferentiate itself, that is, to make its superior power available in the extinction of the change wrought in it from without (by

* Organon (Dudgeon's translation), §§ lxiii, lxiv.

the medicine), in the place of which it substitutes its normal state (*secondary action, curative action*)."

He here seems to set down all the effects which follow the administration of a drug to its direct action. Later, when the conception of a vital force had taken hold of his mind, the secondary drug effects were ascribed to its re-action. But the hypothesis remained essentially the same. The disorder was not cured by the primary but by the subsequent and opposite results of the medicinal impression. The process seemed to be homœopathic, but was really antipathic ; the remedy was chosen as a similar, but acted as a contrary.

This is Hahnemann's rationale of homœopathic cure. As we study his works we find it carried on into all its logical consequences. One of these is the "homœopathic aggravation," on which we know him to have insisted as being in some degree a necessary step in the process of cure. Another is the merely temporarily palliative and ultimately injurious effects of all medicines whose primary action is antagonistic to the disorder present. He makes this point continually in his prefaces to the pathogeneses of the various medicines in his Materia Medica Pura. Of what avail is it, he demands, that you induce upon the quickened circulation of a phthisical subject the retardation which is the first effect of digitalis ? Secondary reaction will speedily follow, and your patient will have a more rapid pulse than before. What is the use of forcing sleep on this excited brain by opium, when, as soon as its primary soporific effect has worn off, by the recoil of the organism the sleeplessness will become more complete than ever ? On the other hand, he says, give the homœopathic remedy ; and, though a slight and fleeting aggravation will ensue during its first effect, the permanent reaction it will excite is just the healthy condition you desire to restore.

II. Dr. Dudgeon, after criticising Hahnemann's theory of the nature of homœopathic cure, concludes that it is untenable. The same, he considers, must be said of those of the later homœopathists, which he goes on to enumerate. Some of these assume as their basis the re-action or the substitution which we have already described. Others conceive of the similar remedy as hurrying the disease through its stages, and so making a speedy end of it. I know of no facts which warrant such a notion ; and the process seems hardly a desirable one in itself. Dr. Dudgeon's own view, as also Dr. Drysdale's, is that of Fletcher. This eminent physiologist, though not practising, and therefore never ranked among homœopathists, took great and sympathetic interest in Hahnemann's method, and proposed an explanation of its rationale, which I shall now proceed to expound.

Fletcher's doctrine * is, like Hahnemann's, based on the primary and secondary actions of drugs, and the opposition between them ; but it is radically different both in the account it gives of these phenomena, and in the application it makes of them. With Hahnemann, the secondary effects were such as the constipation which follows the action of a purgative, and the sleeplessness which ensues upon the sopor induced by opium. Fletcher has no regard to these, and Dr. Drysdale dismisses them as merely signs of exhaustion and fatigue after excessive vital action. He does not allow them to be medicinal effects at all, and agrees with Hahnemann in rejecting them from the drug-pathogeneses which we apply to disease according to the rule, *similia similibus*. Fletcher's primaries and secondaries lie within Hahnemann's primaries. He considers that all morbid actions, whether produced as diseases or by drugs, are of the nature, or at least conform to the type, of *inflammation*. There is here a primary increase of the vital activity of the part, showing itself in a contraction of the capillary vessels; but this is followed by a secondary depression, in which the capillaries are relaxed and dilated. The former stage is mostly latent ; it is the latter which presents the classical features of inflammation—*calor*, *rubor*, *tumor*, *dolor*, and in which we are ordinarily called upon to treat it. Drugs also, like the causes of disease, are primarily stimuli, and contract the vessels of the part on which they act. But here again the action is latent ; and it is the reactive depression which is noted as the condition produced by the drug. When, therefore, a medicine is given upon the rule *similia similibus*, it is the secondary effects of drug and disease which coincide. But, the disease being already in its second stage, the primary action of the drug finds a condition present which it precisely counteracts, so that unless the dose have been excessive, its secondary influence is never manifested at all. "The first stage of the drug action," writes Dr. Drysdale, "fits into the second stage of the disease, thereby filling up a want, and not overpowering an exalted diseased action by a still greater medicinal action. The therapeutic action is, therefore, antipathic after all, though the drug be homœopathic in respect to its physiological action." I should rather say, "apparently homœopathic."

Dr. Dudgeon expresses himself to the same effect, as a single extract from his discussion of the subject will show. "I was much gratified," he writes, "to observe in an essay by Dr. Clotar Müller, of Leipzig, that he takes a very similar view of the curative process to that which I have given. He takes the inflammatory process as his theme of illustration, and after

* "Elements of General Pathology," Edinb. 1842 : book III. ch. 2.

showing that inflammation consists in a kind of partial paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to these paralyzed nerves, by virtue of its primary action ; that its action, in fact, is the opposite of the actual condition of the diseased part, and that the principle *similia similibus* is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease. *Apropos* of this explanation, I may mention a remark of J. Hunter's, which is strikingly corroborative of these views. 'If,' says he, 'we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation' ; and such, undoubtedly, are our homœopathic remedies in their primary action."

This theory is a fascinating one, and the names of those who advocate it give it weighty recommendation. I will not stay, however, to examine it, but will pass on to the other forms the doctrine has assumed.

III. The doctrines of Hahnemann and of Fletcher both invoke for their purpose the opposite results of the primary and secondary actions of medicines, though differing widely in their conception of these actions, and in their application of them to the curative process. I have now to give an account of another set of hypotheses. These likewise declare that when we seem to be practising homœopathy, it is really antipathy we are carrying out; that while *similia similibus* is our principle of drug-selection, *contraria contrariis* expresses the facts of drug-action. But they find their contraries, not in the primary and secondary effects of medicines, but in their larger and smaller doses. They aver that small doses—those below a certain line of division special to each substance—have an action precisely the reverse of that of larger quantities; that the pathogenetic phenomena we seek to fit to the symptoms of disease are the effects of large doses; so that, when we give a small dose of a similarly-acting remedy, it will necessarily exert an opposite influence, at the same seat and of the same kind, to the morbid condition present, and hence cure it.

Here, also, we have more than one advocate of the hypothesis, and as many conceptions of it as there are expositors. I will endeavour to set forth the views of each.

1. The first, so far as I know, to propound any idea of the kind was Dr. Bayes. In a series of papers entitled "Cure-Work," which appeared in the *Monthly Homœopathic Review* for 1869, and were subsequently published in his "Applied Homœopathy" (1871), he advanced the view that disease is always a negative state, a condition of debility; that specific restorative stimula-

tion is the true indication for its cure; and that such stimulation is best applied by drugs acting upon the tracts, parts, or organs of the body invaded by the disease, such drugs being only to be discovered by proving them upon the healthy body. Further, that in such provings the large doses employed cause a depressed condition of the part affected, *all drugs being stimulants in small doses but paralysers in large;* but that these very substances, when administered in small doses in conditions similar to those which they cause, will excite their specific stimulation therein, and thereby restore the part to its healthy state.

In a later presidential address delivered at the British Homœopathic Congress of 1875, Dr. Bayes somewhat modified his theory. He cannot now agree with Dr. Chambers that "disease, *in all cases*, is not a positive existence, but a negative." He thinks that "large classes of disease exist, whose whole phenomena are not satisfactorily explained upon the dynamic or adynamic theory alone;" and that, where it is so, Hahnemann's system fails to apply. He can only "claim for homœopathic therapeutics that they best guide us in the cure of all such diseases as arise from a want of balance between the functional actions of the various parts and organs of the body, and are characterised by pains and sensations." Within this sphere he maintains his former explanations, adding to his doctrine of disease that the depression he postulates resides in the nervous supply of the part affected—motor, sensory, or sympathetic, and that thereon also must the medicinal stimulation be exerted.

Now this is surely a very serious result to which we are brought. If Dr. Bayes' doctrine be true, "large classes of disease" are excluded from the operation, at any rate the preferable operation, of the homœopathic law ; and among these he specifies the infectious, contagious, and malarious diseases—*i.e.* (among others) the acute exanthemata and the continued and intermittent fevers. If, moreover, the facts about inflammation ascertained by modern pathology are valid, this process also must be excluded from the functional neurotic disorders for which alone he allows homœopathic therapeutics to be our best guide. Thus nine-tenths of acute diseases and a fair half of those classed as chronic are excluded by this remorseless theory from the range of the method of Hahnemann. We must scrutinise with some suspicion an hypothesis which brings us to such unwelcome conclusions.

We are told that all drugs are stimulants in small doses, but paralysers in large. What is the evidence for this sweeping proposition ? Dr. Bayes' chief instance, in both his utterances, is alcohol. Now I must hold that this substance is a most unfortunate one from which to draw inferences as to the action of

drugs. Alcohol is not a mere drug ; unlike these, it is oxidised and consumed in the body, very little of an ordinary dose passing out by the emunctories. This fact the experiments of Anstie and Dupré have conclusively established. It follows that alcohol is a supplier of force ; and so far a food, and a rapidly acting one. This confusing element accordingly comes in whenever we regard its action as if it were a mere drug, and vitiates our inferences. I cannot, therefore, think that Dr. Bayes is warranted in assuming, because alcohol increases the arterial tone when lowered by fatigue or other depressing causes, while it diminishes it when given in health, that all drugs act in the same manner upon one or more of the three divisions of the nervous supply of the parts they affect. It is entirely an assumption (I use the word of course in a logical sense) : he makes no attempt to argue it. But let us take such a drug as strychnia. In the moderate quantities in which it is ordinarily used it is what Dr. Bayes would call a stimulant, *i.e.*, an excitant of nervous function. But let it now be given in large, even poisonous, lethal doses. Does it depress ? Nay ; it excites still more potently, till it kills by the violent spasms it sets up. We give it homœopathically for such conditions of excitement and spasm, so that—upon Dr. Bayes' principles—it must be called a stimulant in large doses, but a sedative in small. Or let us take a drug of another kind—kali bichromicum. Throughout the pathogenesis of this salt, throughout its clinical uses, I find no trace of either excitation or depression of nervous function : everywhere is displayed the irritation of organic substance which characterises it, and which makes it so valuable a remedy in many conditions of sub-acute and chronic inflammation—such as those, for instance, which the rheumatic and syphilitic poisons set up.

I submit, therefore, that there is no evidence that all drugs act dynamically by disordering nervous function, or that those which do so act are all stimulant in small doses but depressant in large ; and hence that such supposed law of drug-operation is inadequate to explain homœopathic cure, and that we need not exclude more than half our practice from the range of the method of Hahnemann because it does not conform to the theory put forward to account for the success of that method. Dr. Bayes' own practice is the best antidote to his theory ; for in the pages of his very useful book occur numerous instances of the beneficial operation of homœopathic remedies in those very morbid conditions to which he would make them comparatively inapplicable.

2. It will have been observed that the opposite action of large and small doses affirmed by Dr. Bayes belongs to two different

regions. All drugs, according to him, are paralysers in large doses when taken in health, stimulants in small doses when administered in disease. But at the meeting of the British Homœopathic Congress at Leamington in 1873, it was announced from the presidential chair that a number of medicines had been found by experiment to have this reverse action according to dose *in health* : and that here, assuming the same fact to hold good of all medicines, was the explanation of likes being cured by likes.

The occupier of the chair on this occasion, and the propounder of the view thus stated, was the late Dr. Sharp. The Address he delivered, and some subsequent papers from him on the same subject, may be read in the volume of "Essays on Medicine" which he published in 1874. His well-known "Tracts" are contained herein, and many other communications to journals and medical meetings : I again commend the whole to your best consideration.

Dr. Sharp maintains, as I have said, that all medicines have two actions in health, according to the dose in which they are given—the effect of a large dose being the direct opposite to that of a small one. The dividing line is a shifting one, according to the drug used, and the individual experimented upon ; but in all cases it is there, and constitutes a real point of transition between the two reverse actions. This (supposed) general fact he denominates *antipraxy*. When, accordingly, we give in disease small doses of a drug which in large doses has caused a similar condition to that before us, we are administering an agent whose influence is in direct opposition to the morbid state. He would call the process what it is, *antipathy*, reserving the name *homœopathy* for the principle of selection.

It will be seen that Dr. Sharp here avoids what I have ventured to describe as the untenable assumption made by Dr. Bayes, that all medicines are stimulant in small doses, and depressant in large. He affirms nothing as to the direction of action of large or small doses, but simply that they are opposite one to the other. Nor does his theory require (in terms) that all diseases to come within the range of homœopathic action must be merely functional derangements. So far he is not open to the objections I have made to the doctrine of his predecessor. But inferences quite as serious are necessitated by the position he takes up, as I shall now proceed to show.

First, if the power of medicines to cure diseases similar to those which they cause depends upon the dose in which they are given, no homœopathic cure is possible save with the minute doses with which Dr. Sharp gets his reverse actions in health, these being, as will be seen, in nearly all instances from

one to three drops of the first centesimal dilution. Substantial quantities, such as are used in ordinary practice, could not cure morbid states like those which they cause, as they would be homœopathic to them, not in appearance only, but in reality; and antipathic action is required for real remedies. If this were so, there might be a satisfaction in finding our small dose more closely interlocked than ever with our principle, by being the essence of its *modus operandi*. But I would point out that, upon this showing, all arguments in favour of homœopathy drawn from ordinary practice are invalidated. Hahnemann's collection of cures wrought by similarly acting drugs in the introduction to his Organon, Dr. Dyce Brown's later series appended to Dr. Reith's pamphlet on "Homœopathy, &c."—these seventy instances in which disease-exciting and disease-curing properties of drugs were seen as coincident, are nearly all put out of court. The same thing would apply to Hahnemann's own cases published before 1800. They could not have been really homœopathic cures, for they miss the indispensable small dose.

A still more important consequence follows in the sphere of the physiological action of medicines. As none but small doses can effect homœopathic cures, so no symptoms of drugs can be used in homœopathising save those produced by large doses. When, in our existing pathogeneses, opposite effects are ascribed to the same medicine, these must be supposed to have resulted from different doses, and only those belonging to the larger doses to be available for working the law of similars. Dr. Sharp perceives and unhesitatingly adopts this conclusion. But he does not seem aware that a very large proportion of our pathogenetic material has been obtained by provings with what he would call small doses, representing indeed the least possible effect producible by the medicines; while, according to him, such symptoms are quite inadmissible for comparison with disease as likes to likes.

We have now to enquire into the basis of a doctrine fraught with such destructive operations. But before doing so, I desire to notice the manner in which the same theory has been brought before us by the editors of that excellent journal, the *Monthly Homœopathic Review*.

3. From the first enunciation of Dr. Sharp's views on this subject, the *Review* declared itself in their favour. In an article entitled "Similia and Contraria" in its number of April, 1874, it defended them against one of the objections raised to them by the *British Journal of Homœopathy* in the previous October. This paper, I imagine, bears traces of the style of Dr. Herbert Nankivell, who was then on the editorial staff. Subsequently, in 1875, the opposite action of large and small doses was affirmed

as part of "the scientific basis of homœopathy"; and in 1876 the journal went as far as to say, that if it were not a fact, "farewell to the law of similars!" The "double action of medicines" was elaborately argued out in that year's volume; and two of the present editors, Dr. Pope and Dr. Dyce Brown, have issued pamphlets on homœopathy, under their own names, in which the doctrine is maintained.

Substantially, the putting of the *Monthly Reviewers* has been the same as that of Dr. Sharp. But they have more lately shown a tendency to affiliate their views to those of the primary and secondary actions of medicines, as expounded by Fletcher. By Dr. Pope this connection has been fully enunciated. All disease is asserted to be a "modification of functional activity," and "every form of functional disturbance, howsoever arising," to be "traceable in its earliest phase to inflammatory action." This process is then described as Fletcher conceived it, viz., as consisting in primary contraction and secondary dilatation of the blood-vessels of a part. Drugs are next affirmed to act similarly to the causes of disease; and like these, while pursuing one course, to have two stages of action, the one the reverse of the other; while "the degree to which each stage is developed is contingent upon the dose in which it is administered." "A small dose of a drug will set up the first or stimulating stage of inflammation," *i.e.*, the contraction of the capillaries, "which will be more or less distinctly marked, while the second, or stage of re-action, will be scarcely, if at all, observable. If, on the other hand, a large dose is given, the first stage is but faintly marked, passes rapidly into the second—that of depression, and this alone it is which attracts the attention of the observer." "In disease, as it is presented to us at the bed-side and in the consulting-room, the primary and stimulated condition of parts has given place to that which is secondary or depressed," and which therefore resembles the effect of large doses of drugs. Give a small dose, accordingly, of the most similar remedy, and you will induce upon this depression a precisely analogous stimulation, and so cure the disease.

Now if this theory were sound, it would supply a missing link in Dr. Sharp's chain; it would show *how* large and small doses of drugs should have an opposite action, which at present is by no means easy to conceive in every case. But it is obviously open to all the objections which might be made to the doctrine of Fletcher. All diseases are not inflammatory, or of the type of inflammation; inflammation itself cannot be set up by mere depression of the vaso-motor nerves; when it does occur, dilatation of the vessels is not necessarily preceded by their contraction, still less is a

necessary result thereof. Again, all drugs do not cause inflammation; those which do may act by irritating the extra-vascular tissue rather than by affecting the functions of the vaso-motor nerves; inflammation cannot be directly cured by contracting the blood-vessels of the affected part, and it would require strong and repeated doses of any drug to do so. It is the advantage of Dr. Sharp's doctrine that it keeps clear of all these theories of disease and of drug-action; it is, indeed, less complete thereby, but it is also less assailable. If only it had a sufficient basis in fact, it might be accepted in its own sphere.

There is, however, I fear, very insufficient evidence of the alleged opposition. In a lecture on "The Rationale of Homœopathic Cure" which you will find in the *Monthly Homœopathic Review* for April, 1877, I have analysed the experiments made by Dr. Sharp, and the observations adduced by the *Reviewers*, and have arrived at the conclusion that the residuum of fact left behind is far too insignificant to be the basis of a general doctrine. Instead of affirming that all drugs have an opposite action, according as they are given in large or small doses, I submitted that we must simply say that under these circumstances some drugs exhibit opposite phenomena. Nor can the instances of contrary working according to quantity brought forward by Dr. Cretin, who communicated a paper supporting this view to the International Congress of 1881, avail to alter this conclusion. They all belong to the extra-pharmaceutical sphere—to heat, light, alcohol, etc., and admit of an entirely different explanation.

I have been unable to conceal my lack of satisfaction with the various hypotheses which explain apparent homœopathic action by maintaining that in the system it becomes antipathic. If, nevertheless, I commend the essential thought to your acceptance, it is because this bids fair to be a common ground on which we and our brethren of the old school may stand together. In 1868, Dr. Reith, of Aberdeen, arrived independently at Fletcher's doctrine of the primary and secondary action of drugs upon the capillary vessels, and began to expound his views in the *Edinburgh Medical Journal*. He was at once told that they were merely homœopathic under another name. At first he repudiated the identification, but, further enquiry convincing him of its truth, he fearlessly acknowledged the fact. He had of course to suffer the penalty of his honesty, and to go without the camp, bearing the reproach of the cause he had espoused. He was, however, only a few years too soon. In 1875, Dr. (now Sir Thomas) Lauder Brunton, Lecturer on Materia Medica at St. Bartholomew's, delivered

himself thus: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded. The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of homœopathy, *similia similibus curantur*; the only requisite is that mentioned by Hippocrates, when he recommended mandrake in mania, viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease."* On the death of Dr. Anstie, Dr. Brunton became editor of the *Practitioner*. In 1877, articles appeared in that journal from the pen of Dr. Rabagliati, surgeon to the Bradford Infirmary. They were entitled, "Are there Therapeutic Laws?" and their aim seemed the demonstration that the apparently opposite effects of large and small doses were due to the primary and secondary actions of drugs, and their various development thereby, these actions themselves being to his mind the most important fact in therapeutics. The ingenious author was of course entirely unaware that the same views and reasonings were household words in our own school. In 1878, a better-informed writer, Dr. James Ross, physician to the Royal Infirmary at Manchester, was allowed to publish in the same journal an article containing the following sentences: "No one who is competent to form an opinion can deny that one or two of the principles lying at the foundation of this" (the homœopathic) "system are fundamentally true. These principles are what may be briefly termed the local action of medicines or the elective affinities of tissues, the double action of medicines, and the opposite effects of large and small doses." Finally, the editor himself, after permitting Dr. Sharp to express his own views in his pages, said in a note to one of them—"As there are many drugs which in small doses will produce an action the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose."†

Now I cannot say how far the language of Drs. Brunton, Ross and Rabagliati would be endorsed by their colleagues generally. They seem, however, to be fairly representative men; and no one has come forward to protest against the admissions they have made. What, then, is the situation? On the one side are a body of men, guided by the homœopathic law of selection, but explaining the effects of remedies so chosen by the actions and reactions of medicines, and the opposing influence of varied dosage, so as to make them really

* "Experimental Investigation of the Actions of Medicines," part I., p. 12.

† *Practitioner*, June, 1879.

antipathic to the morbid condition. On the other side we have these doctrines accepted as true in themselves, and as veritable explanations of apparently homœopathic action. How can those who think thus harmoniously stand much longer in disunion? For such prospect of peace we may well be content to sink merely intellectual differences. If the explanation now current commend our method to those who have hitherto refused it,* render it in their eyes reasonable and admissible, what is it if to some among us, as to myself, it seems to give an inadequate account of the facts? We must say so, but we may be wrong; and in the meantime the facts are true, the method no less precious though the theory affixed to it be disputable. I only plead that the method be not so bound up with its explanation that the two must stand or fall together; and then I am quite content to allow the latter as plausible enough for provisional acceptance. If our liberty to practise apparent homœopathy be acknowledged, we care little about its being considered real antipathy; and if, because so considering it, our colleagues of the other school will join us in following it, our content will merge into gladness.

This at least is certain, that opposite *effects* result from many drugs in health and disease respectively, and it is a fair inference that opposite *actions* also may be exerted. Opposites to concrete states, though not always predicable or producible in health, may be induced in disease. This is well argued in the editorial article in the *Monthly Homœopathic Review* for 1874 (p. 195), and by Dr. Sharp in the same journal for 1880 (p. 531). In the former it is maintained that there are and must be opposites to the state or states which lie at the bottom of the surface phenomena we call diseases: there must also be some reverse direction to that which the abnormal change has travelled, and along which the part may be conducted back to health. Dr. Sharp in like manner writes—"Did we know what the inflammatory process is (which we do not), we should doubtless see that there could be an opposite process, and very probably see small doses of belladonna produce that opposite."

In connexion with this point, let me call your attention to two interesting papers by Dr. Percy Wilde, appearing in the fortieth volume of the *Monthly Homœopathic Review*. Dr. Wilde thinks that we are not doing justice to *similia similibus* when we limit it to drug-action. He would extend it to all agents influencing vital substance; and would state the law of their action thus:—

* It seems to do so to Hueppe also. See *M. H. R.*, xliii., 400.

"A maximum stimulus abolishes the functions of the vital element either completely or temporarily.

"A medium stimulus excites the functions of the vital element, such stimulation being followed by exhaustion, the result of over-stimulation.

"A minimum stimulus increases the function of the vital element, and when this element is previously weak such stimulation restores the normal balance, and is not followed by exhaustion." Drugs, he would say, conform to these laws of action because they are stimuli. He has such respectable authority for the assumption that I do not feel inclined to dispute it, though to my mind it presents grave difficulties. If it could be granted, I should have no difficulty in following Dr. Wilde when he extends his principles to all kinds of stimuli, whether chemical, thermal, mechanical, or electrical. For the present, however, in face of the difficulties to which I have alluded, I have confined my enquiries to drug-action on its own merits, leaving the other fields to be cultivated by those who would work in them.

APPENDIX TO LECTURE XII.

Two good illustrations of the apparently opposite action of large and small doses, as such, have been furnished of late years by the literature of traditional medicine.

1. In 1880 Dr. Murrell reported in the *Lancet* (April 27th) the result of treatment of whooping-cough in an adult. He first took bromide of potassium for a fortnight without any benefit, whereupon he was given "five-drop doses of a 1 in 10 tincture of drosera rotundifolia." "He took this," says the narrative, "for a week, and then returned, saying that it had made him much worse. It increased the spasm and cough, and made him whoop more; he whooped as many as twelve times in one paroxysm." The dose was then reduced to half a drop of the same tincture, and at the end of a week he came reporting great improvement, which in another fortnight resulted in complete cure.

2. In 1896 Dr. Lauder Brunton relates in the same journal (May 30th) his experience with opium in constipation—a pretty enough homœopathic prescription. Given indiscriminately to his hospital out-patients, it naturally gave only occasional satisfaction; but in a private case the results were interesting. The patient—a lady—was ordered one minum of the ordinary tincture every night. After a week the report was better." He replied "Double the quantity." In a few days the word came "Rather worse." He then wrote to say "Give her half the first dose." Three or four days afterwards he had a letter to say that the last medicine acted well, if anything too violently.

LECTURE XIII.

HISTORY OF HOMŒOPATHY.

In inviting you to practice homœopathy, I have urged that you should not only adopt a creed but join a church. I have to-day to tell you what manner of institution this church is; to show you how the method of Hahnemann has organized itself during the nineteenth century, which saw its birth and growth, and in what shape and dimensions it exists at the dawn of the twentieth at which now we stand. The authentic materials for such a history lie ready to our hands. To the International Homœopathic Congresses, held quinquennially since 1876, have been presented Reports from all civilised countries in the world dealing with the past annals and present condition of our system; and in the published Transactions of the Congresses we have these reports before us. From them I shall draw the information I now bring under your notice.

The early history of homœopathy is the genesis of the idea in the originator's own mind, and this we have sufficiently traced. He remained its one advocate, so far as we know, until, in 1810, he settled in Leipzig, and, in 1812, obtained permission to lecture in the University of that capital. He soon gathered round him a band of disciples who learned from his lips, assisted him in his provings, and one by one went forth to carry out in their chosen fields of practice the method he had taught them. This was the beginning of homœopathy in Germany; and to it belong the well-known names of Stapf, Gross, Franz, Hartmann, Herrman, Lehmann, Rückert, Wislicenus, and Moritz Müller. The first and second of these, in 1821, established the first homœopathic journal, well-known as the *Archiv*, which continued to appear until 1843. In 1832 another journal was founded, the *Allgemeine Homœopathische Zeitung*; and this, under various editors, has survived to the present day. In 1830, the adherents of homœopathy had grown so numerous that they felt the need of regular intercourse, and a *Central Verein* was constituted, to meet annually in some German city, as it has done ever since. The first meeting was held in Leipzig, under the presidency of Müller, and a proposal was set on foot

Germany.

for establishing a hospital in this city, which took form in 1832. After ten years of useful life, it was merged in a Dispensary—a Policlinic as they call it in Germany ; and this, mainly under Clotar, the son of Moritz Müller, flourished for thirty-five years, carrying out its operations on a large scale, and forming a practical seminary for the incipient homœopathists of the country. It played the same part in Germany as that performed by Liverpool in England ; and, as in that city, the Dispensary was in its turn re-merged in a hospital. This was opened in 1888, with 200 beds, and continues its useful work.

The homœopathic like other bodies has had its parties, and these are very like those of the French parliament. There is a Right, to which tradition is dear, and which departs as little as possible from the established ways of medicine ; there is a Left, which cuts itself entirely adrift from the past, and lives by its prospects for the future ; and each of these has its extreme wing and its centre. Hahnemann's earlier disciples were of the " Left " type, as their master himself increasingly became ; but a representative of the " Right " had already appeared in Müller, and he was later re-inforced by Griesselich, Rau, Schrön, Trinks, Arnold, and Paul Wolf. The *Hygea* (1834-1848) ably expounded the views of these physicians, and was followed later by the *Vierteljahrschrift* and the *Internationale Presse*, of which Clotar Müller was the inspiring soul. These, with Hirschel's *Zeitschrift*, have disappeared with their editors ; and the only living contemporary of the *A.H.Z.* (as we briefly style it) is the *Zeitschrift des Berliner Vereins homöopathischer Aerzte*, a journal which has appeared monthly since 1882, and is a credit to our school both in form and substance.

Under the influence of the men, the journals and the institutions I have mentioned, homœopathy has continued to " hold its own " in the land of its nativity. The number of avowed homœopathists practising there is given as 300 in 1876, 400 in 1896, 500 in 1900.* Besides the hospital in Leipzig already mentioned, there has for many years been one in Munich and in Stuttgart ; and another has just been founded in Berlin. Veith Meyer, Hoppe, Rapp, Bähr, Grauvogl, Elb, Sorge, Goullon, Heinigke, Villers and Lohrbacher are names which have added lustre to German homœopathy ; and welcome aid has of late been afforded by Drs. Hugo Schulz and Arndt, of the University of Greifswald, who, without identifying themselves with us, have supported our doctrines and practice in a very effective manner. The *Central Verein* is supported and fed by several local societies of homœopathic physicians ; and a marked

* In 1891 it is estimated at 600 ; but this is probably a slip either of the reporter or of the press.

feature of our existence in Germany is the number of lay societies for the advancement of the system. "The whole of Germany is dotted over with a network" of these, wrote Dr. Lorbacher in 1891. Several periodicals are issued under their auspices, and serve to keep the flame of homœopathy burning among the people.

Little provision for the teaching of our method has existed in Germany. Hahnemann's lectureship in the University of Leipzig was continued by Moritz Müller, and Dr. Buchner occupied a similar position in that of Munich : that is all that can be said. It is pleasant to hear, therefore, that since 1898 regular courses of lectures have been delivered at the Berlin Dispensary by physicians of that city, and have had greater success than could have been expected.

Austria-Hungary.

As was only natural, Austria was the first country to catch a spark from the new fire kindled in Germany. Homœopathy had made sufficient advance there in 1819 to be forbidden by Imperial decree, and had in spite of this so successfully asserted itself by 1837 that in that year the edict was rescinded. Marenzeller, first in Prague, then in Vienna, and Fleischmann in the capital itself, were the main agents in this progress; and when once the new method had won its liberty, a number of able men flocked to its standard. Arneth, Gerstel, Huber, Mayerhofer, Wachtel, Watzke, Wurmb and Zlatarowich are some of the best-known names among them. They founded a Society, established a journal (the *Oesterreichische Zeitschrift*), and conducted a series of provings and reprovings of the most admirable character. One public and two private hospitals in Vienna were placed in their hands; and Fleischmann's results at the Gumpendorff and Wurmb and Caspar's clinical studies at the Leopoldstadt made the men and the institutions famous. The contagion soon spread over the empire. Hospitals were established at Linz and other places, including Buda-Pesth, in whose University two chairs of homœopathic doctrine and practice were founded, and given to Drs. Haussmann and Bakody respectively.

This rate of progress has hardly been maintained, and the later Austrian homœopathists, with the exception of Kafka, of Prague, have not been of the stature of the earlier group. They maintain their hospitals, however, and one of their chairs in the Hungarian University; and the method has a large following among the upper classes of both divisions of the dual monarchy. Statistics are rarely given; but as far as can be inferred from the data there have not been more than 300 practitioners of our method in this country at any given time.

As Austria received homœopathy from Germany, it transmitted it to Italy; and thus the three nations which now form the "Triple Alliance" for military purposes were at an earlier time a *triplice* in possessing the new medical truth.

Italy. An Austrian occupation of Naples took place in 1821; and the commander of the foreign troops, Baron Francis Koller, was a devoted disciple of Hahnemann. He had not been there long when he sent for his physician, Dr. Necker, to come and settle in the Italian city. Necker had been a pupil of the master, and was a practitioner of distinction. During the four years he remained in Naples he made a most favourable impression with the new practice; and when he left, three of the leading physicians of the city had become converts to it. These were Romani, Mauro, and De Horatiis. A full account of their career is given in the Transactions of the Congress of 1876. They translated the Organon and the Reine Arzneimittellehre; they founded a journal (1829), entitled *Effemeridi di Medicina Omiopatica;* and they made converts all over Italy.

But, as in Austria, this good beginning has hardly fulfilled its promise for the future. Romani died in 1847, De Horatiis in 1850, Mauro (nearly a centenarian) in 1857. Among their converts and successors the only prominent name is that of Rubini, who lived into our own time, and has earned our gratitude by giving us cactus grandiflorus, and proving (after Hahnemann) what wonders camphor, freely administered, can work in cholera. Other worthy names in Italian homœopathy are Centamori, De Rinaldis, Panelli, Ladelci, Dadéa, Pompili, Bonino, and Cigliano; but they do not attain to the level at first reached. Dr. Pompili founded, and has for many years carried on, a small monthly journal—the *Rivista Omiopatica.* To Dr. Bonino, mainly, we owe the organization of the Italian homœopathists of the present day into the Instituto Omiopatico Italiano, which meets annually; publishes from time to time a fasciculus entitled *L'Omiopatia in Italia;* and sustains a small hospital in Turin and dispensaries in this and other Italian cities.

The number of homœopathic practitioners in Italy has rarely exceeded 100, and now is not above 50.

It was from Italy that both France and England received homœopathy. The former enjoyed priority in order of time, and so must be taken first here.

"In 1828" we are told in the Report of 1876 "Hahnemann or his doctrine was scarcely known in France. . . . At this epoch the Comte des Guidi, a Doctor of Medicine and Science,

and Inspector of the University of Lyons, was in Naples. Unsuccessful in arresting the supposed fatal malady of his wife, who accompanied him to get the benefit of the baths of Pozzuoli, he was induced to consult Dr. Romani.

France.

Her cure by his treatment made a profound impression on Des Guidi, and induced him to study the doctrines of Hahnemann." He also followed a clinique which Romani, with De Horatiis, was then carrying on at the Ospedale Della Trinita. In 1830 he returned to Lyons, and devoted himself to the practice and advocacy of homœopathy. Antoine Petroz, a physician of high standing in Paris, was one of his earliest converts, and he in turn won many others over; so that when Hahnemann, after his second marriage in 1835, migrated to Paris, he found a body of disciples there to welcome him, organized into a society ("Institut Homœopathique") and represented by two journals (*Journal* and *Archives de la Médecine Homœopathique*). When he died in 1843, he left his system firmly established in France,—among its adherents being a Professor in the ancient University of Montpellier, Dr. d'Amador.

Nor have we here, as in the case of Austria and Italy, to lament any subsequent decline. In 1847 Tessier, one of the hospital physicians of Paris, became an avowed convert, and, maintaining his appointments, took advantage of his position to shew by clinical evidence the relative superiority of homœopathic treatment. He brought with him into our ranks a number of pupils and friends who have since been among their brightest ornaments: I am thinking especially of Timbart, Gabalda, Milcent, Davasse, Fredault, Ozanam and Jousset—the last of whom still remains to adorn and serve them. Dr. Imbert-Gourbeyre, Professor in the School at Clermont-Ferrand, has taken d'Amador's place as our academic representative, and has enriched medical literature by a number of valuable monographs. The literary output of French homœopathy has indeed been phenomenal, both in quantity and quality, especially considering the paucity of its numbers, which have rarely reached 300 at any epoch, and have often been nearer 200.

The older school of Parisian homœopathists were at first disposed to look somewhat askance at the new body of adherents, who called Tessier their master rather than Hahnemann, and distinguished between the latter's doctrine and practice. The result was that for a long time the practitioners of the capital were divided into two camps, each having its hospital, its society, and its journal. These feuds are now healed. The "Société Francaise d'Homœopathie" at this day unites them all; and though *L'Art Médical*, the journal founded by Tessier, is still carried on by the Joussets, *père et fils* (and long may it

flourish!), it has no polemical aspect, and the *Revue Homœopathique Francaise*, the organ of the Society, contains contributions from both sides alike. The two hospitals, the Hôpital Hahnemann and St. Jacques respectively (making up about 100 beds between them), continue as separate establishments, but with no antagonism; and to them has recently been added a Hospital for Children.

In the provinces, French homœopathy is well, though too sparsely, represented. The Hôpital St. Luc, at Lyons, founded in 1875, endowed and flourishing, is the only institution of the kind to be found outside Paris; but dispensaries abound everywhere, as (I might have said) they do in the capital itself.

Several attempts have been made to establish systematic teaching of homœopathy in Paris; and during 1836-1845, 1863-9, for some years after 1880, and again during 1898-9, regular courses of lectures were delivered, with varying success.

Besides the names I have mentioned, others that have shed lustre upon homœopathy in France have been those of the Léon Simons, *grandpère, père et fils;* the Curies and Molins, *père et fils;* Cretin; Meyhoffer; Chargé; David Roth; Jahr; Espanet; Teste; Claude, and Gonnard.

Among the physicians who, with Des Guidi, attended the clinique of Romani and De Horatiis at the *Trinita* in 1829 was Frederic Foster Quin. Quin had graduated at Edinburgh in 1820, and was intending to practise in London; but delicate lungs induced him to spend some years first in Italy. He went as travelling physician to the Duchess of Devonshire, and subsequently settled in Naples to practise amongst the large English colony there. In 1825 his attention was directed to homœopathy by Necker, and he saw and read enough to make him feel that the system deserved a serious examination. He went to Leipzig for the purpose, became more and more satisfied of the value of Hahnemann's method, and after some wanderings settled to London in 1832 determined to advocate and practise it. His good connections and high social qualities, combined with his ability, energy and knowledge, made him an apt apostle of the new practice in the English metropolis. He soon gathered colleagues around him, and in 1844, with seven others, he founded the British Homœopathic Society, the presidency of which he enjoyed—by repeated re-elections—till his death in 1878.

England.

Meantime something analogous to the accession of Tessier and his disciples in Paris had taken place in Edinburgh. Drysdale and Russell, influenced by the Physiological Professor of whom I have already spoken—Fletcher, had devoted their early

post-graduate years to a study of homœopathy in Germany and Austria. Black, learning from them, had gone to Paris to study and practise under Hahnemann himself. On their return, Drysdale settled at Liverpool, but Black and Russell reverted to the city of their studies, and opened a Homœopathic Dispensary there. In 1844, Henderson, Professor of Pathology in the University, became an avowed convert; and was followed by not a few of his students, among whom the most distinguished name is that of Madden. Thus arose the "Edinburgh School" of British homœopathists, which, while loyally embracing the method of Hahnemann, has formed what I have called the "Right" of our body here, and has found many to hand on its traditions.

In London, Edinburgh and Liverpool British homœopathy now had three centres, and from these it steadily widened out over the kingdom. Round Quin came Cameron, Hamilton, Kidd and Yeldham; Edinburgh sent Pope and Ker to join our ranks; Drysdale converted Dudgeon, Chapman and Hilbers. In 1843 the *British Journal of Homœopathy* was founded, and continued to appear quarterly (or oftener) up till 1884. Its editorial staff has included at different times the names of Drysdale, Black, Russell and Dudgeon, and with these champions of our cause I was myself honoured by association for the last twenty-two years of the journal's life. In 1856 it was reinforced in its advocacy of the new system by the *Monthly Homœopathic Review*, among whose editors the names of Pope and Dyce Brown shine out with the brightest lustre. In 1850 the London Homœopathic Hospital was founded, and dispensaries sprang up wherever converts settled for practice. Among these were numbered a former President of the British Medical Association, Dr. Horner; a Lecturer at St. Bartholomew's, Dr. Conquest; and a F.R.S., Dr. Sharp of Rugby, whose "Tracts" did great things towards propagating the cause. In 1857 it was reckoned that there were upwards of 200 practitioners in the British Islands.

Nor have we to lament in this country a blight on the promise of our spring such as we have seen in Austria and Italy. The forty years and more which have elapsed since the foregoing estimate was made have seen many changes, but retrogression and decadence have not been among them. Our numbers reach 300 rather than 200,—the British Homœopathic Society alone counting more than the latter on its roll. This body has continued to meet monthly from its formation, and since 1860 has issued its transactions, under the title first of the *Annals*, then of the *Journal* of the Society. The London Homœopathic Hospital has continued to grow, and during the nineties was

rebuilt on its foundations at a cost of £45,000, and re-opened with a capacity of 100 beds. It has, since 1891, published an annual volume of *Reports*, embodying much of the experience gained within its walls. It has been gratifying to witness the growth of sister-institutions in many parts of the kingdom, among which I may specify Liverpool, Birmingham, Bath, Plymouth, Bromley and St. Leonards, all of which are doing good work. In journalism we have a new accession in the *Homœopathic World*, a semi-popular monthly, edited successively by Drs. Ruddock, Shuldham, Burnett and Clarke.

The teaching of homœopathy in England has not been uncared-for. Besides sporadic courses of lectures at the Hospital in London during 1852-1864, given by Drs. Quin, Leadam, Russell and others, an attempt at systematic instruction was commenced (mainly at the instance and by the efforts of Dr. Bayes) under the auspices of the British Society in 1874, which culminated in the establishment of the London School of Homœopathy in 1877. Its chair of Practice was from the commencement filled by Dr. Dyce Brown; that of Materia Medica successively by myself, Dr. Pope, Dr. Burnett and Dr. Clarke. After some eight years of existence, it was merged in the Hospital, which has always added "and School of Medicine" to its title; and courses of instruction conducted by members of the staff and others have been continued with varying regularity ever since.

Before leaving our own country, we must say something of the history of homœopathy in the various colonies and dependencies which make up the British Empire.

The early annals of the system in *India* are occupied with the occasional sojourns there of foreign homœopathists—among whom the names of Honigberger, Tonnerre, and Berigny may be mentioned—and spasmodic attempts made by native magnates to establish dispensaries and even hospitals for its practice in their domains. Its real history begins with the conversion, in 1867, of Dr. Mahendra Lal Sircar, a graduate of the University of Calcutta, and a man of high standing in that city. He founded a Dispensary for the poor, and a periodical—the *Calcutta Journal of Medicine;* both of which he has carried on single-handed to the present day. In 1891 he was able to report that there were thirty qualified homœopathic practitioners in Calcutta and its suburbs, and as many more in other parts of India. Besides these, there are multitudes of native lay practitioners scattered over the country,—the demand for knowledge of the system on whose part has led to the establishment of two Schools of Homœopathy in the metropolis, conducted by Drs. Majumdar and Bose respectively. The *Indian Homœopathic*

Review, edited by the former of these gentlemen, and the *Indian Homœopathician*, of which Mr. Ghose is the conductor and almost the sole writer, represent this section of our following; and the number of homœopathic pharmacies in Calcutta, which minister to and depend mainly on their practice, is said to be extraordinary.

Canada first reported in 1881. It seems that homœopathy was introduced there in 1846 by a Dr. Lancaster. It has made fair progress, and has representatives in most towns of the Dominion. Five of its practitioners have seats on the Ontario Medical Council, which is the licensing as well as governing body of the Canadian profession. From later reports we learn that we have a share in two hospitals, one in Toronto and one in London; and in Montreal possess one of our own which has 25 beds. In 1880 the number of homœopathists in the Dominion was about 110, and no great accessions seem to have been made since then.

And now as regards *Australasia*. Our system was introduced into Sydney and Melbourne about 1851. In the former city it has, after rising to a certain level, remained pretty stationary; but in Melbourne a hospital has been in existence since 1869, which has done such good work, especially in the treatment of typhoid, that it has received large support and Government grants, and occupies now a building erected for it making up 60 beds. We have also a place in the hospitals of Adelaide, S.A., and of Bathurst, N.S.W.; while Hobart and Launceston in Tasmania have lately opened institutions of the kind devoted entirely to the practice of our method. New Zealand is not so forward, but homœopathy is worthily represented in several of its cities. It was introduced there as early as 1853.

From *South Africa* we are glad to learn that the Boers have at least this good point about them that they appreciate homœopathy. Their practice of it is mainly domestic; but Capetown long had a capable professional representative of the method in its midst, in the shape of Dr. Kitchen, who died last year.

Homœopathy was first practised in *Jamaica* by a Spanish physician from Cuba, Dr. Navarro. We have had no reports from the island since 1876, but a Dr. Reinke writes from it in an American journal of 1883.

Spain.

I have next to speak of Spain. It would have been strange had no news leaked into this country from France or Italy of the reform in medicine associated with Hahnemann's name; and there are traces of a knowledge of it as early as 1829–30. In 1833, however, a real beginning of Spanish homœopathy was made in the persons of

three physicians—Pinciano, Hurtado and Querol. How they were made converts does not appear, possibly through literature imported during the former epoch just named; but they did great things to spread the knowledge of the new method, by translations of its publications as well as by their own successful practice. There were then already a number of homœopathic practitioners in Spain when Nuñez, who had learned the method from Des Guidi and practised it in Bordeaux, came to Madrid in 1844, and rapidly reached the leading place in the movement. He was appointed physician to the then Queen Isabella, and was ennobled by her. He founded the Hahnemannian Society of Madrid, and induced it to issue a periodical *Boletin*, which subsequently became *El Criterio Medico*, and continued to represent Spanish homœopathy for many years—doing so, for all I know, to this day. Still more important was his action in promoting the establishment of a hospital and school of medicine. The Hospital (dedicated to St. Joseph) was opened in 1878, containing 50 beds; and the course of teaching in connexion with it inaugurated. In 1879 Nuñez died, leaving all his fortune to it, and thus in nearly every respect being in Spain what Quin had been in England.

His country, with its colonies, is said to have contained in 1865 as many as 600 homœopathic practitioners.* Cuba and Puerto Rico, now lost to it, stood first among the colonies; but the other island groups—Balearic, Canary, Philippine—had representatives of the system. We have had little news from Spain since 1881. What has come is chiefly from Barcelona, which publishes a *Revista Homœopatica* of its own, and has a flourishing local Society.

I would add a word as to what may be called Spanish America. We hear of homœopathy at times from many of the republics embraced within this category, but have definite information concerning Mexico and Uruguay only. In Montevideo, the capital of the latter state, there were seven homœopathic practitioners in 1875, the one who reports having been such from his graduation in 1847. In Mexico our system seems to have begun its career about 1853, when practitioners from Havana and Spain (Navarrete and Cornellas) settled there. It has advanced since with commendable rapidity and steadiness. Two Societies have existed since the early seventies, and three journals have been issued—one of which, at any rate, *La Homœopatia*, continues to flourish. In 1880 two wards of a public hospital were made over to us, and a School has been founded,

* This estimate must be too liberal, or there must have been a great falling-off, for in 1886 we find the homœopathists in Spain itself only 241 in number.

the degrees of which are recognised by the government as qualifying for practice.

Portugal.

From Spain we naturally pass to Portugal. We heard nothing from this country till 1896, when a layman—Senhor A. Nery de Vasconcellos, of Oporto—kindly collected and sent the necessary information. As early as 1833 we find a Professor in the Medical School of Lisbon requesting permission from the government to try practically the homœopathic method. This was refused him; but, being in 1839 president of the Society for Medical Sciences of that city, he prevailed upon it to make Hahnemann an honorary member of its first class. This was, I believe, the only old-school distinction our master ever received. In the succeeding years stragglers from Brazil began to practise homœopathically in Portugal, but in the fifties it first acquired a solid footing there through the favour shewn it by the Duke of Saldanha, the foremost statesman in the country. Lisbon and Oporto soon had a fair complement of practitioners, who have continued to represent our cause to this day, when they are between 20 and 30 in number. At Oporto they have a ward in the general hospital, and a hospital for children of their own.

Brazil has been so long connected politically with Portugal, that the history of homœopathy in it seems best recounted here. It begins earlier than in the mother country, dating from about 1837, when a student from Leipzig made the method a subject of his graduation thesis, and induced a physician named Estrado to study and practise it. It made rapid progress, and in 1876—to which belongs its only Report—it had about 75 practitioners, organized in two Societies.

Russia.

We must now turn northwards again, and first must enquire how homœopathy has fared in Russia.

In the second edition of the sixth volume of the *Reine Arzneimittellehre*, published in 1827, we find among the provers of carbo vegetabilis—"the Russian physician, Dr. Adam." He seems to have become acquainted with Hahnemann in Germany in 1823, and soon to have begun to practise his method in St. Petersburg. A letter from one of his converts in Stapf's *Archiv* of 1825 shows considerable progress to have been already made, and favourable criticisms were written by Sahmen in Dorpat and Marcus in Moscow. An important adhesion was made about this time in the person of Dr. Bigel, physician to the wife of the Grand Duke Constantine, and the cause now rapidly made advance. Its story is related in the detailed Reports supplied to the Congresses from 1876 to

1891 inclusive by one of its leading personages,—the late Dr. Bojanus. When the infirmities of age rendered him unable to take up the pen, another protagonist of our method assumed it, and the Reports of 1896 and 1900 were supplied by Dr. Brasol. It is impossible in this place to summarise the mass of information thus supplied. It shews the usual phenomena—rapid advance among the laity, slow adoption by the profession. All Russia does not contain more than 50 homœopathic practitioners, 17 of whom are at St. Petersburg. Together with their lay friends, they have formed 12 Societies, most of which support pharmacies and dispensaries. A hospital has been erected in the capital, making up 50 beds; and it was opened in 1898.

Besides the names already specified, those of Deriker, Villers Sen., Hermann, Dahl and Dittmann may be mentioned as prominent in Russian homœopathy. In Poland, Wieniawski attained some eminence, and did a good stroke of work in converting, before his own decease, a Professor at the Hospital of the Holy Ghost in Warsaw, Dr. Drzwiecki.

Scandinavia.

Of the three Scandinavian countries, *Sweden* and *Norway* were reported of in 1876 by Dr. Liedbeck of Stockholm. He told of several Swedish practitioners of our method in the past, but of one only living colleague. In Norway also he knew of only two. We heard nothing more from Sweden till 1896, when Dr. Hagemark presented himself at our Congress, telling us how he and a Dr. Grundal alone occupied the place at Stockholm which Dr. Liedbeck had vacated by death in 1876. Of Norway he could say nothing.

We did not hear from *Denmark* till 1886, but then Dr. Hansen, of Copenhagen, gave us an unexpectedly far-reaching history of homœopathy in that country, Lund having begun its practice there as early as 1821. The succession of its representatives has never been broken, and when Dr. Hansen wrote he had eight like-minded colleagues in the kingdom. Little change is noted in his subsequent Reports of 1896 and 1900, but it is pleasant to learn that they have 450,000 francs in hand for a hospital in Copenhagen.

Holland.

Of Holland we only heard in 1896. Dr. Von dem Borne, of Amsterdam, who came to our Congress that year, sent us also an account of the present state of homœopathy in his country, but gave no details or dates as to its past. There were only six physicians practising it when he wrote, a number sadly disproportionate to the wants of the thousands of its lay adherents. "There are regions," he writes, "as in the province of Zeeland, where the totality of the

inhabitants are partisans of our method of treatment, where physicians of the other school cannot earn their livelihood, and where yet it is quite impossible to find a homœopathic doctor." Our four representatives have formed a Society, and issue a monthly journal—the *Hom. Maanblad.*

Belgium.

The other division of the Netherlands had begun to appreciate the blessings of homœopathy before it became an independent kingdom. Dr. de Moor, of Alost, described as "titular Surgeon" of the Civil Hospital of that city, embraced it in 1829; and though too old to do much towards its propagation, gave us in his son, Dr. Charles de Moor, a worthy inheritor of his name and convictions. In 1831 Dr. Carlier and in 1832 Dr. Varlez began its practice in Brussels; and, with the adherents who accrued, in 1837 founded a Society and a Dispensary.

Thus inaugurated, homœopathy went on prosperously up to 1896, when Dr. Schepens could report to the London Congress that there were about 100 avowed practitioners of the method, as well as many practising it partially or secretly; that, as a rule, all were doing large and lucrative practices; and that there were specialists—surgeons, oculists, &c.—who openly professed to be homœopathic in their convictions. He reported two Societies, and two journals issued under their respective auspices. He related, moreover, the triumph obtained in Antwerp, where the Bureau de Bienfaisance of the city had placed one of its Dispensaries under homœopathic control.

Either, however, Dr. Schepens saw things too much *en couleur de rose,* or his successor has taken too gloomy a view, for Dr. Mersch reports to the Congress of 1900 the number of practitioners as fallen to 30, one of the journals (the *Revue Homœopathique Belge*) discontinued, and the Antwerp Dispensary—though the poor flock to it in rapidly increasing numbers—hardly able to carry on its medical service. There is no doubt that here, as almost everywhere else, the need is *men;* and could we only manufacture homœopathic practitioners, as America can, our system would be sure of an ample following.

Besides the names already given, I may mention Mouremans, Bernard, Martiny, Gaudy, Stockman and Gailliard as prominent among Belgian homœopathists. The last-named was an intrepid controversialist, and the journal he long sustained, *L'Homœopathie Militante,* well represents his energy and his learning.

The last European country I have to include in this sketch is Switzerland. There are no historical notices of homœopathy in it; but in 1876 Dr. Bruckner reckons 33 practitioners of

the method, and a small hospital in Basle. In 1886, however, when the Congress met in that city, we heard nothing about its hospital; and Switzerland sent us only nine representatives. In 1891 Dr. Bruckner again reports, with the old story; abundance of popular favour and success of lay practitioners, but hardly conversions enough to make up our death-losses.

Switzerland.

And now we must cross the Atlantic again, landing this time not at Quebec, but at New York; must view the method of Hahnemann, not as it just maintains its foothold in Canada, but as it counts its practitioners by the thousand, its institutions by the hundred, in the United States of America. Here alone in all the world it has been seen what homœopathy can do on a fair field, with no favour, but on the other hand with no prejudice to obstruct and officialism to stifle its natural growth. The results have been most satisfactory. In 1825 the system had but one representative in the States: in 1900 the most moderate computation reckons its practitioners there as 9,369 in number. It has nine national Societies (one, the American Institute of Homœopathy, having 1,900 members); 34 State and 116 local Societies; 70 general hospitals making up between them some 4,829 beds, and 32 special ones with 6,592. There are 20 Medical Schools, which, either on their own account or by the co-operation of a University to which they are affiliated, graduate medical students and qualify them for practice. They turn out between 400 and 500 alumni each year, and so not only fill gaps in our ranks but augment their numbers continually.

United States.

To trace the history of American homœopathy would require a lecture to itself. It has spread from several centres, and gathered around many men. The one representative I have said it had in 1825 was Dr. Gram, a Dane by family, but born in Boston (in 1786). After practising with distinction in Copenhagen, and there becoming a convert to Hahnemann's method, he returned to his native country to carry it out and propagate it. He soon obtained disciples in New York, where he settled; among these the names of Gray, Hull, Channing and Curtis being best known. He died in 1840. Seven years before his decease Constantine Hering (born in 1800) had settled in Philadelphia. He came from Germany, where he had become a disciple of Hahnemann; and he brought with him a vigorous and original mind, a vast store of knowledge, and an indefatigable energy. Under his auspices Philadelphia became a second centre of homœopathy in America; a college was founded to teach it, provings were made to supply materials for its practice,

think it must be admitted that, so far as their verdict has been given, it is in favour of Homœopathy. It is reasonable to suppose that the great majority of those who now adopt it have also had experience of the other system ; while on the other hand it is probable that by far the greater number of people have never tried homœopathic treatment at all. Hence the testimony in its favour of its adherents far outweighs that of its non-adherents against it ; for in the former case only has there commonly been opportunity of comparison and choice.

There is an obvious objection to this argument from the large adhesion of the laity. It may be cited (it will be said) in favour of every medical quackery and delusion. But there is this difference in kind between the lay support of Homœopathy, and that which has been and is accorded to panaceas and wonder-workers. In the latter case, when anything more than the habitual *domestic* use of certain secret remedies (which may have their virtues), it is the resort of persons labouring under chronic or inveterate complaints to some new pretender to their cure. The orthodox medicine of the day has failed to relieve their sufferings ; and they can hardly be blamed for seeking elsewhere for aid. But with Homœopathy it is quite different. Here the patient selects for his habitual adviser a medical man who, while indeed holding himself at perfect liberty to treat his patients as he may think best, nearly always thinks it best to do so according to the Hahnemannian method. With no other professional help scores of thousands of families now live and die ; and this among the educated as largely as among the working classes. These are not the features, nor is the past of Homœopathy the history, of a delusion. They tell rather of a successful practice swiftly working its way in spite of inertia and prejudice.

In such numbers, with such features, homœopathy has become an organized body. I must ask you to believe that its followers have not sought such a separatist attitude ; that they have been forced into it by the intolerance, hostility and persecution everywhere shown towards it by the profession at large, as I have described in my Lecture XI. A large part of its history, as related in the Transactions from which I have drawn it, is taken up with the narrative of the attacks made upon its practitioners. But I think we may say with the poet—

"Now hath descended a serener hour."

The recent utterances, say from 1881, on the subject of homœopathy have breathed a far milder spirit than those of the thirty years beginning with 1851 ; the medical journals notice our doings with good-humoured badinage instead of the truculent

animosity to which we were accustomed ; and most of us have of late years found in professional intercourse an amenity which was as welcome as it was unexpected. I think the time has come for serious endeavours to heal the breaches and terminate the schism ; and to all on either side whom these words may reach I would re-state the causes which hold us apart, and the claims on the part of homœopathy the frank allowance of which would justify, indeed would compel, our re-absorption into the general body of the profession.

First of all, let us recall what is the doctrine which constitutes our creed and has formed us into a church. Doctrine, I say ; for homœopathy is this and nothing more. Like every other doctrine, it has practical corollaries ; and one of these, the small dose, has caught the common eye as the prominent distinction of our method. But as every one who will look into our literature may satisfy himself, we are not globulists, or even necessarily infinitesimalists : we are not characterized essentially by any of the theories or practices which may have marked the school of Hahnemann. We are simply *homœopathists* ; *i.e.*, adherents of the relation of similarity between disease and drug-action as the cardinal principle of therapeutics.

Let me explain.

Dr. Hughes Bennett, in the introduction to his "Principles and Practice of Medicine," after showing that the difference between the exact and the inexact sciences is the possession by the former of a "primitive fact," writes thus :—

"Medicine, then, in its present state possesses no primitive fact ; but is it not very possible that it may do so at some future time ? During the many ages that existed before Newton physical science was as inexact as that of physiology is now. Before the time of Lavoisier, chemistry, like physiology, consisted of nothing but groups of phenomena. These sciences went on gradually advancing, however, and accumulating facts, until at length philosophers appeared who united these together under one law. So medicine, we trust, is destined to advance ; and one day another Newton, another Lavoisier, may arise, whose genius will furnish *our* science with *its* primitive fact, and stamp upon it the character of precision and exactitude."

Now homœopathy is nothing more than one of the many attempts which have been made from time to time to supply this missing "primitive fact." Like Brown and Broussais, Hahnemann propounded his doctrine from within the ranks of traditional medicine, and, indeed, from no undistinguished position there. One would have thought that its reception might also have had the same course as theirs. That there should have been Hahnemannists would not have been strange,

any more than that there should be Broussaists and Brownists. But the task of the profession at large was to examine the new doctrine, to estimate the worth of the arguments alleged in its support, to test it in practice, and ultimately to assign it its place in the resources of therapeutic art.

Had this been done, there would not have been at the present day a number of medical men known as "homœopathists," and occupying a separate position. No other doctrine, not even that of Rademacher, has led to a schism and formed a sect. How has it come about in the case of homœopathy? I will not re-open the question. History must one day pronounce upon it, and we may well leave the decision to her impartial verdict. We have a strong conviction that, though there were doubtless faults on both sides, in the main we were not to blame. But however it may have been in the past, there can be no doubt of the cause of our continued separateness now. It is because we are denied the liberty to which every qualified medical man has a right, and which he is bound to vindicate for himself—the liberty to practise according to the best of his judgment. When I say that we are denied this, I do not mean that physical force is put upon us, or that attempt is made to restrain us by action of the law. But Pericles has spoken,* and Mill written,† in vain, if these are to be esteemed the only fetters whereby man's freedom can be abridged by his fellows. Practise as you think best, it is said; but if your best thinking leads you to the system called homœopathy, we shall send you to Coventry. You shall enjoy no membership in the Societies we have formed for mutual intercourse and improvement. If you are on the staff of any hospital, we will resign *en masse* rather than act with you. You shall not have an article published or your books advertised in our journals. If any patient you attend requires our diagnostic or mechanical aid, you must stand out of the way, temporarily or altogether, ere we will render it. All public appointments, and the service of the army and navy, shall be closed to you; for we will not associate professionally with you. Call you this liberty? It is not liberty: it is terrorism.

I think it very important that we should insist upon this one cause of our isolation to the ignoring of all other considerations. An attempt is often made by our opponents to evade the real issue, and to represent us as excluded because of the irrational nature of our doctrine or the sectarian character of our proceedings. Our reply on the first count is that it is entirely irrelevant to the question. We claim freedom, as qualified medical men, to do what commends itself to *our* judgment, not to yours. You may think our principles absurd: to us they

* See Grote's History of Greece, ch. xlviii. † "On Liberty."

are as reasonable as they are fruitful, and we demand the liberty we concede to all others—the liberty of putting them in practice without prejudice to professional fellowship. To say, You are free to do everything save what we consider irrational,—this is not to open our prison : it is but to lengthen the tether of our chain. We protest against all such interference with freedom as an injury to science : we should protest were we not ourselves the sufferers, we should (as Montalembert said under similar circumstances) feel the gag in our own throats. And as to sectarianism,—of course there have been *intransigéants* and even black sheep among us, as there have been also among you ; but such fault cannot be found with our main body, and for its conduct you have no one but yourselves to thank. You have thrust us into separateness, and kept us there : we have only done what in such a position was befitting to men who knew the value of free discussion and full experiment, who desired to promulgate their method and to practise it. If we are a sect, it is you who have made us one. There is nothing in our spirit which has led us into schism ; and nothing in our doctrine and practice which keeps us there. Open your doors ; make us free of the organization of the profession at large ; and if we do anything sectarian then, condemn us and degrade us if you will.

Accordingly, our position is this :—We are ready to admit that in the past there have been faults of temper and errors in judgment on the one side as on the other. But as regards the ground taken up by the leading maintainers of homœopathy—as represented, for instance, in this country by the British Homœopathic Society, the *British Journal of Homœopathy* and the *Monthly Homœopathic Review*—we have no foot to stir and no pardon to ask. We earnestly desire reconciliation and reunion, but these can only come about by a frank recognition on the part of our colleagues of the soundness of our contentions. They are already, as we have seen, here and there admitting them; we ask them only to do it generally, officially, and without *arrière pensée.*

What, then, are these claims, for which we do not so much crave a hearing as demand acknowledgment.

The first is this—that the treatment of disease by medicines selected for the similarity of their effects to the symptoms present is a legitimate therapeutic method, one which may be avowedly practised and which requires investigation. We do not parade it as universal and exclusive. We do not claim credence for even its partial value without trial. We only ask that no prejudice should operate against its fair consideration. The profession is confessedly not so armed at every point

against its foe as to be able to slight an additional weapon offered to its hand. Let every physician in the presence of disease feel himself free—aye more, *bound*—to consider whether this is a case in which a similarly acting remedy promises to do more than one of contrary properties, or one operating only indirectly upon the morbid process. That is, let his choice lie between homœopathy, enantiopathy and allœopathy, as we have seen these defined by Hahnemann. At present the second and third only are thought of; or, if the first be allowed a place, it is in silence—as when, noting the "intense desquamation of the skin" occurring in myxœdematous patients under treatment with thyroid extract, Dr. Byrom Bramwell was led to test the remedy in psoriasis, where he found it very effective; with apology; or under another name such as Trousseau's "substitution." As long as prejudice thus operates to exclude the trial of similarly-acting medicines by the profession at large, so long we must appear singular in admitting them, and must, perhaps, be partial in preferring them. If our brethren wish us to be impartial, they must be impartial too. They blame us for basing our practice on an "exclusive" theory; but it is they who make it such by excluding it from their own. We urge upon them to let it be thus no longer. Let them test the principle in their own way, if they please—with such rough pathogenetic knowledge as they have, with such limited range of dose as they are accustomed to use. We are sure that the results will lead to further enquiry, and will support the claim of the further principles we maintain.

Secondly: The rule *similia similibus* can obviously be carried out only in proportion as the effects of drugs on the healthy body are ascertained. We therefore place, as the second plank of our platform, the necessity of the proving of medicines. We hail with gratification the attempts of the kind made in various quarters; we ask only that they be carried on systematically and thoroughly, and that the contributions of homœopathists towards the knowledge of pathogenetics be not ignored or rejected without trial. The effects of poisons on animals, the symptoms caused in man by large or single doses, must not be assumed to suffice for our need: if true similarity is to be ascertained, the symptomatology of drugs must be not less exhaustively and minutely studied than that of disease. Our interminable *symptomen-codices* are derided. By all means let better ones be given us; but at least let it be admitted that the attempt was in the right direction. The results of such long and painful labours may show more grains of gold than might be supposed to careful sifting. But however this may be, we make no claim for our practice; we assert it only for the principle.

And now our third demand is this,—that the question of *dose* be thrown open, and all judgment upon it reserved till further experiment has been made. Let our brethren remember that their associations on this subject are derived from practising with a view to oppose the direction of disease (enantiopathy), or to act on healthy parts (allœopathy). They cannot *à priori* say what reduction of dose may be required for medicines acting on the diseased parts similarly to the morbific cause (homœopathy). It is obvious that some reduction is required ; that strychnia in quantities suitable to excite the cord in paralysis would aggravate its trouble in tetanus. Ringer had to go to sixtieths of a grain before he could get good without harm in athetosis. And it is evident that, when similarly acting remedies have been applied with admitted advantage, it has always been in minute dose, like the drops of ipecacuanha wine in vomiting. But it may be said from the other school,—This is all very well ; it is when you get among your infinitesimals that we cannot follow you. Good : we should be thankful to you if you could prove their needlessness. We have no pleasure in dealing with these impalpable points, these inconceivable fractions. We would (most of us) gladly abandon them, if we could apply the law of similars without them. And so we are farthest from the wish to impose them upon others. Our claim is not for the recognition of certain doses, but for freedom in the use of all doses. It is absurd, in these days of continued demonstration by science of the activity of the infinitely little, to draw a hard and fast line of medicinal quantity, and say, Thus far shalt thou go, and no farther. If we have gone too far, prove it by experiment : ridicule has here no place, and incredulity must not be allowed to debar enquiry.

This is all. The word " homœopathy " often suggests to the minds of its opponents the many fancies and follies which have been connected with it—psora and dynamization theories, globule-sniffings, provings of inert and loathsome substances, and the like. Well : we have read in the annals of traditional medicine of hypotheses as baseless, of practices as objectionable. We have no more to do with the inanities of our school than the present race of physicians with those of their own in former times. Homœopathy proper is responsible only for the law of similars, for the proved medicines, for the reduced dose. There is surely nothing in these which required a separate organization for working it out, nothing which justifies exclusion of its supporters from the main body of the profession. If medicine is not wide enough to embrace us, the fault is medicine's, not ours ; and it is a fault easily remediable. The profession has only to say—" There has been misunderstanding ; we have

been provoked by some extravagances from among you, and have allowed ourselves to be prejudiced against your real position. Resume your place in our ranks, from which it is our fault that you were ever expelled. If you have doctrines to propound and practices to recommend, our journals, our societies, our hospitals and dispensaries, are as open to you as to any other qualified men." Do our brethren know what would be the result of such generous policy? We should at once cease to exist as a separate body. Our name would remain only as a technical term to designate our doctrine; while "homœopathic" journals, societies, hospitals, dispensaries, pharmacopœias, directories, *under such title*, would lose their *raison d'être*, and cease to be. The rivalry between "homœopathic" and "allopathic" practitioners would no longer embitter doctors and perplex patients. If (as is now generally admitted) we have hit upon some good things, they would become the general property of the profession; and we on our part should be even readier than we are to avail ourselves of all that is useful in the ordinary practice. You can only kill homœopathy by recognising it. Allow it to be legitimate and valid as far as it goes; and then the part will be, and will rejoice to be, amalgamated with the whole, and will lose its independent and troublesome identity. How far it will leaven the whole, time only can decide. We have our thoughts on the subject; but at least whatever happens in this direction will be the just result of the comparison of practice.

Do our brethren shrink from making such advances? Very well, then, we must wait. But let us assure them that to this, sooner or later, they must come. It is not possible to escape it. It is admitted on all hands that there is a homœopathic action of medicines. Then this method of using them must be discussed exactly in the same way and with the same freedom as any other theory in medicine or in the arts and sciences generally. We claim for it (as I have said) no position or predominance other than what may be found to be its due after proper testing. We assert, and have asserted from the beginning, that we do not know what that position is. We are quite prepared to abandon the attempt to apply it to any particular diseased conditions so soon as it is demonstrated to be inapplicable to them, or inferior to other methods of treating them. And in such cases we are prepared to use, and in fact have all along used, other means, either as substitutes or as auxiliaries. As far as our experience goes, these cases are comparatively few. But if wider experience in the hands of competent men shows them to be more numerous, we are prepared to accept the inference. Again, the necessity of proving on the healthy

is acknowledged. When this has been properly caried out, it must be determined after what manner the results are to be applied,—whether solely according to their primary action, as giving opiates for sleep and purgatives for constipation, or upon the homœopathic specific plan. This can only be decided by the ordinary rules of scientific experiment, and in no other way; and, whatever the result, it must be accepted. This is precisely our position; this, and nothing more than this. The dose likewise must be settled in the same fashion. The medicine of the future must therefore perforce follow our methods; there is no third way.

To our position, we say, sooner or later all must come. The accidents of our separate existence are but temporary; but we claim for our essential standpoint that it is the only tenable one. We are the assertors of liberty in medicine. We call ourselves, our literature, and our associations "homœopathic," not as implying an exclusive devotion to this creed, but simply as meaning that here it is recognised and its proper value allowed. If any one of its opponents have anything worth saying against it, the pages of our journals are open to him; and we are sure that there are none of our societies but would give him a patient hearing and a candid discussion. How little liberty of this kind exists on the other side has been already seen. Which course of conduct implies most confidence in principles and desire of progress? If our brethren would satisfy their own conscience, and approve themselves in the public eye, let them be at least as ready *audire alteram partem* in homœopathy's favour as we are when the argument is against it. Let the mistakes and errors, the strifes and bitternesses, of the last hundred years be buried by common consent; and then we shall find ourselves, as it were, at Hahnemann's original starting-post when he propounded the rule "similia similibus," and began to prove medicines and experiment upon the dose. Could any honest and enlightened physician of the old school allow himself now in the blind opposition which greeted the German reformer then, and which has perpetuated itself towards all his adherents since? If not, the opportunity is offered of showing how much the present generation has advanced in liberality. I have set forth once again (as has often been set forth before) what is our essential doctrine. I think I speak for my colleagues when I say that we shall be more than willing to forget its reception in the past, if we can secure a hearing and a testing for it now.

But one word more. If any of the highly trained hospital physicians of this day should read these words, and should look into the little world we inhabit apart, he must not expect to

find it *totus, teres atque rotundus.* He will not indeed be offended by anything which he (and we no less) resents as "quackery." We have no secrets or mysteries,* no pompous pretensions, no panaceas. But he will find in us much weakness and imperfection. Our central principle remains a phenomenal, not to say empirical, rule. Our provings of medicines are mostly fragmentary, and the records of many of them well-nigh useless through mal-arrangement. We are widely, and to present seeming, hopelessly, divided on the question of dose; and many other practical matters—as repetition and alternation—remain unsettled. But let him not despise this day of small things; rather let him ask how it is that it has not waxed greater. And the answer is simple. It is because the profession at large has refused us any help in our task. It is because no one has been allowed to cultivate this field of practice except at the price of ostracism from his brethren and loss of position and prospects. The treatment of Henderson did not serve *pour encourager les autres;* and it is not strange that we have but few men of note among us. Persecution is bracing air, as a rule; but sometimes it proves stifling. In this case it has hindered all but a few hundreds in the several countries of the Old World from devoting themselves to the despised doctrine. No wonder then that, overwhelmed by the demands of the public upon our time, we have been able to do so little towards deepening and widening our foundation, towards investigating the significance of our provings. The marvel is that so much has been accomplished. What we say to our brethren is,—come and help us. Bring to our inquiries and experiments your numbers, your wealth, your leisure, your trained observers, your ample materials. There is probably much that is partial and extreme of which you may cure us. If only with this motive, take, we beg you, our homœopathy, and throw it into your crucible. We know what wealth of gold will come out; and then we hope for it to go on accumulating, far faster than in our feeble hands. What medicine might become in ten years, if only the profession at large would test homœopathy as it deserves, is a dream almost too bright to dwell upon.

* How little is really known of us may be inferred from a fact like this. An eminent practitioner of the old school wrote a short time ago to a homœopathic friend:—"What is really wanted is some common ground on which various hypotheses of the mode in which matter and materials act on the human or animal frame can be tested. *This can never be done until your pharmacopœia is as open and public as ours,* and until every one who practises on his fellow-creatures knows exactly and can prepare what he is ordering, on any system." Now, our mode of preparing our medicines has never been any mystery; and since the publication of the *British Homœopathic Pharmacopœia* in 1870, he who runs may read it.

So far I have been addressing myself to the general profession. But I pray my own colleagues of the homœopathic body to observe the consequence of the position thus taken up. It is that should our claims be allowed, and the liberty we demand be granted us, we must renounce our separateness, and resume the place in the body of the profession from which we should never have been extruded. I cannot say that the signs of the times indicate such a consummation as nearer than when I forecasted it at the British Congress of 1879. But ever and anon they do unexpectedly shine out; and be it near or far, it must come one day, and we should be prepared for it. It would be a change not to be effected without difficulties and perhaps some painfulnesses. We have lived so long shut up in our prison that its walls have seemed our natural limits, and its habits have grown part of our nature. Some of us, perhaps, like captives of whom history tells, may decline to go forth, and prefer to end their days in their accustomed seclusion. But we should be inconsistent with our principles if, as a body, we refused to avail ourselves of the rights we have demanded, when they were yielded to us. Once made free of the City of Medicine, it will behove us to play our part in its civic life.

I go farther, and maintain that we should be untrue to our cause if we did otherwise. I believe that the greatest hindrance to the consideration of homœopathy on the part of our old-school colleagues is the existence of the homœopathic body. Its rival institutions, its competing practitioners, prejudice the system itself in their eyes, and keep up a bitterness against it which is quite out of place in a question of science. Our desire must be that it should leaven to the uttermost the practice of medicine, and acquire the confidence of the greatest possible number of medical men. With this view we must heartily welcome the obliteration of distinctions which keep men apart from one another, and too often cause the subject to be viewed in that *lumen madidum* of passion which Bacon deprecated, instead of the *lumen siccum* of unclouded reason. If our cause can best be served by our individual extinction, or rather absorption into the common mass, let us not shrink from any self-abnegation that may be required.

Nor need we doubt that here, as elsewhere, to lose our life may be to gain it. Though we are not the cause of the schism which isolates us, we are the sufferers from it. The dangers which haunt all small societies, gathered round a special principle, and withdrawn from the main current of the life of the body from which they are separated, do press sorely upon us. We all know how among men so situated narrowness of sentiment and exclusiveness of view is almost inevitable; how rife

are personalities, rivalries, jealousies, how vehement controversies about the details of the common faith. In such associations those disproportions come to prevail which have given rise to the figure of the triton among the minnows, and the proverb "Parmi les aveugles le borrne est goi." And when, as here, there is bread-winning connected with the questions at issue, there is the additional peril that the standard may be joined for the sake of gain, that men may trade on the distinctive name and position taken up. I am sure that we homœopathists cannot claim to have been exempt from the evils thus incident to our situation. See with what bitterness discussion has been conducted between the two sections into which such a body must needs fall—the *côté gauche* and *côté droit* of which I have spoken, those who cultivate exclusively and to the uttermost the method of Hahnemann and those who seek rather to harmonize him with general medicine. Such a division has existed among us in every country, and it has involved us in continual internecine strife. See how difficult it is for us to unite in any common course of action. The storms which in this country have raged round the cradle of the British Homœopathic Society, the London Homœopathic Hospital and the London School of Homœopathy have been paralleled in many other parts of the world, and have sadly wasted our time and strength and resources. I am afraid, too, that we are not altogether free from narrowness. Indeed, to hear some among us talk, it would seem as if homœopathy (at any rate in their hands) could cure everything, and no other way of proceeding could cure anything. To deliver us from these faults, we need the freer air and less dense aggregation we should obtain by being transferred from our little encampment into the general array of the profession.

It will require, indeed, much wise deliberation to accomplish the transition without rude harm. There must be due regard paid to vested interests, and much tenderness exercised in dealing with existing ties and expectations. It may be that no very great changes will be required, at any rate at first. It will be a long time before homœopathy becomes to all the guiding-star of therapeutics; for many years it is likely to be followed, as a dominant rule, by the few only. There may still be place, then, for some "Hahnemann Society," where, under a name which could repel none who love the art of healing, his method might receive adequate cultivation and criticism. Some "Journal of Specific Therapeutics" may still be required, in which there shall be secured due space for the essays and records illustrative of our system. The most difficult question is that of our hospitals and dispensaries. In maintaining them in

existence, however—should we decide so to do, we should have the precedent of the Temperance Hospital. This has been established at the instance of those who believe alcoholic stimulants to be at least unnecessary in the treatment of disease, and for the benefit of the poor who may elect to be so treated. Its physicians and surgeons, in accepting office there (and no one has challenged them for so doing), pledge themselves to nothing beyond a general acceptance of the principle; they do not bind their hands to any abstention from alcohol, if in their judgment it should become necessary. The staff of a homœopathic hospital take up a precisely parallel position; and these should not, any more than those do, incur odium thereby. We have here, moreover, to consider the interests of the public as well as of the profession, and especially of its poorer position. It will be easy enough for the well-to-do to find practitioners who will treat them homœopathically, especially as the peculiarities of our pharmacy will probably always require the existance of distinctively homœopathic chemists. But how are the multitudes of the poor who prefer our treatment to obtain it, unless there are charitable institutions devoted to its practice? For them, therefore, if for nothing else, it would seem that our hospitals and dispensaries must be maintained; though the example of the Hahnemann Hospital of Liverpool shews that they do not necessarily require an even apparently sectarian name.

For such changes, I say, we ought to be prepared; but till there come the great change on the part of others which will necessitate them, let us loyally support our institutions as we have them. Let there be no individual secessions, no abstention because one is in a minority. Let us all stand firmly in our ranks, doing our duty where Providence has placed us, until the time comes when as a body we can reconsider our position, and make what changes are necessary in our organization. And one further caution I must add; and that is that it is not for us to take the first step towards the reconciliation we nevertheless invite, and devoutly desire. We cannot do so without misunderstanding. There must be no excuse for saying that we have "hauled down our flag": when we evacuate the fort we have so long held, it must be with all the honours of war, with drums beating and colours flying. A true note was struck by the late Dr. Hayle, of Rochdale, when at the British Congress of 1876 he compared our attitude to that of St. Paul in the dungeon of Philippi. "Let them come themselves and fetch us out." It was from no pride that the Apostle spoke thus, no unwillingness to overlook the wrong done him: but the rights and immunities of Roman citizenship had been violated in his

person; and he owed it to them, and to those who shared with him in them, not to condone the offence. We too, for like reasons, having expressed our readiness to receive overtures of peace, and laid down the grounds on which alone we can make it, must wait the action of the other side. I can hardly now say, as I did twenty years ago, that I hope my generation will see it. The next, however, it will assuredly visit. For our children we may safely anticipate the time when the name of homœopathy shall no longer denote a persecuted sect, but a faith and practice recognised universally as legitimate and largely as true; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in generous emulation as to who shall do most good to the objects of their care.

LECTURE XV.

GENERAL DISEASES.

The Acute Infectious Disorders.

We have now spent some time together in considering the principles of homœopathy, including its history and the position and claims of the body of practitioners designated by its name. I will ask you to carry in your mind what we have thus ascertained while I proceed to apply to special therapeutics the method I have been describing. I will ask you also to possess yourselves of, or secure ready access to, my "Manual of Pharmacodynamics" in one of its later editions. I have there gone fully into the actions of drugs, both pathogenetic and curative, and do not want to spend time in traversing the ground anew on our present journey. I wish to take up the subject from the side of disease: to tell you, as I have said, what homœopathy can do for its various forms, and how it does it.

You may ask why I do not refer you for this purpose to the treatises on the Practice of Medicine which already exist in the school of Hahnemann (I have mentioned some of them in my Lecture XI.), 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, if you 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 all possess. Each author is limited in his therapeutics by the experience of himself

* "Acute and Chronic Diseases and their Homœopathic Treatment," by F. Hartmann. Tr. by Hempel.

† "Elements of the Homœopathic Practice of Physic." 1850. (See *B.J.H.*, vi., 227.)

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

§ "Science of Therapeutics according to the Principles of Homœopathy." Tr. by 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.)

and his compatriots. Bähr and Kafka know 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 same may be said of the otherwise excellent treatise which I have commended to you from the pen of Dr. Goodno of Philadelphia ;* and still more of a volume I shall often quote—the "Forty Years' Practice" of the well-known Jahr, which is, as its title implies a purely personal record. The result is that in none are the means and the possibilities of homœopathy in the treatment of disease fully set forth. I strongly recommend you to procure and study as many of these books as you can ; but I cannot feel that by such advice I am meeting your whole need.

In the lack, accordingly, of other work fitted for the object, I proceed myself to discourse to you on special as I have done on general homœopathic therapeutics. In so doing, I shall make no attempt to follow most of 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 yourselves 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 learned or 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 as well, or 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.

* "The Practice of Medicine." Philad., 1894.

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 will require 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 lectures 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 Nomenclature drawn up by the Royal College of Physicians, and furnished to us officially by our government (3rd ed., 1896). 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, the actual results homœopathy has obtained in their treatment, and the means it has employed. 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 yourselves 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 lectures will hardly help

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

† *Clinique homœopathique.* 1850.

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 consist 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 homœopathizing, 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 (as I have told you) 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. I have told you where you may best find such guides, and can only urge that you possess yourselves of one or other of them, as indispensable to the practice you have in view.

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. Lectures 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

* Vol. I., p. 20, of Dudgeon's translation.

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 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 disappearance 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

* "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.

‡ See *B.J.H.*, v., 387.

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 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 homœopathize 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 lectures 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 bond 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 William 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, silicea 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, etc. 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 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.

I have spoken thus far that you may recognise with me the limitations of my present task. Without further preface, I will now address myself to it, and will endeavour within my sphere to teach you to apply the method of Hahnemann.

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

Our Nomenclature begins with "General Diseases," and takes first the acute infectious disorders—a group marked by this common characteristic that they are communicable, and always reproduce their kind. They include the pestilences which from time to time visit us, like cholera and influenza; the continued fevers—typhus, typhoid, and so forth; the exanthemata—variola, scarlatina, measles; the primarily local infections, such as diphtheria and erysipelas. They are those which have hitherto been classed as "zymotic," from some analogy in their development to the process of fermentation: they are now, like that process itself, explained by the reception of a *contagium vivum*, to whose life-history their course of symptoms is supposed to be due.

The first question which arises is: Does not this view of their nature put them outside the proper range of homœopathic medication? They are parasitic in origin: should not their treatment be parasiticidal? Should we not deal with germs inside the body as we do with those outside, and attack the cause with antiseptics rather than the effect with similar medicines? We have frankly admitted the propriety and necessity of such proceedings in the instances of helminthiasis, of beri-beri, and of scabies; why should we refuse assent thereto when as logically demanded here?

These questions were very properly brought before us by Dr. Galley Blackley at our British Congress in 1878, and he said all that could fairly be alleged in favour of treating blood-infections with drugs addressed to their supposed *causæ animatæ*. You will see, however, if you read the discussion which followed his paper, that he failed to carry the meeting with him; and at the Congress of 1884, after six years' further consideration, Dr. Hayward from the chair expressed what I think is the mind of nearly all homœopathists—that we have no call to alter our treatment here because of the new views. To attack acari on the surface and worms in the intestine with their appropriate poisons; to guard breaches of surface against intruding spores, or cleanse them when infected, by local sporicides,—this is rational and harmless enough. But when you have—as upon the theory you have here—the whole mass of blood in the body swarming with these organisms, you will want large doses of poison to kill them; and can you expect that the host will remain immune while your toxic agents are destroying his guests? Even in the instances where such measures have been allowed, they may easily be carried too far. Hahnemann is not the only writer who has shown the harm done by suppressing, with strong parasiticides, any extensive itch; santonine and (as is now recognised) filix mas

have been the agents of many a poisoning ; Keith has declared that in his laparotomies he has seen as much harm result from carbolic dressings as from the operation itself, and asepsis rather than antisepsis is now the aim of most wise surgeons and obstetricians. The practice I am criticising would do, on a large scale and of malice prepense, the evil here occurring occasionally and incidentally only. It offends against the rule of *primó non nocere* ; and, even were its results more encouraging than they are, could not be commended. If Dr. Dyce Brown's experience be confirmed, that the relapse which gives the " famine fever " its distinctive name can be prevented by five-grain doses of the hyposulphite of soda (as it cannot be by homœopathic remedies), this would be a justifiable occasion for its employment ; but, as a rule, we can show a more excellent way.

This way is that which nature herself seems to follow, in limiting the development of, and so promoting recovery from, the infectious diseases. Were she quite passive in their presence, there seems no reason why their ravages should ever cease, save with the death of the patient. The spores once introduced must fulfil their destiny of indefinite multiplication, until the whole body becomes the seat of their operations and the prey of their requirements. To defend herself against such fate, nature goes upon the principle that for germination two factors are needed—the seed and the soil. To kill the seed, when it has once sprouted, would be a wasteful exertion of her power ; she addresses herself rather to making the soil such as will forbid its further development. Some process, it is evident, goes on in the tissues of an infected subject—some production of defensive phagocytes, some exhaustion of combustible or alimentary material, some establishment of callousness to provocation—which at length disallows the life of the foreign invader, and brings its history to a close. Immunity is secured, and that not only for the nonce, but in the future—always for a time, often for a life-time ; so that the subject of a specific infection is proof against it henceforward. Now the part played by homœopathic remedies in such diseases is to favour the induction of this immunity. Chosen on account of the similarity of their effects to those of the *contagium* in question, they must evidently act on the same parts and in a similar manner. Such action—explain it how you will—is provedly incompatible with the idiopathic morbid process : it neutralises, obliterates, extinguishes it. The bacteria present find no scope for their activities : they languish and die, while the disorders they have induced are rapidly subdued to order again. The immunity of course is

temporary; drugs are not self-multiplying in the body. But this lack is supplied by repetition of doses, and the defensive change can be sustained until all present need for it has passed away.

We are, then, on rational ground; we are *ministri et interpretes naturæ*, if we treat the infectious diseases on ordinary homœopathic principles, regardless of their presumed causation by the reception and development of animated germs. There is, too, in so directing our therapeutics this further advantage, that we provide for that prevention which is, proverbially and confessedly, better than cure. If to occupy the invaded soil with our specifics dislodges the intruders, to preoccupy it may obviate their intrusion altogether. This field of medicinal prophylaxis has been but slightly cultivated; but we have two products of it which indicate its probable fruitfulness. I do not at present include quinine for malaria among them; for there is here a moot question as to homœopathicity, and a rival alternative as to *modus operandi*. On these I propose to touch when the malarious diseases come under our notice. Nor will I mention the "Mithridatism" (so-called from the endeavour of the celebrated adversary of Rome to make himself proof against poisons) now increasingly in vogue, though it has included such confessedly homœopathic medications as tansy in rabies * and strychnia in tetanus; † or the success on one occasion of inoculation with antimonial ointment in the absence of vaccine lymph as a preventive of small-pox.† At present I am thinking of belladonna in scarlatina and of cuprum in cholera. Of the success of the former practice I will not here produce the detailed evidence, but will content myself by referring you to that adduced by Dr. Dudgeon in his Lectures and Dr. Stillé in his "Therapeutics and Materia Medica." It has made the latter—no favourable judge, for he has just spoken of "the impudent heresy of homœopathy"—express his "conviction that the virtues of belladonna as a preventive to scarlatina are so far proven, that it becomes the duty of practitioners to invoke their aid whenever the disease breaks out in a locality where there are persons liable to the contagion, particularly in boarding-schools, orphans' asylums, and similar institutions, and among the families of the poor." Now it was the similarity of the effects of belladonna to the symptoms of scarlatina which led Hahnemann to employ it in this malady, first as curative and then as preventive—as you may read in his treatise on the subject contained in his "Lesser Writings"; nor can any one who thinks over the fever, the rapid pulse, the scarlet rash and

* See *Bull. de la Soc. Méd. Hom. de France*, xxix. 570.

† See *M. H. R.*, xxxix. 552.

the sore throat of the drug deny the parallelism. There is no question of germicidal action here, so that *similia similibus* must have all the credit. The case for cuprum in cholera is not quite so obvious, but it is well-sustained. The immunity of workers with the metal, first observed and communicated by Burq in 1849, has been substantiated in later epidemics; and those who at his advice have worn a plate of it next the skin when cholera was about them have always (I believe) had reason to congratulate themselves upon the precaution. The homœopathicity here is not so precise and complete; but it was sufficient to induce Hahnemann, in the epidemic of 1831, to advise reliance on cuprum as the specific remedy in the second stage of the malady, when its "spasmodic" character was well-marked. When recommending it (as he did) for prophylactic purposes also, to cover the symptoms of the entire disease he gave it in alternation with veratrum album; but he evidently relied most upon the cuprum.*

I must defer the further consideration of this subject till our next meeting.

* Lesser Writings, tr. Dudgeon, p. 848.

LECTURE XVI.

GENERAL DISEASES.

The Acute Infectious Disorders—The Exanthemata.

We have seen that homœopathy enables us, not only to fortify the tissues invaded by *contagia viva*, but to predispose them against their invasion. Can it do more? Can it shorten the duration of the siege as well as sustain the beleaguered during its progress? in other words, can it jugulate, blight, nip in the bud these maladies of definite history and ascertained process, so that they shall not go on to their full development? Can it do for the infectious diseases in general what vaccination (when still effective) does for small-pox, averting the stage of suppuration and secondary fever, and reducing variola to varioloid? Well: its doing so would only be an extension of the lines on which we have already seen its remedies moving; and it was from the apparent effect of belladonna in aborting an incipient scarlatina that Hahnemann was led to employ it as a prophylactic of that disease. As evidence of the possibilities of similar medicines here we may cite the action of camphor in cholera and of baptisia in common continued fever.

1. On the first appearance of cholera in Europe in 1831, Hahnemann, before he had seen a single case of the disorder, declared that camphor should be its initial remedy. He did so, believing—as Trousseau and Pidoux do—that its primary action in health is refrigerant and depressant, and that therefore it is homœopathic to the first stage of cholera, marked by sinking of strength, coldness, and anxietas, ere yet the vomiting, purging and cramps have fully set in. Wherever his advice has been followed, it has been found that when camphor is given in time, it cures the attack then and there, so that no second or third stage is reached: the patient warms up,* becomes quiet, goes to sleep, and wakes free from the malady. It is abortive, and it

* This effect of camphor was specially noted by an old-school observer in the "frightful epidemic during the Bohemian campaign of 1866." Here the spirit proved very effective. "Various persons who recovered stated that they could not sufficiently praise the extraordinarily warming and enlivening action of the camphor; whereas 'schnapps' in no way lessened the frightful algidity and dread of death, but rather increased the nausea and consciousness of danger. After an hour the camphor produced a comfortable sense of warmth, and after a day it enabled them to urinate." (*Therapeutic Gazette*, Sept., 1892).

seems also preventive, in cholera. Encouraged by the success of Dr. Rubini in the epidemics of 1854 and 1865, in which he treated hundreds of cases by this drug alone without a single death, the homœopathic physicians of Naples, when revisited by the pestilence in 1894, advised all their patients to take as a prophylactic a drop of a saturated solution twice or three times a day. They had not a single case in their *clientèle*—embracing, they calculate, some 2,000 families.

2. The question about baptisia is a more complex one. I have discussed it at length in my Pharmacodynamics, and shall not do so here. The conclusion, however, to which I have been brought, and which I think you will acknowledge to be warranted by the facts adduced, is this. There is, over and above the four types of idiopathic fever generally recognised—typhus, typhoid, relapsing, and febricula, a common continued fever, the "gastric" of popular nomenclature, the "synoque" of the French nosologists. It is sometimes epidemic, often severe, and under ordinary remedies—aconite, bryonia, rhus—always runs a prolonged course, and may end fatally. If this fever be taken early, and treated with repeated doses of a low dilution of the baptisia tinctoria, it can be aborted, and departs in a few days with copious perspiration. The moot point is whether this fever is typhoid, or has a specific character of its own. For myself, too many cases of undoubted enteric fever have been recorded, and have come under my own care, which have pursued their wonted course unchecked by the medicine, to allow of any illusions as to the possibility of its—at least habitual—jugulation by the drug; and I must adopt the latter alternative. I am bound to say, however, that so excellent a clinician as Dr. Dyce Brown still cherishes the belief that true typhoid may sometimes be cut short by baptisia, when the symptoms indicate it; and has related three cases which certainly, as far as they go, bear out his contention.* They will encourage us to persevere in the use of the remedy, when appropriate, even in the genuine disease,—so taking advantage of the natural tendency to resolution noted by observers about the middle of the second week, and doing something to tranquillise the brain and cleanse the digestive mucous membrane. But my point here is that in the common continued fever whose distinctiveness I have maintained, baptisia is as true an abortive as camphor is in cholera, and can be depended on unfailingly.

I have mentioned vaccination as the type of such abortives. To put it in line with medicines acting in this way we must think of it in terms of the matter it employs—vaccine lymph, or let us call it "vaccinine." Is this a homœopathic medicine?

* *M.H.R.*, xxvi. 203.

does it act upon the principle of similarity? If we were to claim it as such, we should have the support of one of the leaders of the old school, Sir George Humphry. In an address reported in the *Lancet* of October 24th, 1895, he is represented as saying—"I often wondered that the advocates of the 'similia similibus' doctrine, in their vain efforts to find some reasonable ground for their theory, did not alight upon, or make more of the practice and results of vaccination coupled with those of inoculation. Here was to hand the unmistakable evidence of a disease being hindered or prevented or stopped by modification of the like, that is to say, of that which caused it. By inoculation—the introduction, that is, direct of the poison of small-pox—the disease was produced; by vaccination—the introduction of the like of that poison—the disease was prevented. Prevention and cure are near allies; and was it not possible, even probable, that cure might be effected by means like those which staved off disease?" Sir George is not very lucid, and betrays a somewhat imperfect grasp of what the "similia" of our formula are; but that may pass. We welcome him as crediting to homœopathy the actual benefits of and prospective inferences to be drawn from vaccination; and we can assure him that homœopathists have not been blind to the support apparently brought to them from this quarter. They are aware that the accepted doctrine is that the vaccinia of cows is their variola; and hence that in vaccinating we are really inoculating small-pox, and that the immunity of the vaccinated arises from their having already had a mild but effectual attack of the disease itself. But they have urged that the cow-pox, whether spontaneous or produced by vaccinine, is similar to, by no means the same as, small-pox; and have argued that what happens when vaccination is practised after exposure to variolous infection seems to make strongly against the identity of the two poisons. You know that if within a certain time after such exposure the patient is vaccinated, the disease will not be developed; and if it is done one day later, although the pox will appear, it will be modified as we ordinarily see it in vaccinated subjects—it will be varioloid rather than variola. The relation of the two *contagia* here looks like one of similarity rather than identity. Again, vaccinine has been among us (as we shall see) attenuated after our fashion (generally to the third degree), and administered as an internal remedy in small-pox. So given, it has been found either exerting its recognised abortive power, and that more rapidly than when inoculated in the usual manner; or, if too late for this, it has behaved as our remedies ordinarily do, and has conducted the case through to our entire satisfaction.

Nevertheless I must venture to think that Hahnemann, who refrained from claiming vaccination (even where he might naturally have done so—Organon, § 46 *) as an illustration of the law of similars, was wiser than some of his disciples have been ; and that the true account of the prophylaxis it effects is that ordinarily given. It has perhaps been forgotten that Jenner's practice was introduced as a substitute for the inoculation of small-pox itself, which was (to say the least) quite as effective for prevention, and was only objectionable as occasionally violent in its effects, and always setting up fresh foci of infection. At the other end of the scale we have the experience of men like Trinks and Dudgeon showing that attenuated small-pox matter itself (varioline, as we call it) has the same "alterative, shortening and curative power" as vaccinine in the treatment of the idiopathic disease.† Does not all this look like difference of degree rather than of kind between the two viruses ? does it seem as if the virtues of vaccinine depended in any way on its acting as a *simile* instead of an *idem* ? The apparent antagonism, moreover, manifested when vaccination is practised after variolous infection, proves on examination to be apparent only ; for it obtains equally when vaccinine is used against itself. If lymph is inserted after the formation of the secondary areola, it will not "take." There is no possible antagonism here : there is at work only the law of exhaustion of susceptibility on which the whole value of the practice depends.

That this is the true account of the matter appears from the direction in which its planes of action extend when prolonged. The great scientist the world has lately lost called the preventive inoculations (against charbon and chicken-cholera) which have immortalised him "vaccinations." The term would have been inappropriate if used etymologically, but its analogical force was evident. And what were the lymphs he inserted? They were not *similia*, but *eadem*—the identical poison or poisoned parts of the diseases he sought to combat, only tempered and mitigated in virulence by the "cultivation" they had undergone. I am not now discussing the value of Pasteur's methods,—although, however doubtful they may be in respect of hydrophobia, as regards charbon and chicken cholera I suppose there can be no

* Herein I must differ from Dr. Edward Madden, who in his Presidential Address at our Congress of 1895 speaks of Hahnemann as "clearly claiming vaccination as an example of *similia similibus*." He does so in respect of the modification exerted by cow-pox over small-pox, if induced in time ; but not (I think) as regards its protective power.

† See *B. J. H.*, ix. 473, x. 262. Drs. Winterburn and Bishop have more lately reported similar experience,—the former giving the 30th dil., the latter the 3rd trit. (*J. B. H. S.*, ii. 369, iv. 352).

question of their merits. I am only shewing that when he sought to apply elsewhere the principle involved in vaccination, it was identity, not similarity, with which he worked.

The same thing appears when we prolong the other plane, and enquire what analogues exist to the treatment of small-pox by vaccinine and varioline. It is varioline which forms the type of such remedies: we are brought into the sphere of isopathy — that is, the treatment of diseases by their own morbid products. The history of this practice, whether as carried out in the past, or as revived during the last century in our own school (it may be read at length in Dr. Dudgeon's sixth Lecture), presents many follies and much nastiness; and is on the whole rather humiliating than encouraging. There are, however, a few grains of wheat to be gathered from its dunghill, and for what they are worth must be credited to homœopathists though not to homœopathy. When I say "not to homœopathy," I mean that the principle of selection is other than that contemplated by the rule *similia similibus*. That a substance chosen isopathically may act homœopathically in the system, it would be rash to deny: we can hardly follow Hahnemann (Organon, § 56, note) in maintaining that it does so because "dynamized" and so altered, but there is a theory of the *modus operandi* of similar remedies to which these would lend themselves, so as to make it indifferent whether the medicinal agent was an ὅμοιον or an ἴσον.* Waiving this, my point is that the treatment of small-pox by vaccinine as well as by varioline is to be referred to the isopathic category: it finds its analogue in our use of morbid products for their own mother-disease. Such use we have made, with much success, of what we call "anthracine" in charbon—here anticipating Pasteur, save that we have given it curatively, not prophylactically, and have robbed it of virulence by dilution instead of cultivation. Similarly good results have followed the administration of attenuated lymph derived from the "rot" of sheep—which is just "variola ovina." † I shall have more to say on this subject another day, when the subject of "nosodes" must be handled in connexion with Koch's tuberculin.

The result of what has now been said is that we can hardly ascribe to homœopathy (strictly so called) the immunity conferred by vaccination. *A fortiori* must we refrain from claiming for it the practice with antitoxic serums, which has followed on the discovery that such immunity can be (temporarily at least) transferred by inoculation with the immune blood. Here I am glad to have Dr. Madden's concurrence. "It has been," he

* See Dudgeon, *op. cit.*, p. 166.

† *Ibid.*, p. 167; and *B. J. H.*, xxxi. 624.

says, "suggested by some that these injections of serum taken from immunised subjects act curatively, because they contain attenuated doses of the original toxin and not in virtue of any anti-toxic element the lymph is supposed to contain, and that they are thus examples of unconscious homœopathic" (I should have said, isopathic) "practice. Such a conclusion, however, gratifying as it might be to us, I fear cannot be maintained, as it has been shewn that the anti-toxin serum destroys the vitality and morbific power in the bacilli which are introduced into it outside the body as well as within, so that it is no longer possible to doubt that a real anti-toxic element does exist in such serum." The question for us, then, in diphtheria—for it is mainly in this disease that the serum treatment has been adopted—is, Can we do better? The testimony to reduction of mortality effected by it in old-school treatment was, at the Meeting of the British Medical Association in London in 1895, so general from all countries represented, that Mr. Lennox Browne's different results (which I shall mention immediately) may fairly be held in suspense for the present. But what does the reduction amount to? From an average of 40 to 50 the per-centage of deaths has fallen to about 17. This is well; and some careful observations by one of our own colleagues, Dr. W. C. Cutler,* illustrate the undoubted power of the treatment. In a series of 31 hospital cases four deaths only occurred, of which but one—he considers—was part of the ordinary course of the disease, and this case was not injected with the serum till the fifth day. He notes that the mode of disappearance of the membrane under the influence of the serum is that it rolls up at its edges, and so peels off; whereas under drug treatment it rather softens and breaks away piecemeal. But now let us turn to homœopathic statistics. I will take the results obtained with one drug only, though others find well-defined place in certain forms and stages of the disease: I speak of the cyanide of mercury. I will ask the candid enquirer first to read the provings and poisonings with this drug, as recorded in the Cyclopædia of Drug Pathogenesy (iii. 260). Let him then read the essay of Dr. Villers, senr., translated in vol. xli. of the *British Journal of Homœopathy*. He will see how the inference —whose validity he cannot doubt—was made from such poisonings that the drug was homœopathically suitable to diphtheria; that it was applied accordingly; and that in the course of the next five years Dr. Villers treated with it (at St. Petersburg) some 200 cases of the disease, of all sorts of severity, without a single death—giving the dilutions from the 6th to the 30th. Dr. Neuschafer, giving the drug from the 15th to the 5th dilution

* *New England Med. Gazette*, May, 1895.

hypodermically, has treated 85 cases with only 3 deaths.* If these infinitesimals stagger him, I may refer him to the similar results reported by Dr. Burt, of Chicago, who has treated many scores of cases with only a single failure, using the 3rd dec. trituration.† Or if he will have evidence from his own side, let him hear the Swedish practitioner, Dr. H. Sellden.‡ His formula is—cyanide of mercury, two centigrammes; tincture of aconite, two grammes; honey, fifty grammes: mix, and give a teaspoonful every 15–60 minutes, according to the patient's age. (This, according to my reckoning, makes each such dose contain $\frac{1}{75}$ of a grain.) He also orders a gargle of the strength of 1 in 10,000. Under this treatment he and his colleagues had, in 1,400 cases occurring during a term of years, a mortality of 5 per cent. only; whereas under ordinary treatment this assumed frightful proportions. The figures here were not quite so good —the dosage being probably too large; but they bear out the still better ones of the homœopathic reporters. Really, therefore, with all due respect to the serum treatment, we do not want it. Our results are already better than it can shew, and we are not fond of injecting foreign matter into our patients' circulation, incurring consequences which already have sometimes proved unpleasant, and may be worse. Mr. Lennox Browne, indeed,§ "questions whether we are justified in continuing to pursue a treatment, in which there is such a marked increase in some of the recognised complications of diphtheria, and the occurrence of several new ones of undesirable, if not actually of fatal, significance." He himself doubts the real reduction of mortality by it, shewing that in 100 well-marked cases submitted to the serum treatment in a London fever-hospital, the mortality was identical (27 per cent.) with that of the last 100 cases treated in the ordinary way.

Some of my hearers, perhaps, who are unacquainted with homœopathic literature, may be surprised at such statistics as I have brought forward. They may have thought the method of Hahnemann possibly available where there is plenty of time and no danger; but in the presence of these menacing toxications they would deem its employment mere trifling. I can assure them, however, that it is just the pestilential epidemics, like cholera and yellow-fever, and the hardly less fatal endemics like diphtheria and typhoid, which have made the fortune of homœopathy by its comparative success. Take the last-named disease. Would not any hospital be well-satisfied, if during a term of 23 years its average mortality in typhoid cases was 7 per cent? Well: that is the rate ascertained to have prevailed

* *M. H. R.*, xxxviii. 250. † *Amer. Homœopathist*, ii. 22. ‡ See *Lancet*, April 24, 1888. § "Diphtheria and its Associates," 1895.

in our Hôpital St. Jacques at Paris. Or, to get comparative statistics in small compass, let us go to the antipodes, and see how such patients fare in the three hospitals of Melbourne respectively. During the five years 1889–94, the mortality from enteric fever in the Hospital named from the city was 19·49 per cent.; in the Alfred Hospital it was 10·54; in the Homœopathic it was only 7·22. Nor is the advantage gained by the number of cases being fewer. Our institution is indeed a smaller one; but it makes up by quickness of recovery for deficiency in beds,* and its number of cases of this fever treated during the five years falls short of that of the Alfred Hospital by only 4, and of the large Melbourne Hospital by but 126.

Again, cholera and yellow-fever are disorders fairly trying the mettle of any method of treatment. Homœopathy has never blenched before them, formidable as they are; and has always come off the field comparatively if not positively victorious. As regards cholera:—Naples in 1884, Hamburg in 1892, showed that no advance had been made since the past by the old-school treatment; the deaths averaging 53 per cent. in the former, 40–45 per cent. in the latter epidemic. Our mortality has never risen to such heights. Dr. Hesse in Hamburg lost 20 per cent. only of his cases; and our latest experience of the pestilence in England, when Dr. Proctor encountered it at Liverpool in 1866, gave out of 99 fully-developed cases 85 recoveries. Of yellow-fever it will suffice that I recall the statements made to us by the late Dr. J. P. Dake at our International Congress of 1881. He told us of the Yellow Fever Commission appointed by the President of the American Institute of Homœopathy after the epidemic of 1878—the severest they had known in America. He and his colleagues followed on its heels, as it were, gaining information while memory was fresh. They had 6,569 cases reported to them from homœopathic physicians, with 360 deaths,—that is, a percentage of 5·4. "The mortality of the old-school treatment ranged all the way from 15 to 60 per cent., and the general average would come up to 20 per cent." It is easy to calculate that had it not been for homœopathy, a thousand of the survivors of the band treated thereby would have succumbed to the plague.

Another gratifying feature in the Report of this Commission was the near approach to unanimity ascertained to have prevailed as regards the medicines used. It was especially shown in this, that in the second stage—that of hæmatic jaundice and hæmorrhages—all homœopathic practitioners employed one or

* The same thing was noted in Tessier's experience at the Hôpital St Marguerite in Paris.

other of the snake-poisons. The use of these substances is a *differentia* of our practice, and has given us some of our most potent agents. For lachesis—the venom of the lance-headed viper, the "churukuku," of Surinam—we are indebted to Constantine Hering; for naja—that of the cobra—to Rutherford Russell; but crotalus—that of the rattlesnake—we owe mainly to Dr. Hayward of Liverpool, whose monograph upon it in the "Materia Medica, Physiological and Applied" (vol. i.) is a mine of information on the whole subject. Many years ago* I endeavoured (basing myself on the phenomena of snake-bite) to formulate the main action of these substances thus: that they were indicated "when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies." I was then inclined to doubt their applicability to primary toxæmiæ; but Dr. Drysdale in 1872 called my attention to the occurrence of cases in which the bite was not at all inflamed, yet the patient died fast enough—showing that the venom might be fatal without any secondary septicæmic infection.† Wider knowledge has confirmed this inference; and in the later editions of my Manual I have given a notable list of morbid hæmatic conditions in which the snake-venoms have proved curative. They thus play an important part in the treatment of the specific infectious fevers which have been under our notice to-day, coming in when jaundice with hæmorrhages occurs, whether primarily or as in yellow-fever itself; when a purpuric condition supervenes upon typhus or variola, constituting their hæmorrhagic varieties; when epidemic cerebro-spinal meningitis appears in the form known as "malignant purpuric" or "spotted" fever; in plague; and in the invasion of malignant scarlatina. In two cases of the latter kind, occurring in his own family, which Dr. Hayward has recorded in his monograph, the curative action of crotalus was very marked. But after all it is in malignant inflammations, with secondary blood-poisoning and prostration—often out of proportion to the local mischief, that snake-venom finds its chief place. Traumatic gangrene, septicæmia from dissecting-wound, malignant pustule and carbuncle, pyæmia from phlebitis, diphtheria—these are the formidable conditions in which it has come to our aid, and enabled us to triumph in almost hopeless circumstances. That it is still ready to do similar service appears from the cases of pyæmia from suppurative periostitis and of commencing constitutional infection from a poisoned wound reported within the

* Manual of Pharmacodynamics, 1st ed., 1867.

† *M. H. R.*, xvi., 636.

last few years to the British Homœopathic Society.* Of the former, the reporter (Dr. C. W. Hayward) says—"The terrible condition to which the patient was reduced at the time of operation, and the undoubted pyæmia from which he suffered, would, I am sure, under surgery alone have been fatal. The effect of the crotalus was most marked." In the latter, Dr. Madden speaks of the rapid and unmistakable effect produced by the lachesis, which in a few hours transformed the case from one of the very gravest danger and anxiety into one of a simple skin wound, which only required to be kept clean and quiet to be certain to heal speedily and well.

I think I have now said enough, generally, of homœopathy in the acute infectious diseases. I am glad that the first class of maladies we have had to consider have been such as from their severity might seem beyond the range of our method, and from the hypothesis of their nature now accepted might be supposed to require large doses of germicides rather than small ones of specifics. In neither way is the presumption against homœopathy borne out by the facts: it exhibits itself effective all along the line. We shall thus be encouraged to depend upon it with confidence in the less acute and more purely dynamic disorders which will subsequently come before us.

We will proceed to the consideration of the treatment of the several maladies included in the group now before us, and will take first the *Exanthemata*. At the head of these stands 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. If I cannot now, as I once did,† argue that the efficacy of vaccination is probably an illustration of the law of similars; if I have had to give good reasons for believing it to be an inoculation in a milder form, it is none the less a successful practice, and demands a loyal adhesion on our part.

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

* See *J. B. H. S.*, iii. 383, and *M. H. R.*, xxxvi. 212. (In the former, at line 8, "May 28" should be "May 20.")

† See paper "On the Present Doctrine of Vaccination" in *B. J. H.*, xxvi. 223.

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 gelsemium, 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.† You will see that vaccine lymph, even in infinitesimal doses, will when taken into the stomach develop 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 attenuation ; only the

* See his article on small-pox in Russell Reynolds' "System of Medicine."
† *B. J. H.*, xxiv., 171 ; xxv., 340 ; xxxi., 605 ; xxxii., 720.

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, Bayes and Goodno concur in testifying to its great value.

I have no personal experience of this medication ; and have always, in the treatment of variola, relied (after belladonna at the outset) upon *tartar emetic*. I have, when writing upon this medicine, shown its close homœopathicity to our present disease ; and I can quite go with Drs. Liedbeck * and Ludlam † when they claim for it a real abortive control over the variolous process, analogous to that exerted 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 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.

* *B. J. H.*, vii., 475.

† *North Amer. Journ. of Hom.*, xii., 567. To these I may add the experience of an old-school physician, who reports himself "highly gratified with the results of treating 33 cases during an epidemic with doses of gr. $\frac{1}{100}$ each" (*J. B. H. S.*, vii., 324).

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. Perhaps, too, phosphorus might come in usefully here, as in primary purpura. Dr. Jousset has reported a case of success with it (Leçons Cliniques, 1st ser., L. 28). It is true that the patient had been vaccinated, and that the modifying influence of the prophylactic duly shewed itself in the abortion of the second stage of the disease. But even under such circumstances variola hæmorrhagica is apt to be fatal.

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. Garth Wilkinson* thought *hydrastis* a specific antidote to small-pox, capable of arresting the disease at its outset, of

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

extinguishing the infection by its local application, and of securing immunity to the healthy by its prophylactic use. Dr. Wilkinson should have, I think, adduced more evidence than he did to 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 what I have written elsewhere 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 in 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 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

* To the references given in my Pharmacodynamics add *J. B. H. S.*, ii., 100.

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.*

* In the *Indian Homœopathic Review* of May, 1895, Dr. Bhaduri writes that quite a virulent epidemic of small-pox had raged at Calcutta, and that great success had been gained by homœopathic treatment. "We have been able to check hæmorrhages in the pocks by medicines like arsenic, crotalus, rhus tox., etc., and we have made the disease take a milder type by the use of vaccinine. The last medicine has helped us more than any other, and even beyond our expectation, in this epidemic."

LECTURE XVII.

GENERAL DISEASES.

The Exanthemata (continued)

After variola the next disease on our list is cow-pox itself—

Vaccinia.—You may think that its interest to us is purely pathological, as it is not communicable by contagion to the human subject. No : but it is by inoculation, and in this way it is set up in millions of human beings every year. Ordinarily, indeed, the indisposition occasioned by vaccination is so slight as to demand no treatment, save for a little *aconite* if the patient is feverish, or some *belladonna* when the areola is more inflamed than usual. But ever and anon—at any rate in the days when we took lymph from children's arms, and were not always sufficiently particular about securing it before it had become purulent—unpleasant after effects, local or general, have followed upon Jenner's prophylactic method. These generally take the form of ulcers or pustular eruptions, and when thus occurring are well controlled by *silicea*—which, Constantine Hering having been the first to recommend it, I have always given in the 30th.

Some of our colleagues would go farther. In 1860 Dr. C. W. Wolf, of Berlin, published a treatise* in which he maintained that the virus introduced by vaccination was really that of Hahnemann's "sycosis" ; that many more chronic affections than Hahnemann dreamed of were caused thereby, and that his chief anti-sycotic, *thuja*, was their all-sufficient remedy. In 1884, our own Dr. Burnett (of whose sudden death I regretted to hear as I wrote these lines) published a small volume entitled "Vaccinosis and its cure by Thuja," and propounding a similar thesis. He had not, he tells us, heard of Wolf ; but the ideas of the latter would seem to have filtered into his mind through the German authors to whom he acknowledges his indebtedness—Drs. Kunkel and H. Goullon. They appear in his pages, however, in a much more restrained and rational form. He does not speculate about "sycosis," nor does he follow Goullon in requiring Grauvogl's "hydrogenoid" constitution to characterize the subjects fitted for his medication. His contention is that the modern practice of repeated vaccination

* See an account of it in *B. J. H.*, xviii., 459.

is, whether the lymph "takes" or not, and indeed especially when it does not take, the frequent cause of a morbid habit of body which he would call "vaccinosis." It manifests itself in pustular eruptions, chronic headaches and neuralgiæ, diseased finger-nails, and a variety of other phenomena; and whenever occurring is more or less amenable to the influence of thuja—generally given in highish dilution. The cases he gives are often very striking, and they certainly bear out his recommendation of the remedy—whatever may be thought of his theory.*

Still shorter may be my notice of the following malady—

Varicella, the "chicken-pox" of common parlance. 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 than vaccinia or varicella is the exanthem next coming before us, measles—

Morbilli.—The homœopathic treatment of this disorder is very simple and very successful. "The most important thing in the therapeutics of measles," writes Thomas in 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 antipyretic 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

* An illustrative case is recorded in the *Medical Century* for June 15, 1895. A general psoriasis, of four years' standing, in a girl of ten, was traced to vaccination, with aggravation by overdosing with arsenic. Thuja in the 3rd and 2nd dilutions caused an almost complete recovery. (See also *J. B. H. S.*, iv. 341.)

† With what success may be inferred from the fact that statistics show a hospital mortality of 10 to 40 per cent. In our Hôpital St. Jacques, in Paris, where the ward of six beds reserved for cases of this malady is often full, no death from it has been registered for thirty years. This statement includes the broncho-pneumonic cases. (*L'Art Médical*, May, 1900, p. 342).

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 lower 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 also 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 agree with Dr. Lippe in thinking *kali bichromicum* the most homœopathic as well as the most effective remedy; but Jousset recommends viola odorata. 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*; and here also *zincum* may be a possible alternative.*

* See a case in *J. B. H. S.*, iv. 170.

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. In a severe epidemic occurring at Antwerp, where Dr. Lambreghts had fifty cases under his care, he found this drug the one best able to remove all *sequelæ*. I agree with Dr. Jousset in advising reliance on the same remedy if measles ever assume a malignant form.

Rubella is the next name on our official list, and it designates what is popularly known as "German measles," and which I have in my Manual of Therapeutics called by its German name, "Rötheln." It seems to combine the morbillous skin and mucous membrane with the scarlatinal mouth and throat. The German writer on it in Ziemssen's work makes it a much milder disease than it is known here—as described, for instance, in Copeland's Dictionary or Aitken's Science and Practice of Medicine; according to him it is ordinarily feverless. I much suspect that confusion has arisen from identifying this malady with "epidemic roseola"—rose-rash, as we used to call it. That simulates scarlatina, while rubella is much more like measles; and (the former) is slight indeed.

An account of an epidemic of rubella occurring in a school given by Mr. Harmar Smith in the sixteenth volume of the *Monthly Homœopathic Review* shows that it may assume divers form and degrees of severity according to the patient attacked. You must treat these as you would measles and scarlatina, according to the condition present. To the last-named we now come.

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

I have mentioned the prophylactic virtues in this disease of *belladonna*. If you will consider the evidence I have adduced or referred you to, you will see that these are amply attested. 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 since 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 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 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 where the disorder is prevalent, or has already appeared in a house.

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 small-pox, 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 *gelsemium* 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 quasi-diphtheritic condition 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.

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

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

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. An alternative to it would be *baptisia*, with which Dr. H. P. Macdonald communicates to the *Clinique* of August, 1895, a lengthened favourable experience.

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. Spranger says that in his early medical life he saw so many cases "go to the bad" under belladonna—septicæmia, as he thinks, complicating the scarlatina proper—that he began to give lachesis from the first. Under this treatment for the last fifteen years he has never had a troublesome case, and scarlatina brings no more terrors to him.*

* *Pacific Coast Journ. of Homœopathy*, Feb., 1896.

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 was glad to see that Dr. Yeldham had 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 best 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*, sometimes, in the ear cases, reinforced by hepar sulphuris. Bähr recommends also aurum muriaticum for the nose, and Pope silicea 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.

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

* See *Annals* i., 390; iv. 71. † See *B. J. H.* iv., 6.

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*. Our therapeutics of the disease have been so well established by these and similar treatises, that few communications regarding it have appeared in our later literature. A "symposium" devoted to it appeared in the *Medical Century* of May 1st and 15th, 1895. The remedies I have mentioned seem, in the hands of the contributors, to have sustained their reputation. Dr. George Royal praises bryonia in repercussion of the eruption, or stramonium when the urine is suppressed. Dr. Fisher says that carbolic acid (4th dil.) has rendered him excellent service in confirmed blood-poisoning types, with coma, fœtor oris, besotted countenance, otorrhœa profuse and offensive, glandular involvement destructive; and our own Dr. Vawdrey regards the specific action of cantharis (1_x—3_x) in the acute nephritis "one of the few certainties of medicine."

I would add that scarlatina, like small-pox, may show malignancy by taking on the hæmorrhagic form. What *phosphorus* may do in such cases, I cannot say; but we have an alternative in *crotalus*, which Dr. Hayward's experience seems to establish as being as effective here as it is homœopathic. You will find his record of it in the "Materia Medica, Physiological and Applied," vol. i., p. 362.

I conclude my remarks on the treatment of the exanthemata with a mention of two affections not ordinarily so accounted, "dengue" and "miliaria."

Dengue is classed in our official nomenclature among the pestilences, with typhus, plague and influenza. The definition given of it in Quain's Dictionary, "an eruptive fever, considered by many to be infectious," places it rather in our present category. It seems 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 head, limbs and joints, and swelling of the latter; with which occurs a scarlatinoid rash. The second has a less intense fever, with a rubeoloid or urticarious exanthem, often with itching and implication of the mucous membrane of the nose, mouth and throat.

Judging from these symptoms, 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 give it in alternation with the anti-pyretic. In the second paroxysm, *gelsemium* would take the place of aconite; and the symptoms of skin and mucous membrane would call for *rhus*—preferably, I think, in the "venenata" variety.

Thus, in substance, I wrote in my "Therapeutics" of 1877. In January, 1898, Dr. Bliem, of San Antonio, Texas, gives an account of a severe epidemic. "The remedies," he writes, "narrowed themselves down to gelsemium, bryonia and eupatorium, with now and then a call for belladonna. Nothing seemed to beat down the temperature until it had run its course." I would venture to suggest that this was for lack of aconite in the first paroxysm.

Sir Joseph Fayrer, in Quain's Dictionary, commends belladonna as often conferring great relief.

The other exanthematous affection is altogether 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 is generally recognised as characteristic of this drug.* I think,

* See, for instance, *B. J. H.*, xxxiv., 690.

moreover, that when the sweating is very profuse, we might give the patient the benefit of the exquisitely homœopathic *jaborandi*. Lastly, the 30th of the poisonings by *arsenic* contained in the "Cyclopædia of Drug Pathogenesy" bears so striking a resemblance to miliary fever, that that drug ought to find a leading place among its remedies.

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 lecture, I will defer their consideration till our next meeting.

LECTURE XVIII.

GENERAL DISEASES.

The Continued Fevers.

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

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 has never appeared, 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 sometimes difficult to utilise their recommendations in the fevers of this country. I propose to give here the best account I can of the treatment of the two disorders, as we are accustomed to see them; and then to present the indications for 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 have had to make about it in variola and scarlatina, and 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.

* "On Typhus abdominalis," *B. J. H.*, xxix., 286.
† "Clinical Studies *ibid.*, xii.

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, run down the list of medicines whose indications I shall summarise presently. 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, invariably uræmic, and require the treatment of that affection. If the blood can be relieved

* See also another testimony to the same thing in *B. J. H.*, 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*).

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.

In a later outbreak of typhus in London, out of 17 cases reported 9 were treated at our Hospital, 8 elsewhere. Of the latter 2 died ; of the former none. The medicines used were those mentioned above.*

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.

* See *L. H. H. R.*, ii., 91.

I make these remarks with reference to the value of *baptisia* in our present disease. My former colleague in practice, the elder 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 in 1872 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 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

* *B. J. H.*, xxx., 746. † See *M. H. R.*, xvi., 658.

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. James Bell—"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 certainty of death. Again, Mr. Harmar Smith notes (and my own experience is the same) its tranquillising 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

* See *M. H. R.*, xvi., 632-3. In vol. xxvi., at p. 203, Dr. Dyce Brown relates three cases of unmistakable typhoid, in which, under baptisia, the temperature became normal between the 8th and 13th day. In two, a relapse, readily accounted for, occurred, and then the fever ran its course; but in the third there was no subsequent elevation of temperature.

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

‡ Dr. Nimier writes in *L' Art Médical* of January, 1898, that in the last epidemic he had seen he treated 13 cases, some of them grave, mainly with baptisia; and all recovered. Surgeon-Major Deane, moreover, in his account of 47 cases treated by him in India, writes "I have had no experience of the abortive effect of baptisia, though I have thought at times it had such a tendency, but the cases have progressed more comfortably under that drug than under any treatment I have seen" (*J. B. H. S.*, vii., 364).

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 typhoid deposit in Peyer's patches is giving 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. 852). 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 generally in 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. I must also say something of the classification of fevers generally accepted in the times of our earlier writers, as contrasted with that of the present day. It was that which I have placed on the board behind me, thus :

Symptomatic { Inflammatory / Hectic

Idiopathic { Intermittent / Remittent / Continued { Synocha / Synochus / Typhus { Nervosus { Versatilis / Stupidus / Putridus

"Symptomatic" fever was that obviously depending on some local inflammation; and, if continuous, was known simply as "inflammatory," while, if it occurred in a succession of daily paroxysms, it was called "hectic." "Idiopathic" fevers were those apparently of primary origin; and these too were divided according as their phenomena were intermittent, remittent, or continued. Continued fevers were further subdivided on the basis of the character of their symptoms. If these were of the simple and sthenic kind familiar in inflammatory fever, the term synocha was used to designate the patient's illness. If of a somewhat lower type, "synochus" was substituted as their designation; leaving "typhus" for the well-known "low fever," and adding "nervosus" or "putridus" as the stress of the disease seemed to fall on the nervous centres or on the blood. The "versatilis" and "stupidus" further qualifying the typhus nervosus need no explanation.

* Dr. Searle records a case in which this symptom was checked by nitric acid, while an early gangrene of mouth and labia also complicating it yielded to crotalus (*Hahn. Monthly*, March, 1896).

Such a classification is obviously unsuited for nosology, when once the essential nature of certain fevers, and their dependence upon definite miasms or contagions, is recognised. The distinction of symptomatic and idiopathic pyrexia still indeed holds good, and pyæmia and septicæmia find appropriate place as varieties of hectic. But intermittents and remittents are now classed together as malarious, while continued fevers are recognised as occurring under the four forms of ephemera or febricula, relapsing fever, typhus, and typhoid, to which some, like myself, would add a "common continued fever"—the *fièvre synoque* of the French, the "gastric fever" of popular English speech. Thus we get a second schema:

- Symptomatic
  - Inflammatory
  - Hectic
    - Pyæmic
    - Septicæmic
- Idiopathic
  - Malarious
  - Continued
    - Ephemera
    - Gastric
    - Relapsing
    - Typhoid
    - Typhus

Now, speaking generally, there is a tolerable coincidence between the apparent and the real types. Ephemeral fever is synochal in character; relapsing and gastric fevers would of old have been called synochus; while typhus and typhoid commonly present the characters of the typhus putridus and nervosus respectively. But while this is so, we must not let the ancient distinctions be swallowed up in the modern, as though wholly obsolete. While the latter are all-important for prognosis of the course and probable termination of fevers, and for their general management, the former still hold good for therapeutic purposes. They are symptomatic, and therefore lend themselves with great appropriateness to a method of drug-selection like ours which uses symptoms as its materials. They also enable us, when studying antipyretics, to embrace such fevers as the catarrhal and rheumatic, and that accompanying the contagious exanthemata, which, though not finding place in the usual classifications, are not less genuine clinical facts. The same may be said of those recognised varieties of the continued fevers which are now referred to the "typhoid" or "gastric" category. Trousseau gives them as "mucous," "bilious," "inflammatory," "adynamic," "putrid," "ataxic" and "malignant." Our own Trinks, to whom—as I have said—we owe a valuable study of "abdominal typhus"

(*i.e.* typhoid) in its drug-relations, describes it as occurring under the forms "simplex," "biliosus," "pituitosus," "putridus," "nervosus versatilis" and "nervosus stupidus." While the essential fever thus manifesting itself may be one and indivisible, the various forms under which it appears are no less realities, and require a suitable adjustment of our drug-remedies, as they do of those of a more general kind.

This, then, being premised, let us see what are the medicines which our writers commend to our confidence in dealing with the continued fevers.

Fleischmann, who was fond of single remedies, treated all his fever cases* with arsenicum alone and with fair success. 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. 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, Jahr and Goodno); and in rheumatic and (mild) bronchitic complications (Trinks). The hyper-oxidation which constitutes its fever consumes the more lowly-organized tissues—the fibrous, serous and muscular: the blood and nervous system are less involved. That such fever is primary and essential appears from Dr. Jousset's experiments on animals, recorded in *L'Art Médical* for June, 1896.

Rhus is said to be indicated by a more intense character of the disease, "by excessive reactive endeavours with insufficiency of reactive power, and a great irritability of the nervous system" (Bähr, Wurmb and Caspar). The first supervention of diarrhœa upon constipation, of a red upon a coated tongue, calls for it in gastric fevers; and in true typhoid may often indicate it

* See the Reports of his hospital in *B. J. H.*, vols. iii.-v.

from the first (Jahr, Trinks, Bayes).* A red triangle at the tip of the tongue is said to be "characteristic" for it here. Trinks commends it in "cerebral typhus," with stupor and sopor.

Arsenicum succeeds or replaces rhus when the adynamic erethism which indicates that drug is too severe for it. This is the place assigned to it by all observers, and their testimony to its value is warm. Trinks also commends it when subcutaneous and intestinal hæmorrhages occur in typhus putridus. The seat of the increased heat production of its fever is the blood. It is above everything *toxæmia* which indicates it here: in proportion as

> ". . . the life of all the blood
> Is touched corruptibly"

is its control exerted.

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." Its fever, indeed, is due to hyper-oxidation of the nervous centres, and in proportion as they are involved is it indicated. Trinks 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 a heap" (Jahr). Trinks thinks it rather applicable to erethistic conditions, too severe for bryonia, too sthenic for rhus, and not cerebral enough for belladonna.

Phosphorus is to phosphoric acid what arsenicum 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

* *M. H. R.*, xvi., 727.

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.* Goodno gives an alternative in the hyoscine hydrobromate, of the 3x trituration of which he gives grain doses every hour.†

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 gave 30ths) and Wurmb and Caspar (at that time using only the 15th) with the rest as to the value of the 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. We have already seen, from hospital experience at Paris and Melbourne, that we can do even a shade better than this ; and that our statistics are decidedly more favourable than those furnished before cold water was pressed into service shews that our remedies have at least as potent an influence.

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

† See also *J. B. H. S.*, vi., 400.

LECTURE XIX.

GENERAL DISEASES.

The Continued Fevers (continued)—*The Malarial Fevers.*

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 ephemera, or—

Febricula.—This, though an essential fever, is "simple" in every sense of the word. There is no known 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 used to give another "simple continued fever" (so styling it), which it defined 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. It now identifies the two, thus adding, as I venture to think, to the confusion; and Quain's Dictionary denies the specificity of febricula and common continued fever alike. Whether such a distinct type of fever, excluding febricula, 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 having been since made vividly present to my mind, I have scrutinized my own experience and that put forward by others during the succeeding years, with special reference to the question, and have found myself 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

Relapsing Fever, which needs no definition on my part. We have a special interest in it, as Medicine owes its differentiation to our own Henderson. 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

* Also in some "Observations on the Treatment of Fevers," by Dr. Anderson, in the *M. H. R.*, viii., 331.

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 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 four closely allied, though specifically distinct varieties which are encountered in other countries. These are yellow fever, cerebro-spinal fever, Mediterranean 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 the American Union. 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.

* See Russell's Lectures, p. 369.

† See *B. J. H.*, vi., 85; and *Annals*, iv., 136.

‡ See *B. J. H.*, xxxi., 355.

§ Dr. Brown (as I have said) found the hyposulphite of soda, in five-grain doses, effective for this purpose.

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 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 old-school 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

* This experience with arsenic, and its general effectiveness in yellow-fever, both as prophylactic and curative, has been attested by old-school physicians (*J. B. H. S.*, vii. 324; viii. 76).

† "On Crotalus horridus in Yellow Fever," 1868.

‡ *N. A. J. H.*, xxii., 425.

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.†

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 occurring at Avignon in 1846–47, 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 gelsemium, 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 deodorised absolute alcohol. Where the spasms have continued after the acute symptoms have subsided, Dr. Searle and others have found actæa racemosa very useful.

* Ziemssen's Cyclopædia, vol. i.

† *B. J. H.*, xxiii., 130.

‡ 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 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 silicea and sulphur.

Mediterranean Fever is a new species defined of late by the labours of our Army Medical Officers, last but by no means least of whom is (alas! I must say "was," for he was killed while attending to the wounded in the disastrous fight at Colenso, S. A.) a nephew of my own, Surgeon-Captain Louis Hughes. His treatise on the disease I lay before you.§ It is a mine of information regarding its clinical history and pathology, and so abounds with practical hints as to its general management that no one likely to see such a fever in his practice should be without it. Its one deficiency—lamented by author as well as reader—is in respect of definite medication answering to the treatment of malarious fever by quinine and arsenic. If we could supply this, we should be conferring a boon indeed, for, apart from its no slight mortality and unusual amount of suffering, the duration of this malady often extends over a hundred days or more.

"Mediterranean Fever," as its name implies, haunts especially the coasts and islands of the great inland sea which divides

* See its Transactions for 1872, p. 60.
† *Dublin Journal of Medical Science*, No 45.
‡ See Transactions mentioned above, p. 188.
§ "Mediterranean, Malta, or Undulant Fever." Macmillan, 1897.

Europe from Africa, but is by no means limited hereto. It is defined as "an endemic pyrexial disease, occasionally prevailing as an epidemic, having a long and indefinite duration, and an irregular course with an almost invariable tendency to undulatory pyrexial relapses. It is usually characterized by constipation and profuse perspirations, and accompanied or followed by symptoms of a neuralgic character. It is often accompanied by swelling of and effusion into the joints, and other rheumatoid phenomena. After death, the spleen is found to be enlarged and often softened, and many of the organs congested; but Peyer's glands are neither enlarged nor ulcerated, nor is ulceration present in other parts of the small intestine." "Painful inflammatory conditions of certain fibrous structures, of a localised nature," and swelling of the testicles, are also mentioned. The sweats have a distinctive odour, quite different from those of acute rheumatism. Delirium is rare, but neuritis to some extent is almost constant. The heart and lungs are rarely affected, and diarrhœa is only seen in malignant cases. There is no exanthem.

In this picture the symptoms which mainly strike me are those of a rheumatic character, and I think that the medicines which are most likely to lay hold of Mediterranean Fever are those which act on the vegetative tissues rather than on the nervous substance or the blood, and are most appropriate accordingly to febrile rheumatism. Such are bryonia, rhus and mercurius; but perhaps better than all would be *colchicum*. Captain Hughes indeed says that this drug "does no good"; but as he goes on to describe it as a gastric irritant and respiratory depressant, it is evident that he has given it in substantial doses only. In minute dosage, perhaps alternated with gelsemium or baptisia as an anti-pyretic, I should expect much good from it.

"Of the last of the continued fevers" I wrote in my Therapeutics, "of the **Plague** κατ' ἐξοχήν, I have little to say. It appears to be a typhus characterized 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."

We are, alas! no longer thus blissfully ignorant of what the ancient "plague" can do. It had always smouldered in the East; and since, in 1894, it was imported into Hong Kong and thence into Bombay and its neighbourhood, it has become a veritable scourge to our possessions in that quarter of the world.

Unfortunately, too, the chief scene of its ravages in India has been one where homœopathy is but sparsely represented, so that its victims have not had the advantage of what our medication can do for them, and little experience has been gained by which others can profit. What has been reported, however, I will here set down.

1. Plague has visited, though comparatively lightly, the great city of Calcutta, where homœopathy has a good number of practitioners. Among these Dr. Majumdar writes that his experience with the cases that have come under his notice has been eminently satisfactory. He has had to make no new departure in the way of medicines or attenuations, and has found rhus most frequently indicated.* Dr. B. K. Baptist relates his experience with the epidemic of 1900. He treated 26 genuine cases with only 4 deaths—two of the latter occurring within three and eight hours respectively of his undertaking the case. Lachesis 7 was his principal remedy, belladonna helping in the glandular swellings and the delirium. "Almost all pneumonic cases," he writes, "I have cured by repeated doses of phosphorus alone ; sometimes ant. tart. is required for profuse accumulation of mucus."†

2. Dr. Sircar has published a small brochure on the Therapeutics of Plague. His own recommendations as to remedies are theoretical only ; but he cites the experience of a Dr. Honigberger gained in Constantinople in 1836, which indicates that ignatia, in somewhat crude dosage, will counteract the premonitory symptoms.

3. Dr. Sircar himself would place the serpent-poisons, with arsenicum and phosphorus, at the head of likely remedies for plague. This prevision has been borne out by the results obtained by the distinguished representative of homœopathy we have in the Army Medical Corps, Major H. E. Deane, now Health Officer at Calcutta.‡ Major Deane had some experience in Bombay in 1897 in a native hospital. He treated 50 cases, mainly with lachesis in the usual dosage and mode of administration, with 22 deaths ; but after his departure his successor, probably (he thinks) continuing the same treatment, was able to report a mortality of only 31 per cent. in 158 cases. He had been transferred to Bangalore, where he encountered an epidemic in which he treated 568 cases. At first his per centage of deaths was 50 ; but by substituting cobra poison (our "naja") for lachesis, using solutions of one in 500 or 1,000 (of glycerine), and administering this hypodermically, he acquired

* *Indian Hom. Review*, June, 1899.
† *H. W.*, July, 1900.
‡ See *M. H. R.*, xliv., 586.

so much more power over the disease that in his last 19 consecutive cases he only had 6 deaths. This is a mortality of about 30 per cent. in a disease where 60 per cent. and upwards has been the average in the present epidemic.

Still following our chosen nosological table, we have now to consider the therapeutics of the malarial 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 malarial 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 yourselves 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 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

* § 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*.

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 this is the primary or the sole 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 either be able to produce in the healthy body two (or all three) 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 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 recognised 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 medicine 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 individualisation 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 to all the cases, which is almost universally serviceable 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 just summarised. 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 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,† expressed 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

* See *B. J. H.*, xii., 391.
† *Annals*, i., 441.

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 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:†

"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 were made over to the allopaths, who, with a few doses of quinine, effected the cure."

I quite agree with Dr. Sircar when he goes on (he was addressing our Congress of 1874):—"Gentlemen, 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 late Dr. Allison Clokey wrote to the same effect in 1897 (see *J. B. H. S.*, v., 290). He gave grain doses; and Dr. Bliem, who writes from Texas to support him, quotes Osler as representing such dosage as sufficient to prevent the paroxysms (*Ib.*, vi., 104).

† *M. H. R.*, xviii., 522.

‡ Manual of Pharmacodynamics, sub voce *Cinchona.*

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 whereever 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 potentised 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. It was the power of bark over the intermittent paroxysm which led Hahnemann to homœopathy. He never abandoned 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 potentised, that is, attenuated form. But if those who now encounter the disease in its *habitat* find such "potentisation" 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. In the few intermittents I have myself seen, I 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

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

treasury of homœopathic remedies, and giving them during their continuance. Aconite, 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 admitted 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 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 aranea,‡ cedron,§ the eupatoriums, 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,

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

† See his communication to the Transactions of the World's Convention of 1876.

‡ See *J. B. H. S.*, iii. 97, 200.

§ *Ibid.*, v. 391; vi. 99; viii. 156.

‖ I have spoken of sulphur in connexion only with chronic ague. Dr. Cooper, however, has now adduced evidence from India and Turkey of its power over recent fevers of this kind. (See *M. H. R.*, xxxiii., 127, 643.) He uses pilules saturated with the tinctura fortissima.

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 individualise 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 indicated 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, calcarea arsenica, chininum arsenicosum,† natrum muriaticum, or sulphur, —the first especially when the symptoms are those of phthisis florida, the four 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," writes Aitken, "is to reduce the force and frequency of arterial action during the paroxysm."

* Vol. xxxii., p. 531.

† See *J. B. H. S.*, ii., 93 ; ix., 177.

‡ 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.

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. Dr. Goodno gives two grains of the 1x. trituration of the bi-sulphate every two hours. I would only suggest that in the asthenic form of the fever *arsenic* might not unfrequently be preferable ; and that the remarkable power of *gelsemium* 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 (and that in milder cases the *eupatorium perfoliatum* has proved effective) is all I have to tell you about the homœopathic treatment of the disorder in question.

I have adduced the foregoing considerations as they stand in my Therapeutics of 1877. They are all, I believe, clinically and phenomenally true ; and were the best that could be (at any rate that I could) put forward from the homœopathic stand-point at that time. Since then, however, research has thrown a new light on the pathology of the malarial fevers. It seems to have demonstrated that their phenomena are due to the reception (mainly through mosquito-bites) of an amœboid parasite into the blood ; that these grow at the expense of the red corpuscles they inhabit, form black and yellow pigments in their own interior, and then break up, each into from ten to fifteen segments (spores). The corpuscles now burst, and let out the spores and pigments into the liquor sanguinis. Therewith occurs the rigor of the fever paroxysm, followed by its heat and sweat ; while the destruction of the corpuscles accounts for the anæmia associated with the disease. The spores develope into fresh parasites, which invade new corpuscles ; and the morbid cycle would go on indefinitely were not a substance like quinine ingested, which prevents the development of the spores and so arrests the whole process.

I have no exception to take to these doctrines. We have already seen, in other cases where a *contagium vivum* has been (presumably) proved to exist, that there is no need on that

account for departure from our ordinary medication, which acts by fortifying and defending the tissues against their invaders. But in this instance a special inference is drawn from the hypothesis, which affects us seriously. The similarity of the effects of bark on the healthy to the symptoms of intermittent fever was (as I have said elsewhere) the Newton's apple which suggested homœopathy to Hahnemann. When this similarity has been challenged, we have vindicated it by copious evidence;* and the treatment of ague by quinine has long stood in our literature as the prerogative instance of cure by specifics, and of the way in which *similia similibus* enables such remedies to be discovered. Now, however, the advocates of a plasmodial origin for the malarial fevers claim that our supposed specific is really a germicide; that its efficacy has nothing to do with its action in health, but depends upon its being a poison to protoplasm, and so a destroyer of the low organisms on which intermittent fever depends. If this be true, it robs us of a weighty witness to the homœopathic law; and if it be false, the supposition of its truth is unfortunate for patients, as it leads to their being dosed with the drug much more heavily than they would be were its constitutional action alone desired. The question deserves, therefore, a strict investigation.

In my Pharmacodynamics, I have adduced three reasons against the theory now stated. One is that the dose of quinine which suffices to cure an intermittent is often far too small to affect the vitality of the supposed microzymes—two grains, for instance, sufficing when administered by subcutaneous injection. Another is that when the drug is introduced in the fullest proportion the animal body can bear in its blood, it suspends only, it does not annihilate, bacterial activity. The third lies in the absence, when other substances are considered, of any parallel between their microbicide and their anti-malarial properties. Corrosive sublimate heads the list of agents of the former class, and arsenic is confessedly second only to quinine among those of the latter; but were we to treat ague with the sublimate, or attempt to avert sepsis in a wound with an arsenical solution, we should find that the two were hardly interchangeable.

So far I have written there; but here I would add some further considerations. The first is that quinine, like the homœopathic specifics which have already passed before us, is prophylactic as well as curative; and is so in doses far too small to exert any germicide influence. Dr. Maclean states

* As in my Pharmacodynamics, p. 401, Lewin, in his "Collateral Actions of Medicines," accepts the testimony there collected, and attests the validity of Hahnemann's experiment. (See *M. H. R.*, xli., 236.)

that three grains taken every morning fasting fully suffice for such preventive action. Does not this look like pre-occupying the ground rather than killing its invaders?* Again, the similarity between malaria and quinine, as pathogenetic agents, has received a striking confirmation from the recent provings with the muriate conducted by Dr. Schulz.† Nearly every experimenter suffered more or less from supra-orbital neuralgia; and I need not remind you that the affinity of the marsh-poison for this region is so great as to give the term "brow-ague" to the pain it there sets up. Thirdly, the parallel afforded by arsenic has of late received its completing touch. As curative of ague, its repute is well-known and unquestioned; and that this repute obtains in homœopathic as well as ordinary circles shews that substantial dosage is no necessary element in its efficacy. Its similarity to malaria is yet better attested, as regards the febrile paroxysms, than that of quinine; and it extends beyond that of its sister drug, as it kills the red blood-corpuscles, and sets up an anæmia very like that of the malarious cachexia, in which accordingly‡ it is—in both schools—the leading remedy. But it has been ascertained to act as a prophylactic also, even in the fever-haunted Campagna, so that railway *employés* and labourers can work there with impunity.§ A similar, a preventive, and a curative; having no particular germicidal power, and active in too small doses to exert this if it had it,—arsenic presents in relation to intermittent fever a most instructive picture, and, suggesting a corresponding interpretation of the facts regarding quinine, aids the re-instatement of that remedy in homœopathic therapeutics.

I hope that such vindication may be useful, moreover, not only for apologetic purposes, but to encourage our own practitioners to a larger use of the remedy, as one acting upon strictly homœopathic principles. With this view I hail the testimony given to our International Congress of 1896 by Drs. Vincent Léon Simon and P. C. Majumdar. The former told us that we could not cut short the paroxysm of malarial fever with anything but quinine in ponderable doses (by which he explained himself as meaning the 1st–3rd trituration); and that he has never seen such a fever cured whose attacks were of the

* The advocates of the sporicide theory of the curative action of quinine perceive this consequence; and allow themselves to go against all experience by denying its prophylactic powers. So Dr. Fielding Ould, in the *British Medical Journal* of Sept. 1st, 1900, p. 531.

† See Cyclopædia of Drug Pathogenesy, ii., 738.

‡ This "accordingly" plainly belongs only to the school of Hahnemann. On what ground those of the other can justify its employment we must leave them to say.

§ See the results of Crudeli and others in *B. J. H.*, xliv., 34.

ordinary form, unless the work was begun by so cutting short the paroxysms. Dr. Majumdar did not go so far ; but he was far more kindly disposed towards quinine than when he contributed a tentative paper on the same subject to the Congress of 1881. "In suitable cases," he wrote, "it does wonders." And these "suitable cases" he defines as those "in which the paroxysm is sudden and the apyrexia complete." The experience of these two physicians thus coincides, and is also identical with the views on the subject I have re-iterated in my writings for these many years past.

Returning from this digression, I would say that the present-day theory of ague need in no way impugn our principles or alter our practice with regard to it. Quinine and arsenic are with us as in traditional medicine the two great febrifuges in recent cases,—not as germicides, but as specific remedies, like all those conforming to the law of similars. They are thus no mere alternatives, one to be given when the other fails or the system is saturated with it. Quinine is most suitable in such agues as attack a stranger on first entering places where they are endemic, or those which occur some time after he has ceased to be exposed to the noxious influence. Arsenic, on the other hand, is preferable when the general paludal poisoning is primary, and the febrile paroxysms develop out of it. That we have a variety of medicines beyond these two, by apportioning which we can in chronic cases make thorough and permanent cures, and that with quite infinitesimal doses, is explained by there being in such cases no longer any plasmodia present, the febrile phenomena in them being rather those of a morbid habit acquired by the nervous system. In recent agues, the case being otherwise, the lower triturations of quinine and arsenic seem required. I can conceive it possible, moving farther on such lines, that in very malarious districts the germicidal powers which quinine undoubtedly possesses *might* have to be called into play, and the dosage become large accordingly. It may be here as after operations and accouchements. In fairly pure surroundings asepsis is all that is necessary ; but in old hospitals, whose atmosphere is laden with germs, antisepsis is really required, and the carbolic spray or the sublimate wash must be employed, even at the risk of injuring the patient in other ways. Here I allow the force of Dr. Hayward's plea, who has done so much to popularise the new doctrines about malaria, and to urge action being taken on them on our part as well as on the other side. But while I put this possibility for the sake of fairness, I would lay chief stress on its being an exception, and not the rule—the latter making quinine a truly homœopathic remedy, to be administered in non-perturbative quantities.

LECTURE XX.

GENERAL DISEASES.

Cholera—Diphtheria—Influenza.

On the present occasion I shall have to consider the treatment of three diseases, each "general" in its invasion of the whole organism, but each localised specially in a particular part thereof, which in the first is the bowels, in the second the throat, in the third the air passages. I shall have to speak of cholera, of diphtheria, and of influenza.

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.

I have already told you something about the success we have had with this disease. Indeed, the history of its homœopathic treatment 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; and 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 having been 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 Dr. 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 old-school 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 publication, dated 1866,* he adds his 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. I have mentioned in my Pharmacodynamics how Hahnemann originally suggested it as superior even to veratrum for the developed disease, and how Dr. 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

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

† The elder Bakody, who seems to have been the first to employ arsenic largely in cholera, in 1831 saved 148 patients out of 154 treated mainly by it (*Journ. Belge d'Homœopathie*, March-April, 1897).

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 fifty years ago. Dr. Cramoisy, of Paris, is the only one who (to my knowledge) has put it in practice ; and his success has been 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

* See those cited by Dr. Hempel in his *Materia Medica*, and in his translation of Bähr (ii. 622). (Cases 2, 3 and 4 in the Cyclopædia of Drug Pathogenesy are some of them.) In all these the resemblance to cholera is noted by the observers.

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. Dr. 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 also 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

* Dr. Majumdar, of Calcutta, communicates similar experience with *naja*. "Many a fatal case," he writes, "has been rescued by it from the jaws of death" (*Indian Hom. Review*, Jan., 1896: see also *M. H. R.*, xli., 71).

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 for some time 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 Society in 1870, and published in the twenty-eighth volume of the *British Journal of Homœopathy*. Since Brighton has been effectively drained, diphtheria has rarely appeared in the town ; but what little I have seen of late 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 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 sole mischief set up by the poison, belladonna and phytolacca seem to me to be the only medicines required.

* 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.

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 considering this 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.

a. 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 since 1870 to its great efficacy. I have myself seen striking results from it, and can commend it highly.

b. 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

* Another promising medicine for this form of diphtheria is the tarentula cubensis, of which I shall have to speak when I come to erysipelas. Dr. W. T. Martin describes it as quite specific. He gives the potencies from 6 to 30 (*Hahnemannian Monthly*, Sept., 1892).

Okie have had some success with it; and Drs. Ludlam and Lawrence Newton have spoken highly of it for the subsequent prostration. I had never used it till 1876, 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.

c. It was but natural, on the first glance being taken at the phenomena of diphtheria, to treat it with *mercury* 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* 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 later been introduced into the treatment of diphtheria in the *cyanide*. It was Dr. Beck, of Monthey-en-Valais, in Switzerland, who first inferred its homœopathicity to the disease. He recommended it to Dr. Villers, of St. Petersburg, whose own son (now our colleague Dr. A. Villers, of Dresden) was lying hopelessly sick of diphtheria. I have told you of the astonishing success which followed in this case, and in the immense majority of those treated with the drug in subsequent years, from his happy inference.

Mercurius cyanatus stands now at the head of anti-diphtheritic remedies in our school; and has received no small commendation in the other.* I should tell you that Dr. Villers 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. Drs. Midgley Cash and Grubenman, who have published† formidable

* See *Hahnemannian Monthly* for May, 1877; *J. B. H. S.*, iv., 383; vi., 301; and *M. H. R.*, xxviii., 377; xxxii., 313.

† See Trans. of Intern. Hom. Congress of 1886, p. 191, and *J. B. H. S.*, iii., 208.

cases saved by the remedy, obtained their success with similar dosage.

d. It is the presence of fibrinous exudation which calls for *kali bichromicum* 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."

e. Bromine is the only rival of kali bichromicum, unless hepar sulphuris † is to be so accounted, 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 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. Perhaps *spongia* might supplement it here, as in membranous croup. Dr. Jousset narrates a well-marked case making a good recovery under the 1x trit.‡

I think it an important suggestion of Dr. Neidhard'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.

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

† See *J. B. H. S.*, iv., 346.

‡ *L'Art Médical*, Sept., 1892.

a. 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.

b. 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 the permanganate of potash—

c. Kali manganicum.—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.

d. Calcarea chlorinata we owe as a remedy here—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 tumblerful of water, and gives teaspoonful doses as frequently as the urgency of the symptoms demands.

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

* 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."—I may also refer to a case of poisoning by the acid extracted in *L'Art Médical* of August, 1900, which precisely simulated diphtheria, even to its paretic *sequelæ*.

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

‡ His book was published in 1867.

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 the late Dr. Hilbers to remove the patient from the house where the disease was incurred; and Dr. Bryce, of Edinburgh, has also 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. 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 deodorisers 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 *gelsemium* of decided use in promoting it. In a long-standing and progressive case of general spinal

* See *M. H. R.*, xix., 692.

† Dr. Goodno prefers blowing the antiseptic in a dry form into throat and nostrils. He uses a grain to the ounce trituration of the permanganate.

paralysis and anæsthesia thus brought about, *cocculus* proved in Dr. Trinks' hands the curative medicine.*

In the foregoing suggestions as to the treatment of cholera and diphtheria, I have done little more than reproduce what I had written in my Therapeutics twenty-four years ago, only bringing down some of the items to the present day. Nor have I, in the case of cholera, anything to add beyond what I have mentioned in my introductory remarks upon this whole class of disorders (Lecture xvi.). As regards diphtheria, however, I must once more touch on the question already discussed there,—are we justified in holding our hands from the now generally employed and much-vaunted antitoxin?

And once more I must give the same answer: I think that, as a rule, we are. I say "as a rule," for I would make an exception in the case of laryngeal diphtheria. The power of the injected serum over the exudation is so decided, when it is employed early enough;† the need of preventing the larynx filling with false membrane is so great and urgent, that I would of the two risks run in preference that of temporarily poisoning my patient's blood with antitoxin. I have too vivid recollections of what asphyxia means here to leave any stone unturned to prevent it. But with this exception, I say again with regard to antitoxin, that we do not want it; and if it be unnecessary, it is hardly justifiable. Venesection undoubtedly diminishes congestion of the lungs; but if you can solicit (as by aconite) the morbidly-determined blood into safer channels, the use of the lancet is forbidden to you. By the remedies I have described you can do such gentle yet effectual work for the throat invaded with the diphtheritic membrane; and should not, I submit, look to more violent and perturbing measures for help.

I am aware that in so speaking I am going against the judgment of valued colleagues. I have little doubt, moreover, that to those who hear me it will seem hard to be urged to refrain from a medication which has conquered—it is supposed—the whole medical world. I venture to think, however, that with the former the glamour of rapid results has had a bewitching but illegitimate influence; and that the latter are hardly aware of the weight of evidence, testimony and reasoning on the other side. The counter-case has been presented by

* See *B. J. H.* xix., 312.—A paper on the subject read before the British Homœopathic Society by Dr. Henry Bodman, with the discussion following, may be consulted with advantage (*J. B. H. S.*, vii., 368).

† See statistics in *J. B. H. S.*, v., 390; *L. H. H. R.*, vi., 93.

Dr. R. N. Tooker of Chicago,* and in the "Summary" affixed to the *Journal* of the British Homœopathic Society for the last five years (art. "Antitoxin"). By reference to these sources you will see that the reduction in mortality effected by the use of the serum has to be discounted at two ends: first, it is obtained by classing (for the sake of early treatment) a variety of anginæ as diphtheritic which formerly would not have been so reckoned; and secondly, the gain has nearly always been upon a previous rate which can only be termed monstrous—running to 50 and even 60 per cent. That this should be reduced to 40 or even less tells not so much in favour of the new treatment as in derogation of the old—which must have been simply murderous. When, as in Mr. Lennox Browne's cases, the mortality was moderate before, it was little influenced by the change. The figure it remained at was 26 per cent. Dr. Tooker collected the experience of homœopathists over a given area, and obtained reports of 315 cases treated (in 1895) purely homœopathically with a mortality of 7·3 per cent.

I have last to speak of **Influenza.** In my Therapeutics I discussed this malady among those of the respiratory organs, assuming that it was present when a severe fluent coryza was accompanied by headache, pains in the limbs and great prostration, and advised arsenicum and eupatorium perfoliatum in its treatment. I expressed my suspicion, however, that such a condition was to true epidemic influenza what English is to Asiatic cholera, and advised consultation of the older homœopathic writers for their experience in the visitations of the thirties and forties.

My suspicion was well-founded, and I do not now speak as one to whom epidemic influenza is unknown. The waves of it which since 1890 have passed over the world with almost unvarying annual persistency have made all practitioners familiar with its features, and have taught us much as to its nature and various manifestations. It is evidently an essential fever, as much so as typhoid and dengue, to which last it presents many points of resemblance, especially in its characteristic pains of head and limbs. Catarrh, nasal and bronchial, is (contrary to our former notions) a secondary and incidental occurrence only. When it does set in, however, it is very apt to run down the air-tubes into the cells, and to set up a low diffuse broncho-pneumonia, which in aged persons and broken constitutions readily proves fatal.

* "The Present Status of Diphtheria Antitoxin at home and abroad." Chicago, 1896.

As regards treatment, homœopathy has nothing to blush for. While our old-school friends were deafening their patients with quinine or overpowering their vitality with antipyrin, and yet the effect on the death rate was (as in former epidemics) greater than that of cholera, our mortality has been very small. At the British Congress of 1891 Mr. Harris produced statistical returns from 82 of our practitioners, which showed a total of some 15,000 cases with 73 deaths, *i.e.* hardly five in the thousand. You will wish to know (as the malady is still with us) how such success has been obtained.

The influenzal pyrexia is, as I have said, a primary one, as essential as that of measles and typhoid. It is not symptomatic of a local inflammation; nor is it a mere disturbance of heat-formation and heat-loss such as a chill can produce. It may unquestionably be communicated from person to person (though I doubt whether this is its invariable, or even its ordinary mode of propagation); and, with whatever individual difference, it "breeds true," producing its like and nothing else. It must thus be no longer classed among the diseases of the respiratory organs, but must take rank as a specific infectious fever. And this is no matter of nosology only. The kind of remedies we employ for the latter group of maladies differs from those suitable for the former; we shall think less readily of aconite and arsenicum, and more so of gelsemium, belladonna and baptisia. According to the form the fever assumes we should administer one or other of our well tried antipyretics—aconite, gelsemium, belladonna or baptisia.

Aconite is, as I have said, less suitable in such a fever than in one resulting from cold; nevertheless, when it is indicated by the symptoms it will do good service, as it does, for instance, in measles. The sthenic character of the pyrexia, the fulness with quickness of the pulse, and the presence of thirst, restlessness and distress, are the well-known indications for it, and may be trustfully followed. This only must be said, that it is not to be expected of aconite that it shall act here as it does in a fever from a chill, breaking it up in a few hours. We have a blood affection to deal with, which will have a certain course; and as in measles, we must give the remedy persistently for two or three days, awaiting the resolution of the pyrexia, which, however, it is all the while moderating and soothing.

Gelsemium takes the place of aconite when the fever is less sthenic and chills mingle frequently with the heat; when the pulse, though it may be full, is less tense and rapid; when there is little thirst; and when the patient's general condition is one rather of torpor and apathy.

Belladonna, standing at the head of our remedies for the infectious fevers, plays its part well here when the symptoms demand it. These include a pulse smaller but even more rapid than that of aconite, and a dry hot skin ; but they are chiefly to be found in the head and tongue. Dryness of the latter, heat and pain (with flushed face) of the former, call unmistakably for it ; and when they are present we need hardly look farther for our remedy.

Baptisia, coming here crowned with its laurels in the "gastric" type of continued fever, just fills the vacant niche when such symptoms characterise the influenzal pyrexia. A gastro-intestinal form of the disorder was noted by the earlier observers, and has recurred in the present epidemic, as may be seen in the article upon influenza in the new edition of Quain's *Dictionary of Medicine*. When the tongue is thickly coated ; when there is nausea and vomiting ; and when the stools tend to be diarrhœic—especially if also fœtid, baptisia, already suited to the pyrexia, becomes so to the whole condition, and will change it for the better more rapidly than any other medicine.

The homœopathicity of the above indications I have thought it unnecessary to argue ; it is pretty obvious. They are given, however, from experience, and I can vouch for them practically. It has seemed to me that when they led me to gelsemium, belladonna or baptisia, the response to the remedy was more prompt and decided than when aconite was called for. That is the only reservation I would make about their efficacy as a whole. I have always, I should say, given these drugs in the lowest (1x and 2x) dilutions.

In the steady use of the suitable antipyretic, with proper nursing and dieting, the treatment of influenza mainly consists. I must say something, however, as regards its local manifestations, occasional complications, and sequelæ.

1. More or less pain of rheumatoid character, in head, back, and limbs, nearly always accompanies the influenzal fever. When belladonna is indicated for the latter, it is sufficient for the headache, and when gelsemium or baptisia is given they are so suitable for the general pains that it is hardly necessary to think of any other medicine. In aconite cases, however, and where the local distress is unusually severe, I have found *bryonia* very helpful to the head * and *eupatorium perfoliatum* to the back and limbs.

2. The catarrh of influenza is sometimes sufficiently severe to demand an intercurrent remedy. When it is a simple coryza,

* When the tongue has the bluish-white appearance sometimes seen in this malady, *gymnocladus*—which has caused something like it—will act well on the headache (See *J. B. H. S.* iv., 334 ; viii., 253 ; ix., 100).

euphrasia if the discharge is bland, *arsenicum* if it is acrid, have served me well in the first, fluent stage ; and *pulsatilla* after it has become thick and opaque. When the catarrh is laryngo-tracheal, and shown mainly by a cough, *spongia* I have found the most trustworthy drug. Rumex and sticta have hardly sustained their previous credit in my estimation when the cough which seemed to indicate them was of influenzal origin ; and when this lingers on after the fever is over, and the patient otherwise convalescent, it needs careful individualisation to find its effective remedy. Sometimes this is found in *senega*, sometimes in *nitric acid*, sometimes in *coccus cacti*. In one case I could do nothing for the cough, which was hard and dry, until I had softened it with aconite (3x),—belladonna having been the antipyretic. It then speedily subsided.

3. The bronchitis and pneumonia of the present malady are —the latter especially—more serious matters. Bronchitis has not been frequent in the cases I have had to treat ; when it has appeared, *kali bichromicum* in the first stage, and *antimonium tartaricum* in that of profuse and thick secretion which soon follows, have done good service in my hands. The pneumonia I have often seen, and have good cause to dread it. In old and broken constitutions, as I have said, it threatens life ; and in more favourable subjects it is apt to drag on a tedious course, little influenced by remedies. It is, I think, a just remark of the writer of the article "Influenza" in Quain's *Dictionary*, that its pneumonia, "though lobar in distribution, is probably always catarrhal in type" ; and this is an important indication for treatment. In the acute and menacing form, bryonia and iodine have little place, while *phosphorus* stands supreme. If any medicine can subdue the inflammation of the pulmonary tissue, it is this. It should only be replaced by *antimonium tartaricum* when pain, dulness on percussion and bronchial breathing have subsided ; when pulse, respiration and temperature have fallen ; but when yet the chest is full of moist sounds and the patient is oppressed and distressed. In the sub-acute form, the physical condition suggests the term œdema of the lung rather than inflammation. There is little fever or pain, and but slight evidence (if any) of consolidation ; and though crepitation is pronounced, the sputum is not rust-coloured. I wish I could speak decidedly of remedial results obtained here ; but truth compels me to say that though the patients have got well, I cannot claim that it is owing to anything I have given them. I have not tried the iodide of arsenic so warmly commended by some of our colleagues.*

* See *J. B. H. S.*, vi., 236, 240-1.

4. The debility remaining behind after the acute attack is over demands medicinal, as well as hygienic and dietetic, help. The great "tonic" for it I find to be *phosphorus*.* The nervous system is its main seat; and there has not been such a drain of fluid as should call for china, nor is there evidence of the destruction of red corpuscles which needs arsenicum. A further indication for the remedy is that which is mentioned in the article from which I have already quoted:—"The morbid changes found after death, and due to influenza itself, are of a character due to all forms of acute infective disease—namely, parenchymatous degeneration of the liver, kidneys, and spleen, of the muscular substance of the heart, and of the minute blood-vessels." A minor degree of such degeneration may fairly be conceived as present in the often extreme debility of convalescents from the disease. Phosphorus is the chief poison whose *post-mortem* appearances belong to this category: the law of similars therefore guides us to it as the chief medicine to aid in repairing the destruction which has been wrought.

In so speaking, I have confined myself to my own personal experience, which has been fairly extensive. I find, however, similar remedies in use at the hands of those who have written on the subject both at home and abroad. Dr. Grundal, of Stockholm, prefers *rhus* as the constitutional remedy, deeming it as specific as mercury in syphilis. He gives the 2x dilution.†

* I am bound to notice, however, the commendation bestowed by Dr. Cartier on avena sativa here (*L'Art Médical*, Oct., 1896). Dr. Proctor finds iberis valuable when the debility most affects the heart (*H. W.*, Nov., 1900).

† *Hahn. Monthly*, Aug., 1894, p. 543.

LECTURE XXI.

GENERAL DISEASES.

Erysipelas—Phagedæna—Malignant Pustule—Glanders—Pyæmia —Septicæmia—Actino-mycosis—The Arthritic Affections.

Hitherto I have followed, with but slight variation, the order of our official nosology. But I am unable to do so with the remainder of the eighty titles it now ranks under the heading of "General Diseases." Most of them are 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. To-day I shall take first the blood-infections—erysipelas; phagedæna; malignant pustule; pyæmia and septicæmia; actino-mycosis; and glanders, with farcy and grease.

Erysipelas used to be reckoned, in our nomenclature, as including phlegmonous inflammation of the integument as well as superficial, and also diffuse cellulitis. The former inclusion is, I think, pathologically justifiable, and has been maintained; the latter is wisely dropped. We shall speak, then, of simple and of phlegmonous erysipelas.

1. 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.

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 Part iii. of 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 distinguished surgeon, 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

* See *Lancet*, April 13, 1836.

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 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*. Here, too, we can quote old-school authority in support of our practice. "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, or perhaps ferrum phosphoricum,* 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 *silicea* 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.

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

* See *J. B. H. S.*, v., 195. Another alternative would be the tarentula cubensis, the bite of which spider causes a phlegmonous inflammation, and which has been used with good effect in carbuncle.

be the remedy for the condition of the surface, *stramonium* may better suit the delirium ; as in a case recorded in the *Revue Homœopathique 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 they occur. 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. Recurrent erysipelas is generally amenable to rhus.

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.

Phagedæna is said to embrace two varieties—"sloughing phagedæna" and "hospital gangrene." It may be defined as a morbid change, probably of constitutional origin, occurring in an ulcer or a wound whereby destructive processes are set up threatening the death of the part and often of the patient. It was most familiar of old in its nosocomial form ; now it chiefly comes before us as an incident of soft chaucre. In the latter case anti-syphilitics are sometimes required, and we must leave the question of its treatment till we come to venereal disease. But when sloughing sets in upon a non-venereal ulcer, or when the so-called "traumatic gangrene" supervenes upon an injury, let me recommend you to rely for medication upon *lachesis*. The references given in my Pharmacodynamics will shew you that in the treatment of the latter trouble it has proved an invaluable ally.*

Malignant Pustule, when communicated by direct inoculation, doubtless demands the early excision or cauterization of the

* Four cases of "gangrene," various in origin, are reported by Dr. Lambreghts *fils* in the *Journal Belge d'Homœopathie* for July—August, 1897. In all lachesis 6 was markedly curative.

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 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, "equinia," 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 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 Materia Medica, Physiological and Applied. 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

† *American Hom. Review*, iv., 110.

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, used to be 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 at one time we 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.

In dealing with

Pyæmia, I have hitherto been in the habit of basing my suggestions on the conclusions arrived at by Dr. Bristowe, in his article upon it 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 inflammation 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 'ichorrhæmia' 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 gave these details to show the warrant I had for saying that lachesis is the most promising remedy we possess for this condition also. 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, if pyæmia is to be taken as including all the phenomena Dr. Bristowe has enumerated. The tendency of later pathology, however, as endorsed by our official nosology, is to divide such non-specific blood-infections into two classes, septicæmia and pyæmia, including under the first head that which Dr. Bristowe calls "ichorrhæmia." A valuable paper on the two maladies, from the pen of Dr. Helmuth, may be found in the Transactions of the American Institute for 1884. Septicæmia, he argues, may be set up by any virulent matter however introduced into the system; it is the ordinary "blood-poisoning": while pyæmia always results from the absorption of decomposing pus. The virus of the former, if of local origin, is carried by the lymphatics; that of the latter by the veins. The one has a single chill, and the other many; the fever of the one is irregular, that of the other recurs in periodical paroxysms. Septicæmia has not the infarctions, the multiple abscesses, the jaundice, or the sweet odour of the breath, characteristic of pyæmia.

When we thus isolate pyæmia from its allied conditions, the serpent-poisons seem less applicable to it, unless it be crotalus, which has its icteric phenomena.* *Quinine* is highly esteemed in the old-school treatment of this affection, and Dr. Jousset (who invokes a "purulent diathesis" to account for its features) gives the same medicine and doses, a gramme after each paroxysm, when chills return regularly,—in the absence of this indication relying on aconite and arsenicum. Kafka likewise commends quinine for true pyæmia, but finds the 1x trituration sufficient. If the prostration is great, he substitutes the *chininum arsenicosum*, of equal strength.

These are our only authors who handle the subject from a homœopathic standpoint. Dr. Helmuth, though praising arsenicum and muriatic acid for subsequent prostration, gives phenic acid in full doses as an antiseptic. Dr. Gilchrist, while distinguishing pyæmia from septicæmia, and justly criticising my recommendation of lachesis in the former, has little to say as to its true remedies. Jahr, after narrating two fatal cases among the wounded during the insurrection of 1832 in Paris, 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." Grauvogl points in the same direction when, reviving former traditions, he extols the power of arnica to promote

* Dr. Charles Hayward has reported a case in which crotalus 6 was of marked service (*J. B. H. S.*, iii., 379).

the rapid healing of wounds, and to obviate any tendency to purulent infection.* Dr. T. G. Stonham, however, thinks we have a truly homœopathic medicine for pyæmia in mercurius cyanatus, which he gives here (as in diphtheria) in the 30th dilution. He relates two good cases in point.†

In chronic pyæmia, with hectic, the place of quinine would be taken by *china*; and therewith might be conjoined *silicea*, whose great constitutional power over suppuration would then come into play.

And now for

Septicæmia as a distinct malady. It is here that my argument from the effects of a serpent's bite acquires validity, and *lachesis* stands out as pre-eminent among our medicines for the condition. I have already spoken of the proved value of the remedy in malignant pustule and traumatic gangrene, and these are just the kind of local affection which induces septicæmia. It is especially effectual when this results from dissecting-wound. Dr. Dunham relates a case occurring in his own person, where the 12th dilution was employed with rapid effect, though both the local and the general symptoms were severe. This was in 1850, and forty-two years later Dr. Edward Madden (as I have mentioned) recorded‡ a similar case, where the action of lachesis 4 in checking the morbid process was equally striking. How many lives it has saved in the interval, who shall say?

Rhus is an alternative medicine, and one which may be found sufficient in less pronounced cases. Dr. Helmuth, in the fourth edition of his System of Surgery (1879), relates an instance of rhus-poisoning coming under his notice where the symptoms were distinctly septicæmic, and recommends it accordingly as a remedy. Dr. George Royal has verified this suggestion in two cases, one showing the prophylactic, one the curative powers of the drug; and Dr. C. W. Eaton follows with a case of laparotomy in which septic peritonitis seemed inevitable, but under rhus all went on in perfectly normal order.§

Two new candidates for notice as remedies for septic fevers have appeared of late years in pyrogenium and echinacea.

Pyrogenium was introduced by Dr. Drysdale as far back as 1880. He was struck by the fever-exciting power exerted by the "sepsin" of Panum, the "pyrogen" of Burdon-Sanderson, which was the toxin formed by the bacteria of putrefaction.

* See *B. J. H.* xxxiv., 731. In his Textbook (i., 332) he advises arsenicum to be given in conjunction with arnica.

† *J. B. H. S.*, ii., 263.

‡ *M. H. R.*, xxxvi., 211.

§ *J. B. H. S.* iii., 200, 330.

He inferred that it must also be febrifuge, if only we could define the pyrexiæ to which it was suitable ; and, reasoning somewhat isopathically, concluded that this was such as obtained in septicæmia after wounds, and in the toxæmic fevers generally. "The most summary indication for pyrogen would be," he wrote, "to term it the aconite of the typhous or typhoid quality of pyrexia." He proceeded to act on this inference, and published a paper embodying his views and results in the *British Journal of Homœopathy* of that year (p. 140).

Partly from the spoiling of one of his preparations, and partly perhaps from giving the remedy in too low dilution, he was discouraged from proceeding farther ; but in 1885 his thought was taken up by Dr. Burnett. In his pamphlet on "Fevers and Blood-poisoning and their treatment, with special reference to the use of Pyrogenium" (1888) he tells us how he was led to test the remedy, preparing it after Drysdale's fashion, but giving it in the 6th dilution. The result of his experience (some of which he relates) was to assure him that pyrogenium indeed fills the vacant place of a remedy which acts on the toxæmic fevers as effectively as aconite on those of the "inflammatory" type.

Dr. Drysdale now returned to the subject, and shewed by cases that his experience had not been so unsatisfactory as appearances suggested, while he acknowledged that Dr. Burnett's success with the 6th dilution had gone beyond anything he had attained with the 1st. In his paper (which appeared in the *Monthly Homœopathic Review* of July, 1888) he gave a case of typhoid by Dr. Hayward, in which the drug had acted well. Dr. Burnett, in his pamphlet, had published some confirmatory experience from Dr. Shuldham ; and in the *Indian Homœopathic Review* of November—December, 1896, Dr. Majumdar relates two cases of puerperal fever in which Burnett's preparation had proved very efficacious.

Echinacea angustifolia is the "narrow-leafed cone-flower" or "black Samson." In the *North American Journal of Homœopathy* for December, 1896, Dr. C. F. Otis wrote to commend it as remedial in malignant scarlatina and diphtheria, especially where black coating of the tongue is present. He gives the mother-tincture. In the number for the next May Dr. Swormsted confirmed the experience, extending the sphere of the drug to septic conditions generally. It was then proved, and found to cause great prostration, erythema of face and neck, a marked trigeminal neuralgia, and general febrile symptoms.* There is something here which bids fair to reward further testing.

The last of these infections of which I would speak is

* *J. B. H. S.*, v., 195, 286; vii., 84, 414 ; viii., 78.

Actino-mycosis.—That it is of parasitic origin need not hinder our expecting benefit from dynamic medication. That it yields to such treatment is witnessed from the other school itself. "Iodide of potassium," writes Mr. Malcolm Morris,* "is almost as certain a specific here as in tertiary syphilis. Its mode of action," he says, "is not clearly understood; but it does not seem to kill or even injure the actino-myces. Netter believes that the remedy has a specific action on the anatomical elements, increasing their power of resistance. It causes rapid subsidence of the tumours and nodosities." Now it is just such nodular and tuberous masses which Mr. Hutchinson and others have observed as a result of the over-use of the iodide in syphilis. If you will read the records adduced by Mr. Knox Shaw, in volume xxxv. of the *Monthly Homœopathic Review*, you will find a number of them. But above all, if you will compare the plate by which Mr. Morris illustrates actino-mycosis of the lower jaw with those which Mr. Hutchinson, in the first volume of his *Archives of Surgery*, gives to exhibit the cutaneous effects of iodide of potassium, you can hardly fail to be struck with the resemblance. *Similia similibus* here takes outward shape, and appeals to all.†

I pass now to another group of General Diseases—to one which consists of affections very unlike those I have lately been discussing, in that they are largely chronic and not at all infectious. I speak of the arthritic affections, viz.: the various forms of gout and rheumatism.

Gout has had, so far as I am aware, until quite lately, 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

* *Lancet*, June 6, 1896.

† Hallopeau, describing the skin-tumours caused by iodide of potassium, notes their resemblance to those of mycosis; and another writer asks whether it is not possible that many supposed instances of mycosis may be due to iodism (*J. B. H. S.*, v., 92.)

been made to the challenge I sounded in 1869,* urging my colleagues, if they 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, was enthusiastic about the value of "homœopathic treatment" in gout; but the only case he brought forward seemed 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 stated 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 thought this a little too "allopathic," yet they allowed the value of the drug, and had nothing better to recommend. Of the same purport is the therapeutic portion of Dr. Drysdale's 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

* Manual of Therapeutics, 1st ed.

† *B. J. H.*, xxviii., 537.

‡ *Ibid.*, xxvi., 292.

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 "ἀλλοῖος" on its portals.

For so writing, as I did in 1877, I have been taken to task by Dr. Searle, of Brooklyn, in the *Hahnemannian Monthly* of June, 1894. In a reply I published in the No. of March, 1895, I explained the exact tenor of my statement, which my friend had somewhat misquoted ; but went on to adduce evidence in proof of the homœopathicity of colchicum. The question was, does it inflame joints as the gouty poison inflames them? When I first examined it, in the original issue of my Pharmacodynamics (1867), I knew of no facts that supported an affirmative answer, and was compelled to the conclusion that colchicum acted upon the affected joints "as a specific, indeed, but antipathic remedy, just as gelsemium influences a painful uterus." But further evidence, I said, has since come to light. I pointed out that in Stoerck's experiment which forms No. 18*c* of the provings in the Cyclopædia of Drug Pathogenesy, we read of "short lancinating pains in the joints"; and that in No. 9 of the poisoning cases the action was still more marked. "All joints of fingers and toes, and also wrists and ankles, were very painful, and toes and fingers were painfully flexed at times. Pain in shoulder-joints succeeded, and, later, in hips and loins. It also increased in intensity, so that she said she thought she should go mad. Ultimately almost all the bones and joints were affected with pains, which were of a gnawing, digging character." In No. 8 also, I said, where seventeen persons drank from a bottle of vinum colchici, "severe pains were felt in the knee-joints by some, and in two cases were very marked in the left shoulder." I forgot, however, when then writing—though I had myself brought them before the British Homœopathic Society in 1888,*—the later experiments of MM. Mairet and Combemale. These were made with colchicine upon eight men, three dogs, and a cat. In the human provers dull pain was felt in the joints ; and in the cat, which was killed as soon as the effects of the poison began to manifest themselves, an autopsy showed congestion of some of the articular surfaces and of the "moelle osseuse" (? medullary canal). The reporters were constrained to recognise (as I have already mentioned) that "colchicum produces its therapeutic effects by an irritant action," and that "in gout it produces a substitutive irritation of the articular surfaces." Dr. Frederick Roberts gives, as the latest word of science, that "it is by no means settled how it

* See *M. H. R.*, xxxii., 473.

acts."* I would present "substitution" to him as an hypothesis at least in accord with the facts; and if it leads him to homœopathy, nothing could be more legitimate, or more to his advantage.

I conclude, then, that colchicum is a similar to gouty arthritis; and that it is at least as reasonable to maintain that it acts homœopathically in the treatment of the same, as to believe (with Dr. Searle) that the depressant influence of the drug on the circulation is localised in the affected joints, whose inflammation it thus removes antipathically. It is indeed unnecessary and hurtful to give such large doses as will produce this depressant or drastic result. The bad effects so often traced to its employment, and which led Trousseau to dissuade from this altogether in the paroxysm, are entirely averted 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, as far as it goes, coincides.

I have dealt thus fully with 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 aid, in addition to elimination and (if you like) chemical neutralisation of the superabundant lithic acid, of such medicines as *nux vomica* or *pulsatilla*, one or other of which usually corresponds exactly to the symptoms 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. Symptomatically, belladonna would seem indicated,

* Quain's Dictionary, 2nd ed., art. "Gout."

† See p. 254.

not only by the intense redness of the affected joint, but by its hyper-sensitiveness to any jar.*

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 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 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 our own 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 volume xxvii. of the *British Journal of Homœopathy* (p. 677), when combined with the testimony of Dr. Belcher already cited, leads us to hope that *kali iodatum* may do much for us here. Dr. Hirschel gave doses of from ½ to ¾ 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 con-

* See *J. B. H. S.*, iii., 206, 323.

† *M. H. R.*, xiii., 152.

‡ *B. J. H.*, xv., 177; xvii., 83. *Annals*, iv., 481.

sideration 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.

I may add what I have mentioned in my Pharmacodynamics, that Hering says of benzoic acid that the more it is used in gout the more it will be prized. The swelling of the fingers noted by Nusser, one of its provers, points in this direction ; and Dr. Ord reports * four cases, of various forms, in which the strong odour of the urine led him to prescribe it, and with the best results. He seems to have used the 1x solution.

I will also refer to Dr. Burnett's short treatise on "Gout and its Cure," which appeared in 1895. Its main contribution to the therapeutics of the disease is the recommendation of *urtica urens*, in five or ten-drop doses of the tincture, as an eliminator of the uric acid from the system. I have had no experience with it ; but our late colleague evidently esteemed it very highly.

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.†

* *M. H. R.*, xxxix., 308.

† See Black in *B. J. H.*, xi., 216 ; *M.H.R.*, xiv., 731 ; Henriques in *B.J.H.*, 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*. I have myself treated largely of "Rheumatism and the Anti-rheumatics" in two of my Boston lectures ("The Knowledge of the Physician," Lectures vii. and viii.), and shall draw to some extent upon those studies here.

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 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.

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 neutralise 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 good repute with the advocates alike of the low and of the high dilutions.*

* See Bayes, "Applied Homœopathy," *sub voce*; the cases appended to the Austrian reproving (*Oesterr. Zeitschr.*, iii.); and *M. H. R.*, xxxv., 531. The last reference is to some cases by Dr. Lamb, of Dunedin, N.Z., in which the 30th dilution was used with much success. Dr. Lamb's results were curiously balanced by later ones (vol. xxxix., p. 367 of the same journal), which shew still more rapid cures from 8-drop doses of the tincture every 3 hours. At both these extremes our colonial colleague reports himself better pleased than when he adopted what he calls the "homœo-orthodox treatment of rheumatic fever," viz.: the use of aconite and bryonia 1_x, the preference of which dilution (of the latter) he ascribes to me. I do not know, however, where I have made such recommendation.

The only other medicines you are likely to have to consider in acute rheumatism are pulsatilla, colchicum, rhus, mercurius, lycopodium, and sulphur.

Pulsatilla is suitable—and even sometimes excludes both aconite and bryonia from the commencement—in sub-acute cases, of synovial type; with little fever, and frequent shifting of the mischief from joint to joint; especially when the patient's constitution and temperament are those characteristic of this remedy. Its relation to the digestive organs, moreover, would point to it as specially applicable when faulty assimilation rather than chill had evoked the disease.

If *colchicum* benefits gout because in health it irritates the articular structures, two consequences should follow: it should act directly on the affected joints, and have no power over the diathesis; and it should have a corresponding effect in acute rheumatism. Well: the former is generally admitted to be the fact, and the latter was so by the older physicians, though now the remedy has dropped out of mind. Watson says that "the preparations of colchicum have sometimes an almost magical effect in subduing the disease"; and the tradition has been preserved in homœopathic practice. Dr. Goodno has collected more than eighty cases treated by a solution of Merck's colchicine in the proportion of a grain to the ounce. Of this 5–10 drops were given for a dose. "Relief of pain follows in most cases within 24 hours, and within 48 hours the patient is generally comfortable, the swelling, fever, sweats, etc., much diminished. By the third or fourth day it is evident the case is thoroughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed." * Dr. Colby has communicated † an equally favourable experience in sub-acute cases. It is of course, he says, specially useful in gouty subjects: but even apart from this is well indicated when the inflammation attacks chiefly the hands and feet; shows central tenderness on palpation, moderate swelling, and a pink blush; causes constant pain, increased during the prevalence of damp east winds, and especially before a storm; and gives the affected members a sense of paralytic weakness. He prefers the "vinum" of the British Pharmacopœia, and thinks that nothing is gained by attenuating it.

Mercurius takes the place of bryonia when the inflammation is obstinate in any one joint, and when the pains are much worse at night. It is said to be indicated when profuse sour perspiration is present, which nevertheless affords no relief; but this is always so more or less in acute rheumatism.

* See *M. H. R.*, xxxvi., 56.

† *N. Engl. Med. Gazette*, March, 1895.

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.

Lycopodium was introduced as strikingly beneficial in acute rheumatism by the late Dr. Allan Campbell, of Adelaide.* His experience has been verified by Mr. Wilkinson. Both gave it in the 3_x trituration.†

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 confess 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

* *M. H. R.*, xxxvii., 766.

† *J. B. H. S.*, iv., 160. See also *M. H. R.*, xxxviii., 319.

‡ See *B. J. H.*, xxiv., 314.

§ See Hale's New Remedies, *sub vocc.*

‖ See *Annals*, iv., 214, 385; *M. H. R.*, ix., 748.

affected joints which may relieve or improve their condition. Most of us employ water-dressing (or, which I think better, dry cotton wool covered in with gutta-percha tissue) 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.

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 organs it has affected. Bryonia, rhus, pulsatilla, mercurius and sulphur continue to find place; but to them we must add rhododendron, ledum, dulcamara, kali iodatum and bichromicum, mezereum, and phytolacca. *Bryonia* is indicated where the synovial membrane is affected rather than the peri-articular tissues; when heat, swelling and tenderness are present, and when the pains are increased by warmth and (especially) by movement. *Rhus* takes its place when stiffness is present rather than tenderness; when the tendons, fasciæ and ligaments are mainly affected; and when the pains, though increased by first movements, are by continued motion relieved. The causation, moreover, with rhus is damp cold, with bryonia dry cold. With *rhododendron* the pains are like those of rhus, in that they are worse at rest; but they are relieved at once by movement. It is the electric rather than the hygrometric condition of the atmosphere to which they are sensitive, so that they are always worse before or during a storm. *Dulcamara* is suitable when the opposite relation to rhus obtains, *i.e.*, when the pains are little affected for the worse by rest or motion, but decidedly so by cold and damp—to one or both of which they commonly owe their origin.* With *pulsatilla* the knee, ankle and tarsal joints are the main seat of the trouble, and menstrual disturbance is often present. Its "conditions" here must specially be regarded; viz., that its pains are worse towards evening and at night, worse also at rest and in a warm room, and relieved by motion in the open air. The *ledum* rheumatism is generally in the lower extremities: the association of coldness is the only distinctive symptom I know of it.† *Kali iodatum* and *bichromicum*, *mezereum* and *phytolacca*, are suitable to periosteal rheumatism; *mercurius* when its indications in the acute form are present; ‡ and *sulphur* when the rheumatic diathesis is very general and marked.

* See *J. B. H. S.*, viii., 253.

† See some good cases by Dr. F. B. Percy in the *N. Engl. Med. Gazette* of March, 1895.

‡ See *Annals*, iii. and iv.

The six 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," the "arthritis deformans" 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, save for one case, limited to the knee-joint, where *colchicum* and *guaiacum* achieved an unhoped-for success. 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

* "In early life," writes Dr. Fuller, "rheumatic gout is always hereditary or connected with disordered uterine function."

† See *B. J. H.*, xxxv., 46.

defined place in our treatment. I have only here to tell you what homœopathy can do, and how she does it.*

Last, of

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 have lauded *sarsaparilla*. Dr. Nimier has recently spoken of a case in which the latter drug "acted marvellously." These medicines would of course be given in the higher potencies: Dr. Nimier used the 12th.

An old-school physician commends our thuja—which he gives, however, in 4–6 drop doses of the mother-tincture.†

Before leaving the subject of rheumatism, I must say a few words on its treatment by salicin and its derivatives, which has been so fashionable of late. I cannot claim this for homœopathy. It is only in large doses that anything noteworthy is effected by these drugs in acute rheumatism; and what they do is simply to reduce the fever and hush up the pain. That the essential malady is not touched appears from the fact that cardiac and other complications are at least *as* liable to occur, and that relapses are decidedly *more* frequent than when improvement has resulted from other measures. As compared with alkaline treatment, for instance, heart mischief has been found nearly twice as frequent, and relapses occur three times as often.‡ Still, it might be said, giving due weight to these disadvantages, the benefit obtained is so great, and so unattainable by other means, that the salicylic treatment should not be withheld from our patients. But there is another demerit in it. The large dosage required is an evil which has not been sufficiently considered, either here or in the analogous instances of the bromide treatment of epilepsy and the iodide of syphilis. You cannot introduce these masses of foreign matter into the system without serious injury. That salicylic acid and its salts are liable to such reproach is pretty well known. As early as 1877 it had to be said that "in a considerable proportion of cases they give rise to disagreeable symptoms, such as vertigo,

* Dr. Cooper has had some good results with the arbutus andrachne, given according to his ("arbori-vital") method (*H. W.*, Nov., 1897); and a Dr. Zolatorin with lactic acid (*J. B. H. S.*, vii., 217).

† *J. B. H. S.*, i., 283.

‡ See *Lancet*, Sept. 20, 1879.

headache, tinnitus aurium and deafness, nausea and vomiting after each dose, profuse sweating, great weakness, and occasionally a peculiar eruption on the skin. More rarely, the symptoms assume a dangerous complexion, violent delirium, albuminuria, great prostration, with feeble pulse and pallid skin, ushering in fatal collapse."* Since then necrosis (in a strumous child) of the bones of the legs and forearm,† hyperpyrexia and hæmaturia are among the disastrous effects observed from this acid. Salicin is said to be exempt from such blame ; but if, as Senator maintains, it is transformed into salicylic acid in the system, the mischievous agent is still produced, and—though less manifestly—does its injurious work.

I think, therefore, that on the whole we shall be doing most justice to our acute rheumatic subjects if we resist the temptation to hush up their pain and knock down their fever with salicin and its derivatives. A man must make his choice : he cannot have every advantage and escape every drawback. Under homœopathic treatment his disease will subside somewhat less rapidly, but no less surely ; and he will run no risk of being poisoned during its course, or unduly weakened when he arrives at convalescence.

In so speaking, I am echoing the conclusions on the subject arrived at in our London hospital. "Some years ago," writes Dr. Byres Moir, "I tried alternate cases, as they were admitted, with our ordinary treatment and the salicylates ; and while in certain cases the salicylates seemed to have a specific action in relieving the joint troubles, and lowering the temperature in adults, in others the action was not so satisfactory. The tendency to relapse is much greater in the cases treated by salicylates ; and if continued too long they produce serious anæmia. When there is peri- or endocarditis, the use of the salicylates is, I think, often prejudicial."‡

* Appendix to vol. xvi. of Ziemssen's Cyclopædia.

† *Lancet*, Oct. 27, 1877.

‡ *L. H. H. R.*, vii., 24.

LECTURE XXII.

GENERAL DISEASES.

Scrofula—Cancer—Blood Disorders.

I have to speak to-day of certain diathetic vices—scrofula, tuberculosis, and cancer; and of the blood disorders, purpura, scurvy, anæmia (with chlorosis and leucocythæmia), and plethora. And, first, of—

Scrofula.—The doctrine of scrofula and tubercle has undergone many variations of late. In my student days I was taught to think the latter an occasional manifestation of the former. Then we were led by Sir William Jenner to speak of "scrofulosis" and "tuberculosis" as distinct diatheses, differing from one another as essentially as either from rachitis. Later, Niemeyer and his contemporaneous workers 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 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 (especially phthisis) 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:—*

* "Principles of Surgery," 3rd ed., p. 21.

"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 stunted 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 carbonica* 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* (whose relation to scrofula I have fully discussed in my Pharmacodynamics)* 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* (in dynamic dosage) 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

* An old-school physician, from an experience embracing some 200 cases, cannot speak too highly of arsenicum iodatum in the eczemas, ophthalmias, and chronic catarrhs of scrofulous children. He uses a 1 per cent. solution (*L'Art Médical*, Dec., 1898).

† Dr. Jousset adds *silicea* 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.

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.*

You may have questioned my stopping short with Niemeyer as regards the doctrine of scrofula, and may feel still more dubious about my classing cancer among general diseases. While, however, I fully recognize the local origin of cancerous growths, I cannot abandon the impression that there is an antecedent tendency, hereditary or acquired, which makes these growths occur in certain subjects, and not in others; which, under similar provocation of injury, of irritation, of heat, shews itself in such resentment as we call malignant proliferation. You must indulge me in this, and now let me tell you what homœopathy can do for

Cancer in its several forms. Let me say first that I do not think we can claim such results as to justify our urging our patients to refrain from seeking the aid of surgery in suitable cases. Were I a woman, and a nodule appeared in my breast of undoubted or even suspected malignancy, I should undoubtedly seek its removal by operation. Drs. Marston and McLimont, and Dr. Edward Madden, 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 patients who will not endure such dealing with, and there are confessedly stages, varieties, and localisations of the disease which operative measures cannot reach; so that 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

* Holding the above views of scrofula and tubercle, it may be imagined how gratified I felt at reading Sir Dyce Duckworth's Address to the Liverpool Medical Institution, published in the *Lancet* of November 9, 1901. That there is a "personal factor in tuberculosis"; that that factor is the diathetic condition traditionally described as "scrofula"; and that scrofula is a morbid condition *per se*, having its own clinical history and manifestations, over and above the liability of its subjects to tubercular deposit,—these are just the positions which, for therapeutic purposes, I have taken up in the text.

† See *B. J. H.*, xxi., 611; xxiii., 196.

medicines and the carcinomatous diathesis, so that the one can fairly be expected to neutralise 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 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. 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 ʒj of lard) is here advantageously conjoined with its internal administration. I should recommend the same treatment for "cancer scroti."

When encephaloid cancer assumes a fungous form, the power of thuja over vascular as well as epithelial growths may be brought to bear with advantage. The celebrated case of Marshal 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, phytolacca 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 and symphytum, which are our chief osseous medicines, are 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-sycotics. The few remedies which show any claim to the title are hydrastis, cundurango, calcarea, and silicea. I must refer you to what I have written upon each in my Pharmacodynamics. That hydrastis has seemed to arrest 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, even Friedreich and Nussbaum witnessing to its efficacy; and by Dr. Clotar Müller has been found very effective in malignant ulcerations of the surface, an experience Dr. H. Goullon corroborates. *Calcarea carbonica* and *silicea*, in substantial though small doses, seem capable of abating the pains of cancer, and sometimes of causing its growths to wither. The gneiss, introduced under the name of *lapis albus* by Dr. von Grauvogl,‡ appears to be a medicine of the same order, though it acts in more attenuated form.

With these internal remedies, and availing ourselves of what citric acid and chlorate of potash can do as 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

* To these I may add the testimony of Jahr. "I have treated three cases of fungus hæmatodes," he writes, "the patients being children of 5-10. The fungi grew out of congenital claret-coloured spots. Phosphorus 30 removed the trouble perfectly in two or three weeks."

† *B. J. H.*, xvii., 59; *J. B. H. S.*, v., 200.

‡ See *B. J. H.*, xxxii., 687; xxxiii., 571. (Also a case in *J. B. H. S.*, iv., 345).

§ See *ibid.*, xxiv., 518; xxv., 518.

sufferings ; while every now and then genuine cures may be effected.

So I wrote in 1877 ; and I have expressed myself similarly again to-day, because I think the mode of approaching the subject original and helpful. My last paragraph, too, has fairly represented the mind of homœopathists on the subject as since expressed. I may refer you to the paper in which Dr. Gutteridge put the possibilities of medicine in cancer before our International Congress of 1881, and to the discussion which followed it. But the years have brought many fresh thoughts and facts to light, and I must make some further remarks on the treatment of cancer before leaving the topic.

1. In pathology, the most important point made has been the differentiation between carcinoma and sarcoma. It may have more bearing on inferences from treatment than on the choice of remedies ; but Dr. Helmuth, who contributed a valuable paper on the two forms of growth to the Congress of 1891, states that when sarcoma can be definitely recognised, cure may often be looked for from thuja—the tincture being given in drop doses internally and brushed freely over the growth. In the *Hahnemannian Monthly* for April, 1893, a similar experience appears in a case of osteo-sarcoma of the thigh ; and in the same journal for February, 1895, a case of giant-celled sarcoma of the tibia, with hard and enlarged inguinal glands, is recorded, in which the persistent use of arsenic removed the growth on a third recurrence after removal.

2. The relation of this great medicine to cancer has of late years been notably accentuated, both on the pathogenetic and the therapeutic side. Mr. Jonathan Hutchinson, and also Uhlmann and others on the Continent,* have shewn that the continued use of the drug in medicinal doses may produce a form of cancer which is of the epithelial variety, but presents certain peculiarities. Lassar, in the old school, has reported several cases of cancerous growths and ulcerations disappearing under the influence of arsenic.† Dr. J. S. Mitchell, of Chicago, some twelve years ago made a felicitous combination of the general and local influence of the drug on malignant ulceration by sprinkling the 2x trituration on the sore while giving the 3x internally. In the *New England Medical Gazette* of July, 1895 (not long before his lamented death), he summed up his experience with the treatment, which had been very favourable. Dr. Helmuth had endorsed it in his paper of 1891 ; and in

* *M. H. R.*, xxxii., 381 ; *J. B. H. S.*, vi., 393 ; viii., 251.

† See *Brit. Med. Journ.*, June 17, 1893.

the number of the same journal for February of the present year (1901) Dr. van Deursen relates three cases of epithelioma of the face in which the treatment produced most satisfactory results.

3. The papillomatous form of cancer corresponds to the growths over which thuja has so much power. Dr. Ord relates* a case of abdominal papilloma, ascertained to be such by abdominal incision. Singular improvement set in and was long maintained under the action of thuja 1x ; though the patient ultimately relapsed and died.

4. The late Dr. William Owens had great confidence in *acetic acid* as a remedy for cancer. For eighteen years, he told us at the Congress of 1891, he had treated all his cases with this acid, in a 4-10 per cent. solution internally and a 2 per cent. one topically. He could report a good number of cures of malignant ulceration of face, mamma and uterus under such medication. Dr. F. B. Percy has since corroborated his testimony. He reports a cure of epithelioma of the lips ; a subsidence of all the gastric symptoms in a case of chronic disease of the stomach, apparently malignant ; and striking temporary improvement in one of cancer of larynx. Here the local application was made by spray.†

I shall have more to say about cancer when I come to its local manifestations. For the present, what I have brought before you will show that our outlook in treating it is not altogether hopeless, and that medication on homœopathic lines is capable of entering into fair competition here with caustics and the knife.

I now come to what may be called, phenomenally at least, disorders of the blood.

Scurvy is a typical instance of a disease resulting from pure dietetic causes and requiring pure dietetic treatment. Sir James Simpson seemed to think that 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 of 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 a hospital, comprising as it does fresh meat and vegetables, with milk ; and nothing more is required for the cure.

* See *M. H. R.*, xxxix., 431.

† *N. Eng. Med. Gazette*, Nov. 1896.

So I wrote in 1869. The editors of the *Monthly Homœopathic Review* dissented* from my recommendation to treat scurvy by dietetic means alone, and wrote:—"Raue, in his excellent 'Special Pathology and Therapeutics,' names fifteen 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 like to know if Dr. Raue had ever treated scurvy, and seen any of his fifteen 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 prime importance, and "regulation of the diet" is only a useful supplement. To the same effect is the experience lately had of scurvy in young children resulting from use of the artificial foods so much in vogue. Nothing can be done with it till fresh meat-juice, milk, and oranges or lemons are added to the diet.† The only place for medication would be when hæmorrhagic effusion into the pleura or elsewhere had occurred. Here we can readily follow Dr. F. F. Laird in esteeming phosphorus a valuable medicinal adjunct.‡

Again, Dr. Dyce Brown maintains§ that lemon-juice is homœopathic to scurvy. He refers to two cases of poisoning by its too long-continued employment recorded in the Cyclopædia of Drug Pathogenesy, where hæmorrhagic symptoms occurred; and to the experience of Sir George Nares, that sailors to whom a double allowance had been given developed scurvy very rapidly and often severely. I cannot check the latter allegation; but as regards the former would say that the condition produced seems to me one of purpura rather than scurvy. All the vegetable acids thin and liquefy the blood, and their over-use might well lead to its effusion; but scurvy is much more than this.

Purpura has been styled "land scurvy." I am convinced, however, that the resemblance is superficial only. In purpura there is none of that excess of fibrin in the blood which analysis demonstrates to exist in scurvy, and which shews itself in the plastic deposits which sheathe the muscles and mat the cellular tissue of scorbutic patients. Nor is there in the majority

* Vol. xiii., p. 236.
† *J. B. H. S.*, ii., 27.
‡ *Ibid.*, ix., 179.
§ *Ibid.*, ii., 39.

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 volume 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, there is a good case in the fifth volume of the

* An almost desperate case cured by this remedy is mentioned by Jahr. It was of the non-febrile form. Another is recorded by Dr. Hansen (*J. B. H. S.*, iv., 237). There was no fever, but the patient was much troubled by tearing and burning pains in the legs. Arsenicum 2, given on this indication, cured, when phosphorus had produced only temporary amendment.

American Homœopathic Review (p. 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. The weight of evidence hitherto has gone against these symptoms being 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,—in which Arnold, Clotar Müller, Jousset and Goullon unite to esteem it the great remedy. Dr. Spiers Alexander has contributed a paper to the thirty-seventh volume of the *Monthly Homœopathic Review* well illustrating its action.

Another 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 ;* and Hasbrouck notes the same of *crotalus*.† Perhaps at the present day this last remedy and phosphorus are most in favour of all our means of controlling purpura.

* See *B. J. H.*, xxii., 489 ; *Am. Journ. of Hom. Mat. Med.*, iv., 66.

† *J. B. H. S.*, vi., 300.

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

* See *B. J. H.* xxvii., 258.

† Applied Homœopathy, p. 91; *B. J. H.*, xii., 376.

to anæmia; and cuprum and pulsatilla, which have proved curative of it,* may be so.

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 disordered menstruation—

Chlorosis. 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 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.

* See *J. B. H. S.*, vii., 84, 87.

† See *Annals*, iii., 228.

‡ 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.)

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 redactum 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.

This is chlorosis proper, which I follow Immermann in defining as a change in the blood occurring in the early years of the woman's sexual maturity, and consisting in a diminution in the amount of hæmoglobin contained in the nutrient fluid. The red corpuscles may be numerous enough, but they are poor in quality. Chlorosis differs from ordinary anæmia in the absence of any of the causal factors which belong to that condition, and in the limitation of the change to one constituent of the blood.

Now the treatment of this malady, as you know, is one of the things on 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 homœopathy do better?

In my Pharmacodynamics, I have gone at length into the question, and have arrived at the following conclusions:—

1. Iron probably hinders the formation of red blood in health and certainly promotes it in disease in the same manner in

which other drugs affect the nutritive functions, as I have indicated in my Lecture VII.*

2. It may thus be given for chlorosis in small doses as a homœopathic remedy, and should always be so administered in the first instance.

3. Iron is also a food to the blood, and should be given as such unless improvement rapidly occurs under its use as a medicine.

Reviewing these statements in the light of subsequent information, I would say of the first that it is increasingly substantiated as time goes on. Nothnagel and Rossbach (whose article on the metal I had not read when I wrote the above-named discussion) confirm Hahnemann's statement that "observations made upon those living in the neighbourhood of iron springs, who use the iron waters as a daily drink, have revealed a wonderful frequency of anæmic conditions."† They shew, moreover, that this is only what might be expected. "We do not," they write, "believe in a so-called plethora produced by long-continued use of iron, at least not in the sense of an excess of red corpuscles. For an increase of these beyond the normal would necessitate a more rapid metamorphosis of material in the body, accompanied by a more rapid destruction of the corpuscles and increased excretion of nitrogen and iron; they would thus be bringing about their own annihilation." One of our colleagues in Calcutta, Dr. Younan, contributes an observation in point. A patient asked him to look at a bird of hers, which refused food and seemed so weak that it could hardly perch. Inspection shewed that it was suffering from anæmia. Its back and legs, and the parts of the body stripped of feathers during the process of moulting, were pale and bloodless. On investigation, its water-cup was found to contain a dark-brown fluid and at the bottom lay a rusty nail.‡

On the other hand, the thought of iron as a food does not commend itself more to the mind as the facts grow upon us. Dr. Baruch reminds us§ that "the iron contained in the human system amounts only to 15-48 grains, and in the worst cases of anæmia the amount of iron lost is only 3-4 grains,—which quantity can be furnished by a single pound of good beef." Dr. Bunge, of Bâle, at the 1895 congress of German physicians, on the strength of similar facts urged the actual futility of ferruginous medication in chlorosis. And yet,—and yet,—it remains that without iron there is no hæmatin, without hæmatin

* Page 90.

† See also *J. B. H. S.*, vi., 395.

‡ *Calcutta Journ. of Medicine*, May, 1895.

§ *Med. Record*, June 3, 1893.

no red corpuscles, without red corpuscles no oxygen-carrying, and without oxygenation no bodily energy and activity of functions. It remains that by supplying this first link in the chain all the others start into being ; so that in a chlorotic girl taking 0·05 grm. of iron daily for twenty-five days the red corpuscles increased gradually from three millions to four millions and a half per c.m.m., and she could be discharged cured.* It remains that up to a certain point increase of dose favours chalybeate action, and in severe cases may be carried almost to indefinite lengths, as Dr. Charles Taylor has shewn us. He took an extreme case of anæmia, in a girl of 19, who had been getting gradually worse for two years. She was hardly able to move without dyspnœa, and looked utterly bloodless. He gave a solution of the tincture of the perchloride, of strength gradually increasing from 5 to 25 minims to the ounce, and told her to sip at it as much as she could day and night. She took it at the rate of two to three pints a day, improved most rapidly, and before she left the hospital, which she did in four weeks, was able to busy herself in the ward the whole day without fatigue. She took in the 27 days 30 ounces of the tincture,—while, if she had taken the usual 20 minims three times a day, she would only have consumed 27 drachms.†

This looks like feeding rather than medication—especially homœopathic medication ; and a similar inference may be drawn from Dr. Marc Jousset's remarks on the subject in *L'Art Médical*.‡ Ferrum is indicated in chlorosis, he tells us, when the menses are diminished or suppressed ; in the menorrhagic form it is apt to increase the loss and so augment the malady. But this is just the reverse of what should happen, if the drug was acting as a similar remedy. Menorrhagia, Hahnemann justly says,§ is the primary action of iron ; and indeed for this trouble, occurring in young subjects, there is no more useful homœopathic remedy—of course in small doses. If it were behaving as such in chlorosis, it should act upon the flux in like manner. In the same direction points the fact that it is only in anæmia that iron has to be given in any approach to substantial doses. In the congestions, hæmorrhages, and vesical irritations to which its pathogenesy leads us, it acts well in the attenuations from the 1st to the 3rd centesimal, or even higher : in anæmia it is otherwise.

* Nothnagel and Rossbach, *sub voce* Ferrum.

† *Brit. Med. Journ.*, March 21, 1891.

‡ July, 1895.

§ See note to § 141 of his pathogenesis of Ferrum in the Materia Medica Pura.

The conclusion must be, I think, doctrinally, that iron acts here as it does when we water sickly plants with a solution of it, or when we secure its presence in the soil in which we plant them—knowing that only thus will chlorophyll be developed in them, and their hues shine out and their fruit be borne. The Nonconformist minister did not use a false image when he said to a Church Congress, "The thoughts of your great preachers and teachers have entered like iron into our blood, and have coloured and inspired our whole ministry." And, practically, I have long been forced to the conviction that my former advice to begin with fractional doses, as for homœopathic action, was hardly well-founded. The improvement taking place under the second and even the first decimal trituration of ferrum redactum has been too tardy to satisfy my conscience; and I now, in chlorosis, give (as I did in 1866) from the first a two-grain powder of the pure substance once daily. The results of this practice have been all I could desire in the cases I have seen, which have not been few; but I should be quite ready to increase the dose or the frequency of administration if need required. By so thinking and acting I seem to be doing most justice to my patients; while having the comfort of feeling that the value of iron in anæmia constitutes no exception to the homœopathic law, it being mainly a matter of dietetics, with which *similia similibus* has no concern.

You may fairly ask me whether in so reasoning and acting I have the concurrence of my colleagues. Practically, I may say I have. Bähr writes 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. Jousset, in his "Elements," 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. Later, he has come to prefer the ferrum redactum, giving about half a grain daily.* Dr. Galley Blackley, who has done so much good work in the field of hæmatic disease, uses the ferrous oxalate, one or two grains three times a day. This preparation has, he says, the advantage that it does not constipate, but rather loosens confined bowels.

I must admit that when these writers face the question as to whether iron acts here as a food or as a medicine, they all prefer the latter alternative. It matters little, as they agree in practice with what seems to me the more excellent way; only

* *L'Art Médical*, Sept. 1900.

they have not the comfort of being able to account for their crude dosage as I do.* Hahnemann, at least the Hahnemann of 1811, would have countenanced them. In his "Defence of the Organon," which Dr. Dudgeon has lately given us in our language, he writes (p. 100) :—"What iron contributes as a *chemical* remedy in such cases to the increase of the necessary quantity of iron in the blood, is an altogether different question, which has nothing to do with the subject of homœopathic cure by similarly-acting medicines." It is interesting to observe that Jahr says that "small doses" of ferrum have not had the least effect in his hands. Since he probably means his usual globules of the 30th, the statement is not surprising. He tells us indeed that "in very many cases" pulsatilla, sulphur and calcarea—given successively in this form—"are sufficient to bring about a blooming state of health"; but he does not mention how long the "cure" lasts.

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" with its dropsy and petechial effusion. This brings us to

Pernicious Anæmia, in which, since the initiative of Dr. Byrom Bramwell, it is generally recognised that iron is of no avail, *arsenic* taking its place. *Why* it should do so on any ground but that of the homœopathic method I cannot see,—the necrosis of the red corpuscles, the febrile symptoms and the anasarea of pernicious anæmia all belonging to the arsenical pathogenesis. The late Dr. Blackley, senior, communicated to the British Homœopathic Society in 1879† four cases in which a cure was effected by the drug in doses much smaller than those generally employed; and his successor in practice at Manchester has appropriately followed these up by one of his own, in which the characteristic poikilocytosis was well-marked. Still more appropriately, his son, Dr. Galley Blackley, now Senior Physician to our London hospital, has contributed another case, embodying it in an instructive post-graduate lecture on the disease. Phosphorus played some part in Dr. Blackley's results, and should not be forgotten as a possible alternative to the better-indicated metal; but its homœopathicity is more dubious.

* *J. B. H. S.*, vi., 282; *L. H. H. R.*, vi., 6.
† See *Annals*, ix., 171.

Of

Leucocythæmia I shall speak more fully when I come to the affections of the spleen, as it is on disease of this organ that it seems to depend. If you should meet with it, however, as some have thought it does occur, without organic change, I will note that Erb finds *picric acid* to produce a condition in dogs which he himself calls "an artificial leucocythæmia"; and that a case of its infantile form, verified by blood-examination, recovered under ferrum picricum, five grains of the 1x trituration *per diem*.* Myrrh, also, has been found to cause leucocytosis.†

* *New England Med. Gazette*, Nov., 1900.—Dr. Samuel Jones, who has done so much good work on picric acid, thinks the increased number of white corpuscles observed in picratisation comparative only, and due to the extensive destruction of red corpuscles caused by the poison (*Hom. Recorder*, Jan., 1902).

† *Ibid.*, April, 1898.

LECTURE XXIII.

GENERAL DISEASES.

The Venereal Maladies.

In my present lecture I should speak of those venereal diseases which are of a general character. But among these the last edition of our Nomenclature teaches us to include gonorrhæa; and in this case soft chancre can hardly be shut out. We shall therefore discuss to-day venereal disease as a whole. And first, of

Syphilis properly so called. Comments upon its treatment 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 monographs—Dr. Yeldham's excellent "Homœopathy in Venereal Diseases," and Jahr's "Venereal Diseases" translated with additions by Dr. Hempel, which, with some qualifications, also merits the commendatory title given to the other.* Bähr's article on the disease will also well repay a reference.

In discussing the value of homœopathy in syphilis we shall always have to speak comparatively. I mean, first, 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 such authorities as Ricord and Hutchinson have 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 they 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.

* See review in *B J. H.*, xxvii., 666.

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 the old-school use of the drug), 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 states 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 were adopted in the former stage, no general infection followed. 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 when 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; 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 2 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 first 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 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 first centesimal trituration morning and evening, the latter one grain of the second or third decimal trituration every other day. And yet Jahr sees his chancres disappear in from fifteen

* See *B. J. H.*, xxii., 616, and xxxiv., 438.

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 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 argued at some length in my Pharmacodynamics 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 old-school brethren; and hence, *perhaps*, 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.

Jahr's results would have more in their favour were they not neutralised 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, Hahnemann would have us give one dose of mercurius vivus 30; Schneider a dose morning and evening of mercurius solubilis 4x to 6x; Jahr half a grain of the first trituration of the same with like frequency; Bähr a grain of the same preparation or of the red

* 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).

precipitate of equal strength every other day ; Yeldham from two grains of the 2x trituration of mercurius solubilis to three grains of the 1x three times a day.

2. For neglected (but not mercurialised) chancre, Jahr advises the red precipitate or cinnabar, half a grain of the first trituration morning and evening.

3. For chancre of some weeks' standing, that has been treated in old-school fashion with mercury, *nitric acid* is recommended by all,—in the first decimal dilution by Yeldham, the first centesimal by Jahr, the third centesimal 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. For phagedænic chancre, mercurius 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 cauterisation 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 two grains of mercurius solubilis 2x three times daily, 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." I shall have to speak further of this trouble under the head of Soft Chancre.

5. Gangrenous chancre is mentioned by Bähr, who says that arsenicum is the sole medicine 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. Yeldham prefers the iodides of mercury here,—two grains of the 2x or 3x trituration twice daily. Jahr gives either mercurius solubilis or the red præcipitate, more rarely cinnabar, half a grain of the second or third centesimal trituration every other day. Bähr prefers the more intensely acting mercurials here, among which he classes with especial praise mercurius vivus; he gives the 3x trituration. Jousset prefers corrosive sublimate in somewhat substantial doses; but, if he has to follow up with nitric acid, gives it in the 30th dilution. Schneider is content with mercurius solubilis 3, alternated with nitric acid 3. Where mercury has already been fully given, Yeldham prefers kali iodatum (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 or borax if it is squamous, tartar emetic or kali bichromicum if it is pustular, aurum or hydrocotyle 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 mercurius vivus. When they are phagedænic, deeply penetrating, and threatening to affect the bones, he substitutes,—for the mouth, kali iodatum and bichromicum; for the nose, kali iodatum 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 mercurius solubilis if simple, mercurius corrosivus if phagedænic,—half a grain of the 2nd trituration 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 mercurius solubilis and nitric acid. Yeldham recommends that the throat be treated in the first instance for simple inflamma-

tion, 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 iodatum 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 volume 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 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 Hall.

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, probably theoretically, 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; but 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

* See testimonies in its favour from Watzke and Russell in the "Hahnemann Materia Medica," Part I., and from Drysdale in the *B. J. H.*, xv., 675.

† See *B. J. H.*, xxxiii., 407.

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, silicea, 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 silicea, 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 sephilis according to the part affected; and in two of the cases he gives, silicea (3x) 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 which you have learned to employ. 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 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.

* See *B. J. H.*, xi., 681.

† Pharmacodynamics, *sub vocc.*

‡ Ibid., *sub vocc.*

The digestive organs were 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 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 even pustular eruptions and acne; and the statement of Trousseau, that "in some circumstances certain

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

† Ziemssen's Cyclopædia, iii., 280. Dr. Larrien has lately come forward to announce a similar experience (*Journ. Belge d' Homœopathie*, July-Aug., 1899).

‡ Such a cure of a syphilitic adeuopathy as that reported by Dr. Bonino in the *Hahnemannian Monthly* of February, 1899, shows iodine in other combinations working brilliantly as an anti-syphilitic.

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.

To the foregoing effect I delivered myself in 1877. You will naturally ask what changes or additions the years have brought since then.

1. I have no modification to make in my views as to the place of mercury in the homœopathic treatment of syphilis. As regards iodide of potassium, I am bound to cite Meyhoffer's statements, which bear out those of Jahr just adduced: "It has become the fashion," he writes in his "Chronic Diseases of the Organs of Respiration" (i. 190), "even among the disciples of Hahnemann, to exhibit the iodide of potassium in increasing doses; but we are convinced that this course is as useless as it is often injurious. From the moment the drug produces pathogenetic symptoms, it exaggerates the functions of the tissues, exhausts the already diminished vitality, and thence, instead of stimulating the organic cell in the direction of life, impairs or abolishes its power of contraction (qy.? counteraction). We use, as a rule, the 1st dilution, from 6 to 20 drops a day; if after a week no decided progress is visible, one drop of the tincture of iodine is added to each 100 of this 1st dilution." In this way he says, "the mucous tubercles, gummy deposits and ulcerations resulting therefrom, in the larynx, undergo a favourable termination." (It is of laryngeal syphilis that he is speaking.) I have also to mention the paper read by Mr. Knox Shaw at the British Congress of 1891,† in which he defends the thesis that iodide of potassium is really homœopathic to the lesions of tertiary syphilis, having the power of causing similar phenomena. It seems to me (as I said at the time) that while Mr. Shaw well proved his point as far as the cutaneous lesions of the disease are concerned, there is as yet no evidence that it can cause anything like the gummatous deposits in the viscera and on the bones; while the dosage which is most effectual, and indeed ordinarily indispensable, is such as hardly consorts with the idea of a similarly acting specific. Mr. Shaw promised to bring forward cases rendering nugatory the latter objection; but they have not yet made their appearance. His colleague at our London hospital, however, Mr. Dudley Wright, could in 1893

* Colombini and Gerulli have shown its power of diminishing the red corpuscles and the hæmoglobin in the blood of healthy subjects, while it increases both in syphilitics (*M. H. R.*, xli., 575).

† See *M. H. R.*, xxxv., 565.

express himself quite satisfied from his own experience that "the 1x dilution of iodide of potassium will, in the majority of instances of syphilis, accomplish all that the drug undoubtedly does in larger doses." *

2. In his earliest study of the pathogenesis of kali bichromicum, Dr. Drysdale called attention to the similarity between its action and that of syphilis, and thought we might fairly expect it to prove another remedy for that disease. His hopes have been often verified since in the treatment of lues affecting the nose, throat, eye, skin and periosteum; but their fulfilment has subsequently taken a wider range in the results obtained by Guntz, which our lamented colleague has epitomized in his latest presentation of the drug. I refer to his article upon it in the first and only volume of the "Materia Medica, Physiological and Applied." You will find there that Guntz regards the chromic salt a substitute for mercury and iodine in all stages of the disease. His cases seem to show that to abort the disease in its primary stage kali bichromicum is more powerful than mercury, and that it is at least equally curative in the constitutional symptoms, while it is, of course, much less harmful. He gives about half a grain daily.

3. If there be anything fresh of late years in our own therapeutics of syphilis, I should say it is in the larger use we make of nitric acid. The cases by Dr. Kernler, summarised in the third volume of the *Journal of the British Homœopathic Society* (p. 216), well illustrate its frequent usefulness, and that in purely dynamic dosage. I can cordially commend it to you in the ulcerations of the second stage, and in well-mercurialised subjects.

The other general disease, of venereal origin, which our nomenclature recognises is

Gonorrhœa. It can only, I suppose, become general by direct extension, or by local transmission: it does not infect the system by absorption, unless gonorrhœal rheumatism and iritis are to be so accounted for. You have probably been taught to endeavour to abort this inflammation by injections. Let me caution you against doing so save in its earliest incipience and its non-inflammatory forms; and then by mild astringents or antiseptics only. I will not urge you to try instead sepia 30 night and morning as recommended by Jahr; for I have not proved it. I can, however, 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 *gelsemium*, according to the amount and kind of constitutional

* *M. H. R.*, xxxvii., 346.

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 gelsemium 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 (not too low) intercurrently with the other medicines when the urinary symptoms indicate that the inflammation is extending towards the bladder. It is also useful when 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. 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 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 has 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 ; but may mention that Dr. Gilchrist prefers *apis* to either, and thinks that, administered early in the inflammatory period, it will often abort the disease.

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 from Tessier, of kali iodatum 3x from Franklin, of matico 1x from Kafka, of sepia 30 from Jahr, and of silicea 6. 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, or shall speak, in their proper places.

Soft Chancre, with its suppurating bubo, is now generally recognised as a local, though specific and contagious venereal 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 writer 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 Caspari 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.

* Mr. Dudley Wright prefers the application of equal parts of glycerine and the fluid extract with the help of the endoscope (*M. H. R.*, xliii., 129).

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."*

Finally, I will follow Hahnemann in giving to

Sycosis a separate place from syphilis, and in reckoning it as general a disease as gonorrhœa may become. Of the nature and clinical history of the condyloma which is its chancre I have already, when speaking of thuja, mentioned how diverse the opinions are. To the authorities cited then 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: so say Bähr and Jahr. But if mercury has been freely given, *nitric acid* (1st dil.) or thuja must (Jahr says) be administered.

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, or, instead of being smooth, are jagged and rough. This last indication is from Espanet.

3. Excrescences, "fig-warts" (hence the name sycosis), may also follow or accompany chancre. In this case Jahr finds

* *Op. cit.*, 3rd ed., p. 92.

cinnabar and nitric acid,* sometimes phosphoric acid and staphisagria, remedial. Bähr gives thuja for them when they are acuminated and dry.

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 generally in high (30th) dilution.

* A case by Dr. Henriques, in which this medicine (internally and locally) rapidly reduced them, may be read in *B. J. H.*, xix., 64.

LECTURE XXIV.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Brain.

From the general diseases—"morbi corporis universi"—which have hitherto come before us we pass to those of particular systems or organs—"morbi partium singularum"; and take first, as of prerogative right, that organism within the organism whereby the animal differs in kind from the vegetable, and man differs in degree from other animals,—the nervous system. While in brain, cord and nerve we possess an apparatus of marvellous sensitiveness and flexibility for carrying on our higher physical and psychical life, it is one too liable to disorder and even disease, especially as civilization makes upon it its ever-increasing demands. It is therefore very important to know what aid homœopathy brings us in our dealing with the maladies of these organs so important to man in his place at the summit of creation.

A point I will make (before proceeding to special diseases) is that in its employment of belladonna homœopathy has made a contribution of the first importance to neurological medicine. If you look at the treatises on Materia Medica of fifty years ago, such as those of Pereira and Neligan, you will find this plant classed as a "narcotic," and recommended in disease—mainly locally—as anodyne and calmative. Already, however, its physiological effects were so obvious as to lead Pereira to consider it (from his stand-point) contra-indicated in febrile and acute inflammatory cases; while from the other side homœopathy saw in such conditions its indications. The essays of Hartmann "On the Principal Homœopathic Remedies," published during the decade 1830–1840, show that in the hands of Hahnemann and his followers it had even then become a polychrest of the utmost renown, and was esteemed in the treatment of most fevers, inflammations, and congestions as highly as in the neuroses to which its use had hitherto been restricted. I had myself, before being numbered with this band, taken much interest in the action of belladonna, and had written papers on it in the journals.* I then, however, had

* *London Medical Review*, 1860; *Brit. Med. Journ.*, Ibid.

been disposed to trace all its effects to the stimulant influence it undoubtedly exerts on the vaso-motor nerves, and the consequent contraction of the arterioles. In 1862, after my conversion, I published in the *British Journal of Homœopathy* a series of "Cases of poisoning by Belladonna, with Commentaries"; and there maintained that the nervous symptoms of the drug, with their accompanying hyperæmia, were due to an inflammatory irritation set up by it in the centres, analogous to that which, seen elsewhere, had led Christison to class it as a narcotico-*acrid*. In 1869, Dr. John Harley issued, under the title of "The Old Vegetable Neurotics," his Gulstonian Lectures of the previous year, in which he comes to a similar conclusion. He calls the action "hyper-oxidation of nerve-tissue," but obviously means the same thing. The only difficulty in the way of this hypothesis was the anæsthesia and paralysis occasionally present, especially in animals, from its action; but this, with its dilated pupil and its tachycardia, I showed in my Pharmacodynamics of 1875 to be due to an influence exerted on the function of the terminal extremities of the nerves, and quite separate from that displayed in the centres. Pharmacology has thus vindicated what symptomatology earlier led to; and has given us in belladonna a medicine curative of, because homœopathic to, every form of nervous erethism and hyperæmia, from a simple congestive headache to a fully developed phrenitis or myelitis.

You see at once what a potent weapon this gives us in our combat with some of the most alarming disorders that affect the human frame. A man falls down in an apoplectic fit: he is insensible, his face is flushed and warm. There may be no circulatory tension or excitement, such as would have led to venesection in the past, and which we should relieve with aconite now. The condition is one for which the older physicians would have leeched or cupped, and against which now, these measures being hardly available, they are powerless. Belladonna will be found to supersede the local as aconite does the general bloodletting, and to reduce the cerebral circulation to a normal state. It may come in again also later on, when reactive inflammation is set up around the clot. I shall not readily forget my distress at watching a brother of mine, who had been thus attacked while walking along Piccadilly, and was carried into St. George's Hospital. Every kindness was sohwn him, but the treatment was absolutely nihilistic: they noted the rise of temperature most regularly and accurately, but they did nothing to subdue it, as I knew belladonna might have done. Again, a child is seized with convulsions,—it may be from teething, it may be during whooping-cough. If hyperæmia accompany, as it

generally does, belladonna will nearly always prevent the recurrence of fits. Puerperal convulsions are too generally uræmic to allow of similar medication being effectual; but if the urine is free from albumen, so that they seem to depend on abnormal reflex excitability, the indications for belladonna may be followed with confidence. If you should ever see any variety of the "brain-fever" so frequently spoken of in older literature—such as we should now call acute congestion, as from insolation, mental excitement, intemperance, or concussion; if you should have to treat alcoholism in the form of mania-a-potu, or such acute maniacal delirium as Maudsley describes resulting from transfer of erysipelas from the leg to the brain; if the delirium of the fevers or exanthemata should be active and hyperæmic enough to require a special remedy,—in all these circumstances belladonna may be relied upon with the utmost confidence. Even in tetanus and hydrophobia—as we shall see—it may play a useful part. The co-existence of fever in such cases calls for no other medicine. Belladonna is one of the substances that can produce this state in health. De Meuriot, in his *Étude* of the drug, relates observations showing its power to raise the temperature in dogs from 1 to 4 degrees of the centigrade scale, and in man from $\frac{1}{2}$ to $1\frac{1}{10}$. Higher ranges indeed than this have been noted in the human subject; as in a recently reported case where a solution of sulphate of atropine, four grains to the ounce, dropped into the eye of a baby of a month old, twice caused fever—the temperature rising to 104·5 and 107·2 on the two occasions respectively.*

Nor is it only in these acute affections that the specific irritation set up in nervous tissue by belladonna makes it a homœopathic remedy. You know how many distinct forms of chronic nervous disease have been brought into view, especially by the French pathologists, during the last forty years: you may profitably read of them—if you have not already done so—in the fascinating pages of Trousseau's "Clinical Lectures." Now there is one common feature of all these maladies—that they have, as their basis and inception, inflammation, followed by induration or atrophy, of particular tracts or elements of the cranio-spinal axis. Dr. Jousset has clearly exhibited them in this light, including in his survey 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 may be added pseudo-hypertrophic spinal paralysis and lateral sclerosis. When the stage of induration or atrophy has been

* See *M. H. R.*, xxxix., 465.

reached, what little can be done for these maladies must be essayed with drugs of profounder action, like mercury, phosphorus and plumbum. But their forming stage is the one hopeful time in which to take them; and here they have a *simile*, and will often find a curative, in the great medicine we have been considering.

We continue to follow our official nosology in giving pre-eminence in place among local maladies 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 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 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.

Gelsemium is a valuable remedy for recent *passive* congestion, with diplopia, giddiness, etc. Opium replaces it when sopor is very marked.

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. *Ferrum* is to be thought of where the hyperæmia relieves itself by epistaxis.

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

* Bähr gives "disposition to perspire" as a valuable indication for belladonna in preference to aconite.

† See Pharmacodynamics, *sub voce*.

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 (from Peters) 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 moveable 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."

It is to hospital experience that we should look for the proper treatment of meningitis from injury; I cannot, however, find that any 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 sometimes 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 might 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 had been much affected ; it would, in fact, follow belladonna as apis would bryonia. But, should these directly homœopathic remedies prove ineffectual, you would 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 specially 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.

* See Pharmacodynamics, *sub voce*.

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 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 mercurialisation —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*.

* A marked case of cerebral meningitis occurring in an adult is recorded in the *Calcutta Journal of Medicine* for July, 1895. The action of aconite, glonoin and bryonia was very decided.

† Treatise on Diseases of the Nervous System, 6th ed.

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. Dr. Halbert has had some good results from aurum.†

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

* Mr. Jonathan Hutchinson, in Quain's Dictionary, speaks equally strongly as to the advantage of mercury in cerebral inflammation.

† See the *Clinique*, March, 1899.

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.

Of

Cerebral Tumours, the prognosis given in the ordinary text-books is that they 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 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 lecture 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

* "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).

† See *B. J. H.*, xxvii., 467.

complete collection of all that had been published up to date 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 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.

* A good case, showing how rapidly this medicine may start a long-delaying recovery in hemiplegia, may be read in the *Revue Homœopathique Française* for April, 1901.

LECTURE XXV.

DISEASES OF THE NERVOUS SYSTEM.

Maladies affecting the Brain (continued).

In my present lecture I shall endeavour to give you some idea of what homœopathic treatment can do in Mental Disorders. When I last wrote upon therapeutics, this field was so comparatively unworked that I could do little more than supply hints as to what might be done. All I had to draw upon, beyond the pathogenesy of drugs, was the collection of cases of the successful treatment of such disorders made from our periodical literature by Rückert, and arranged by Peters in one of his useful volumes—"On Nervous Derangements and Mental Disorders" :—this, and a review of Jahr's treatise, "Du traitement homœopathique des Affections Nerveuses et des Maladies Mentales," in the twelfth volume of the *British Journal of Homœopathy;* where also are given the statistics of a private establishment for the insane in which the medicinal treatment was strictly homœopathic, these being quite as good as could be expected.

Already, however, a brighter prospect was opening. The erection of the State Homœopathic Asylum for the Insane at Middletown, New York, had begun to afford an opportunity for homœopathy to test its remedies on a large scale in lunacy. I was able to quote from the report of the first medical superintendent, Dr. Stiles, issued after the institution had been open nineteen months for the reception of patients, and 168 had been admitted, the following encouraging statement :—

"Our medical treatment continues to be purely according to the homœopathic law *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, etc., 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 principles and results here described have continued to characterize the Middletown Asylum throughout its subsequent career, extending now over nearly thirty years, during which it has been conducted mainly by Dr. Selden Talcott. He has frequently reported his practice there, to the American Institute and in the pages of our periodicals, and has now gathered up his long experience in a volume entitled "Mental Diseases and their Modern Treatment." The success of the institution (which has now, I may mention, 1,800 beds) appears from the statistics of the ten years 1881–90 brought before our International Congress of 1891, their figures being compared with those of the three asylums under old-school management in the same State. They show that the recovery rate at Middletown upon the numbers discharged each year during the decade was about 50 per cent.; the death-rate, upon the whole number treated, about 4 per cent. In the other asylums calculations made on the same basis and for the same period show a recovery rate of less than 30 per cent. and a death-rate of over 6. The impression made by such results is best evidenced by the other institutions of the kind which different States of the Union have placed under homœopathic management during the last twenty years—these being now six in number.

I shall draw largely on Dr. Talcott's book in sketching the homœopathic treatment of mental disorders. First, however, let us take into account certain general considerations.

1. It goes without saying that in our homes for mental disease the improved general treatment of modern times is carried out in all its details—mental, moral, hygienic and dietetic. We should be unworthy of our Master were it not so; for Hahnemann, contemporarily though without concert with Pinel, led the way in abandoning and condemning the harsh treatment of the insane prevalent in his time.* In this respect our asylums are fully abreast with those of the other school; but in another we go far beyond them. We do not poison with narcotics the poor brains already so far gone from original righteousness. As at Middletown, so at Westborough—and I doubt not that the same is true at Fergus Falls, at Ionia, and at Fulton†—no medicinal hypnotic is ever administered. The physicians are under a self-denying ordinance in this respect, and the result has fully warranted the experiment. If only no harm had come from withholding this drugging, alienists ought to be grateful to

* Dudgeon, "Lectures," p. xxiii.

† See *M. H. R.*, xlv., 254, for the last.

us for proving that it is needless; but when we can show better figures than their own, surely not only our negative but our positive procedures should be imitated.

2. These consist, of course, in adding to the general management of insane patients the administration of small doses of medicines homœopathic to their condition. 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, or instance 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 *moral* 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, etc. 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 paresis; under which headings I shall consider their medicinal treatment.

And, first, of

Mania.—Excluding the puerperal form of this disease (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. Dr. Talcott concurs in this preference and these indications. He adds, as regards belladonna, "a fixed and savage look, with now and then sudden ebullitions of rage and fury," restlessness, destructiveness, and rapid alterations of mental state. When erethism is well-marked, he prefers the dilutions from the 3rd to the 30th: when there is heaviness and dull rage, he gives the 1x and 2x. For stramonium he considers hallucinations, which cause the patient great terror, a

* Duboisia, whose action is so similar to that of belladonna, has found much favour in mania of late (*J. B. H. S.*, i., 376; ii., 219).

main indication, and the dread and horror itself, even without the illusions, another ; for hyoscyamus, a tendency to expose the person. When this last symptom exists with marked immodesty and lasciviousness, *phosphorus* is strongly recommended by Jahr—of course in high dilution ; when it is more physical than psychical, Dr. Talcott relies upon *cantharis.*

Veratrum album is the only other remedy I would mention. Its reputation among the ancients has been confirmed in our practice. Dr. Talcott has verified the indication I have given for it in extreme anguish of mind. This is often associated, he says, with the physical prostration and coldness of the drug—which he classes with the three mydriatics as the "Big Four" against mania.

Whichever of these medicines you choose, you must persevere with it,—not expecting any rapid results. Dr. Talcott gives three to six months as the probable duration of mania, even under the most favourable circumstances. In chronic cases, and in the recurrent form of the malady, you may gain time by making a strong impression on the brain by a single full dose, sufficient to excite physiological effects. The advantage of doing this with hyoscyamine (of which alkaloid he gives a grain for a dose) has been illustrated by Dr. Lawson. He says justly 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 chronic mania is subsequently improved to a striking extent.*

Melancholia is sometimes simply a mental feature of dyspepsia, hepatic disease, oxaluria, or disordered ovario-uterine functions. It then yields, with the other symptoms of such states, to the remedies suitable for these. Nux vomica and pulsatilla ; mercurius and carduus marianus ; oxalic or nitro-muriatic acid ; actæa, lilium tigrinum or platina—these medicines, in their respective spheres, have restored many a patient to cheerfulness. But there is a melancholia which is out of all proportion to any bodily disorder on which it is engrafted ; which is traceable, by inheritance or acquirement, to psychical causes ; and which requires remedies of another group. I am glad to find that Dr. Talcott confirms my recommendation of *ignatia* as the best medicine in recent cases. He emphasizes the suspension of the power of weeping as calling for it, where also

> "the grief that cannot speak
> Whispers the o'erfraught heart, and bids it break."

Where the patient weeps overmuch, and the physical state is of the anæmic, atrophic state characteristic of it, *natrum*

* *Practitioner*, vol. xvii. See also *B. J. H.*, xxxv., 162.

muriaticum may take the place of the ignatia. In more confirmed cases our choice generally lies between *aurum* and *arsenicum*. Dr. Talcott has been disappointed in the former metal; but this is probably because his hospital patients are in too low a physical condition to render it suitable. The testimony borne to it by Hahnemann himself and several of his followers is too strong to be neglected. It is, as you know, when suicidal tendencies manifest themselves in melancholia that aurum has so much repute among us; and I have suggested that its mental state, though urgently demanding treatment on its own merits, is one primarily engrafted on hepatic or testicular disease. But while vindicating the traditional claims of aurum, I fully subscribe to all that Dr. Talcott has written in praise of arsenicum. Patients calling for it, he says, are "much emaciated, and have wretched appetites. They present a dry, red, tremulous tongue; they exhibit a shrivelled skin, and a haggard and anxious countenance. They look as if they had suffered the tortures of the damned." That arsenicum is imperatively called for here there can be no doubt. Its patients may not be so suicidal, but they are "apt to mutilate the body by chewing the fingers, pulling out the eyelids" (? eyelashes), "by scratching holes in the face and scalp, and by torturing the flesh generally." They are also very restless.*

These (with veratrum when its bodily conditions are present) are the leading medicines for acute melancholia with anguish. There is a form of the malady, however, where stupor predominates,—the "melancholia attonita" of authors. Fever is often present here, possibly threatening life; and *baptisia* is most frequently called for to subdue it. Following it, or from the first in apyretic forms, we have to think of *helleborus*, of *opium*, and (again) of *veratrum*. The first two seem best indicated, but Dr. Morris Butler—who has worked with Dr. Talcott at Middletown—writes (in a valuable study of melancholia attonita)† :—"Veratrum album has proved, in our experience, the most valuable remedy in our pharmacopeia for combating this formidable disease. Many of these patients, who for weeks had passed their days sitting with heads bent and hands resting on their knees, noticing nothing, with their mental and physical vitality reduced to the lowest ebb, we have seen, under the influence of this drug, renewed and restored to their normal activity of mind and body." Opium is more renowned in the old school than with us.‡ Melancholy, however, is character-

* Some cases illustrating the sphere of arsenicum, aurum and pulsatilla in melancholia, by Dr. Junge, may be read in *J. B. H. S.*, iv., 137.

† *North Amer. Journ. of Hom.*, Feb., 1897.

‡ See Hammond, *op. cit.*, p. 372.

istic of opium-eaters ; and the constipation so constantly present in the idiopathic disease is an important element in the homœopathicity of the drug.

I come now to

Dementia. I need hardly say that in its senile form this malady is insusceptible of cure, save so far as good diet and surroundings can conduce to it. But dementia may be acute. I have said hitherto that when occurring in the young it is nearly always the result of masturbation. Dr. Talcott, however, has well pointed out that it may be induced by "monotony of thought and feeling, or mental inanition." Factory life, prison life, stationary sailor life are in this way conducive to it, and such factors are specially operative on the youthful, as yet unstable, nervous system. In either case he agrees with me that *phosphoric acid* is its great medicine,—especially, he says, when the flow of urine is profuse. I have added *anacardium*. Dr. Talcott only recommends this medicine when the patients are inclined to swear, which in dementia they surely are rarely energetic enough to do. It is gaining in repute of late. Failure of memory is the great indication for it, and even in incurable cases may be benefited by its administration. Delusions, also, will clear away if it be given as soon as a new one crops up.* When melancholia co-exists in masturbatic patients, *conium* is said to be useful.

These are primary dementiæ ; but another possibly curable form of the disease is that which sometimes follows upon an acute attack of mania or melancholia. For this helleborus, or, in more confirmed cases, zincum, would seem indicated.

General Paresis, as Dr. Talcott gives good reason for calling it, 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 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 recent years, 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.

Dr. Talcott speaks very despairingly of the treatment of this disease. Dr. Elias Price has published a case seemingly of it,

* So Drs. Taylor and McCracken, from alienist experience, in the *Clinique* for July, 1899.

which recovered under plumbum and zincum 24 and 30. It is worth mentioning, moreover, that in a subject of iodoform poisoning (through the uterus) the cerebral symptoms became chronic, and ended in general paresis, from which the patient died two years and a half later.

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

* Hahnemann Mat. Medica, part i., p. 25.

which in his eyes seemed their rational substitute. "Great mischief" is ascribed in one of the latest treatises on Medicine to such belief and practice; and we are told that "the idea that patients in delirium tremens require to be narcotised 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 alcoholised 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 first decimal dilution. I would also commend to your notice a paper on the disease by Dr. A. P. Williamson in the *Hahnemannian Monthly* of October, 1896. He thinks *cannabis indica* more often called for than the other deliriafacients. Dr. Olivé, of Barcelona, has recorded a good case in which it exhibited marked curative power.*

* *Hahn. Monthly*, March, 1896, p. 201.

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 utilise Dr. Marcet's favourable experience with the preparations of *zinc* in such cases, as the remedy is thoroughly homœopathic to the morbid condition.

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.

First, of

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. Nor will I deal here with migraine. Recent study of this affection has given it a place among the neuroses, with which we shall consider it. The three great types which come under our present notice are the nervous, the congestive, and the "sick" headache.

I. By the "nervous headache" I understand a hyperæsthesia of the brain itself or of some of its issuing nerves, depending on a morbidly excitable condition of the cerebral substance. We have two leading remedies for this trouble—*belladonna* and *nux vomica*. The former is, as a rule, most applicable to women and children; at any rate, to young slender subjects of nervo-sanguineous temperament and otherwise fairly healthy. Nux vomica is preferable for men; when the well-known constitution, temperament, habits and conditions characteristic of this medicine are present; and when errors in diet readily excite the attacks. Hyperæsthesia and hyperæmia are features common to both. When the pain takes the form of "clavus"; in nervous and excitable subjects; and when depressing emotions will at any time bring on the attacks, *ignatia* will replace either. With it 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. One or other of these medicines will both relieve at the time, and by their continued use will greatly lessen the morbid susceptibility upon which the suffering depends.

There are three varieties of nervous headache which must be specified here, as they require their own medicines.

1. The first is a chronic, persistent ache, somewhat resembling the syphilitic, but with no such anamnesis; generally occipital in seat, and thence coming forward; relieved by warmth, increased by mental and physical exertion. Here *silicea*, in medium dilutions, will often work wonders.*

2. The second is the headache traceable to injury, whether physical or mental. It may be from over-work, from exposure to too much light or noise, or from concussion, that the damage has been wrought; but damage has been done, the brain is a bruised one, and aches. *Hypericum* is the arnica of such injuries, as you may see in Dr. Lambert's interesting study of the drug in the eighth volume of the *Journal of the British Homœopathic Society*.

3. The third is the headache of eye-strain. For this the excellent therapeutist I have just mentioned has given us one remedy in *natrum muriaticum*;† and American experience has

* See *J. B. H. S.*, vii., 418; viii., 160.
† *L. H. H. R.*, vii., 144.

furnished two from among their indigenous plants, both named from Virginia—the *epiphegus* and the *onosmodium*. I have frequently verified the recommendation of epiphegus—the provings of which show a clear homœopathicity, and a power of inducing headache which *similia similibus* ought to utilise yet further.* To the testimony in favour of onosmodium, Dr. A. B. Norton has lately given his weighty accession. Even where the proper correction of refraction cannot be made, he says that great amelioration will follow the use of the drug. A tired feeling, locally and generally, he describes as a sure indication for it.†

II. I come now to congestive headaches. Here, as is only to be expected, the remedies for cerebral congestion itself find place again ; and I need not repeat what I have said as to the distinctive indications for aconite, belladonna, ferrum, glonoin, gelsemium, nux vomica and opium. I would add to the list, however, bryonia, chininum, and melilotus. *Bryonia*, like nux, suits the congestive headaches connected with dyspepsia and constipation. The pain is in the forehead, and accompanied by 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. The headache of *quinine* is general and continuous, with a tendency to deafness and noises in the ears : in this I have often found the first three triturations of much benefit. Dr. Bowen has lately come forward again to testify his confidence in *melilotus*.‡ There is frequently epistaxis with its headaches to show their congestive basis.§

* Dr. J. C. Andrews affirms that it is as effective in headaches from excitement of any kind as it is in those of eye-strain. He gives the 3_x dil. (*J. B. H. S.*, v., 191).

† *New Engl. Med. Gazette*, March, 1901.

‡ See Pharmacodynamics, p. 903, and *J. B. H. S.* ii., 360 ; vii., 223.

§ 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

Dr. Claude has good reason to believe that the headache of over-work is associated with congestion—not of the arteries but of the veins of the head. He is sustained in this contention by Dr. Parenteau, who finds in the cases Dr. Claude has sent to him marked enlargement of the veins of the fundus oculi, with corresponding shrinking of the arteries. Dr. Claude has long treated such headaches mainly with pulsatilla, and has found the mother-tincture aggravate, while the dilutions from the third upward have shown most beneficial effects.*

III. I have 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 had 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 and pain in the side. Continue medicine.

---

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 of sea-sickness continued—the flushed face, the giddiness, the headache, 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."

* *M. H. R.*, xlv., 484.

This was the last of the headaches for a long time. Patient 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 attack is so obvious as in this case. When the symptoms are more obscure, I would direct your attention to *iris*. 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—of its place in which I have yet to speak.

For other headaches not falling within these three classes, and not mentioned under the head of catamenial or climacteric sufferings, I must refer you to the Clinical Index to my Pharmacodynamics, and the references to its text there given.

The list of symptoms of nearly every medicine given in the schematic pathogeneses begins with

Vertigo. In the presence of this *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 first 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 require special attention and medication. It may depend on disorder of the intra-cranial circulation, and this in the way either of excess or of defect. When congestion is present, and accompanied by 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 3x dilution. Sulphur, also, must not be forgotten. Still more frequently, however, vertigo 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 slow and feeble pulse, and a tendency to syncope. Here *digitalis* is our grand remedy, given in small doses (say the 1st dilution), as a direct tonic to the muscular fibre of the heart. The disappearance of the vertigo is generally the earliest sign of its taking effect. Another anæmic vertigo is that to which epileptics are subject. It is from a contraction of

* In Russell Reynolds' System of Medicine, vol. ii., art. "Vertigo."

the cerebral arteries, not strait enough to amount to the "petit-mal"; and it finds an effective medicine in *hydrocyanic acid.*

Much light has been thrown on vertigo of recent years by the researches made as to the functions of the cerebellum. They are well brought together by Dr. Ferrier, in the fourth and sixth chapters of his "Functions of the Brain." The cerebellum appears to be the centre of equilibration, the seat of association of those combined impressions and movements which result in the preservation of balance under all circumstances. The impressions which convey the sense of need of adjustment come through three channels—the eye and optic tracts, the semi-circular canals of the internal ear with their afferent nerves, and the paths of tactile sensibility—these last being the posterior columns of the cord, which transmit the sensations caused in the soles of the feet by walking and standing. The cerebellum being connected with all these centrad paths, and receiving their impressions, transmits them peripherad through the motor paths, with which it is equally connected by means of its middle peduncles; and here they are transformed into such movements as are requisite to preserve or restore the balance.

Now through its superior peduncles the cerebellum is connected with the cerebrum, the seat of consciousness; and here loss of balance finds its subjective complement in vertigo—the sense of giddiness. Let the posterior columns be affected with sclerosis, as in locomotor ataxy; and if the optical aid to equilibrium is removed by closing the eyes, the patient immediately feels as if he would fall, and has to grasp at some support. Conversely, let a full dose of hemlock, which paralyses the ocular muscles, be taken; and here the ingester will be unable to walk steadily as long as his eyes are open, while on closing them the giddiness immediately passes away. The part played in equilibration by the semicircular canals was ascertained experimentally by Flourens, and has been confirmed pathologically by the phenomena of Menière's disease. Vertigo, then, may evidently be set up through disorders occurring in any of these paths; and will require medicinal remedies accordingly. Quinine, salicylic acid and chenopodium will be indicated when tinnitus and perhaps deafness indicate the ear as at fault; conium and gelsemium when the trouble lies in the optical apparatus, as shown by exacerbation on changing the focus or direction of vision.* There may be also a real "essential vertigo," *i.e.* one where the cerebellum is itself primarily at fault; and certainly giddiness does not uncommonly come before us where no exciting cause or pathological explanation can be found for it. In such cases I am in the

* See *J. B. H. S.*, iii., 326.

habit of prescribing *cocculus*, and with fair success; though Jousset considers *tabacum* preferable (in the 6th dilution).

If these indications prove insufficient, you must 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 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 silicea, 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*." 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.

Here are two more excerpts bearing on this subject.

1. In a case of poisoning by a grain of morphia, recorded in the *Homœopathic Physician* for December, 1895, a marked symptom was vertigo from the least motion of the head. In the March number Dr. Skinner relates a case in which this symptom, tending even to "petit-mal," after resisting nux and lycopodium, yielded rapidly to a high potency of morphia muriatica.

2. Dr. Colby calls attention to the marked vertigo experienced by those who have taken pomegranate root for the expulsion of tæniæ, and says that he has come to regard granatum as quite the leading remedy for vertigo when occurring as a substantive symptom of a case. This is from the *New England Medical Gazette* of November, 1900.

I come finally to the

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 systematic 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*, *chamomilla*, *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 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 and chamomilla 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 pathogeneses 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* and *cannabis indica* are 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

* 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).

experience how entirely homœopathic it is, we can hardly do better than employ it. *Pæonia*, also, is good for nightmare.

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*.

* "The medicine that is most essentially serviceable in the treatment of concussion is arnica; and its early administration, if the injury be not extremely severe, will not only prevent many of the evil consequences that may result, but by its influence upon the vessels may limit the extravasation of blood within the cavity of the cranium" (Helmuth, *System of Surgery*, 4th ed., p. 620).

LECTURE XXVI.

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. An excellent beginning in this direction has been made by Dr. Goldsbrough in connection with our own London hospital, and we cannot have too much of such work as his.

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 *gelsemium* 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. Dr. 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."*

In my Pharmacodynamics, noting the tenderness of some of the vertebræ felt by Dr. Carroll Dunham during his proving of *tellurium*, I said it should cause the metal to be remembered in

* *M. H. R.*, xii., 402.

spinal irritation. Dr. Shelton has reported three cases in which great pain and sensitiveness of the spine were prominent symptoms, and which recovered under this medicine in the 6th dilution.*

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 continuous 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. Dr. Brown-Séquard's article on the disease in Quain's Dictionary contains some practical suggestions for its management.

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.

* *M. H. R.*, xxxvi., 548.

† Since writing the above, I have met with a well-characterized case from Dr. H. Goullon (*J. B. H. S.*, iii., 214). Here the action of bryonia 3 was very satisfactory.

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* (3x 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 *L'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. More pertinent is Dr. Simpson's case of "Diffuse Myelitis" in the *Monthly Homœopathic Review* of 1894 (p. 639). Here lathyrus proved curative.

By "myelitis" I have meant (as explained) simple inflammation of the whole thickness of the cord. But recent investigations—especially those of the French school—have (as I have already said—see Lecture xxiv.) 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 (poliomyelitis anterior acuta) appears to be an inflammation of the anterior grey cornua of 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, 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 localised 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

* 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.

† Now more commonly known as "progressive bulbar paralysis."

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 discussed 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. The paralysis caused is always more or less of the "spastic" kind.

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. The aurum, barium and plumbum already suggested there would be applicable here; but the rigidity and contracture which characterise its paralysis strongly suggest the phenomena of lathyrism, and point to *lathyrus* as a promising remedy. The promise has received fulfilment in at least one case—that contributed by Dr. Dewey to the *Medical Century* of January, 1900, where the 3x and 6x dilutions were employed. If the spinal mischief be of traumatic rather than spontaneous origin, *hypericum* would be causally indicated, and Dr. Speirs Alexander has communicated two excellent cases in which complete cure resulted from its use.*

Lateral spinal 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 (the "amyotrophic" form). 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 work, illustrating this disease, the correspondence will be found exact. There is no recorded experience with this metal in the disease; but Dr. Halbert has given us a well-diagnosed case in which immense improvement has taken place under the persistent use for nearly a twelve-

* *J. B. H. S.*, v, 41.

month of *argentum nitricum*, first in the 3x and finally in the 30x dilution.*

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.†—There was very little to be found in homœopathic literature, when I wrote my Therapeutics, regarding the treatment of this disease; and I confined myself to suggesting belladonna in the incipient stage, and mentioning some results obtained from argentum, aluminium, and zincum in more advanced cases. We have more material of the kind now; and the "much may be done by drugs" which is stated by Sir William Gowers in his article on the disease in Quain's Dictionary is confirmed by the experience of our school.

1. The syphilitic anamnesis so frequently obtainable in this disease has not, as is generally the case, aided in its treatment. Gowers speaks of "the almost invariable inefficacy of anti-syphilitic remedies." The "almost" is borne out by a case of Dr. Delamater's in the *Medical Era* of October, 1897, where a course of *mercurius corrosivus* 3x, with one fortnight of secale 1x, effected a complete cure in six months.

2. The probable commencement of the disease in an inflammatory process, and the analogy between its symptoms and those of the drug, have led me in time past to urge the employment of *belladonna*, at any rate in the incipient stage, when the "douleurs fulgurantes" and other erethistic symptoms are present. I think I have checked a commencing case with it. My reasonings have lately been supported by Dr. Jousset.‡ He prefers the drug in the form of atropine, which he gives in the 3rd trituration during alternate fortnights with strychnine of the same strength. From that medication, he says, he has in the first stage of the disease obtained gratifying results.

3. Argentum, in the form of the nitrate, and of course in substantial doses, has in the hands of Wunderlich and others played a considerable part in the old-school medication of locomotor ataxy. I am unable to claim for homœopathy any virtues it may have, and I observe that Gowers places it below arsenic and even *aluminium*. Both of these are ours,—the former by the similarity of its pains to those of the disease, the latter by the experience of Bönninghausen to which I have

* *Clinique*, July, 1896.

† Quite recently, there seems a tendency to reversion to the old name; but I cannot think it appropriate.

‡ See *Bull. de la Soc. Méd. Hom. de France*, xxxi., 43.

already referred.* It has been verified of late among ourselves. Dr. Simpson, of Liverpool, contributes a case having all the features of the disease, in which aluminium 6 relieved the muscular weakness, the formication, the numbness of the feet and the tottering gait. Phosphorus 6 was then given for some time, at the end of which "the patient expressed himself free from pain and discomfort, and strong to labour and endure." † Dr. Clarence Bartlett says he has used it in a couple of instances with good effect; ‡ and in the four cases contributed by Dr. Goldsbrough to the *Monthly Homœopathic Review* of June, 1901, aluminium played an active part in the improvement effected. Bönninghausen states that he was led to this remedy by the pathogenesy of alumina; and though it is difficult to follow him here, the dosage employed by himself and his followers forbids any but a homœopathic explanation of its efficacy.

4. The suggestion of the phenomena of lathyrism in the direction of spastic paralysis has been paralleled by that of ergotism as regards locomotor ataxy. If you will read some of the descriptions of the results of living on spurred rye collected in the Cyclopædia of Drug Pathogenesy you will at once see the resemblance of the two series of symptoms, and will ask whether *secale* should not find an important place among our anti-tabetic medicines. It has already begun to do so. Besides Dr. Delamater's case already mentioned, I can refer you to one of Dr. Ord's, where arrest of the disease and an endurable life seems to have been secured by the use of the 1x dilution—stramonium 1x helping head symptoms and carbo vegetabilis 3x gastric crises.§

5. Even in incurable cases, something may be done to relieve symptoms—especially those calling most loudly for help, the lightning pains. These belong to what may be called the fluctuating, functional, dynamic, and therefore modifiable element in the disease; and, besides the belladonna (or atropine) already specified, have proved amenable to several of our remedies. *Agaricus* developed in the heroic Austrian provings a marked action on the spinal cord; and among the phenomena were fugitive neuralgic pains along the spinal nerves. Dr. Dyce Brown, in a valuable study of the pathogenesis which appeared in the twentieth volume of the *Monthly Homœopathic Review*, suggested its appropriateness to the pains of ataxy. I said that I could not quite follow him here, as the inflammatory induration which lay at the basis of these was beyond the range of action of the drug. They answered rather, I suggested, to those of spinal irritation. So far I was

* See p. 54.
† *M. H. R.*, xxxix., 442.
‡ *J. B. H. S.*, iv., 127.
§ *M. H. R.*, xl., 465.

right, but the *douleurs fulgurantes* may be just an expression of such irritation, which intervenes—as it were—between them and the sclerosis. Dr. Brown's recommendation was well founded; and Dr. Sauer has since spoken of having obtained at least temporary benefit from the remedy. You will remember that the neuralgic pains of agaricus are compared to sharp ice touching the spots, or cold needles running through the nerves, —in this contrasted with those of *arsenicum*, where the imaginary needles are red-hot. Coming now to the drug last named, I would say that while the "myelitis" which has been observed from it is hardly that of locomotor ataxy, so that it has no fundamental relation to the disease, the arsenical paralysis is always accompanied by neuralgic pains and usually with loss of sensibility, at least to everything but cold. A similar exemption of the sense of temperature is often seen in the anæsthesia of ataxy, which, too, not uncommonly sets in with *burning* pains in the soles of the feet. A case is recorded by Dr. Mackechnie in which the lightning pains were almost entirely removed by the 3_x trituration of the iodide, the patient reporting himself also as wonderfully better in every respect.* We also have high commendation of ammonium muriaticum from Drs. George Martin and Dewey,† and cases showing great benefit from plumbum iodatum (3rd dil.) from Dr. Allen and of guaiacum from an Indian practitioner (this last case occurred in a highly syphilitic subject).‡

Another troublesome symptom is the enuresis. Dr. Tessier has seen this disappear under ferrum phosphoricum 3_x and equisetum 1_x given alternately.§ The painful sexual excitement which is sometimes present in the earlier stages of the malady may be relieved by picric acid; and the perforating ulcers of the soles have been seen to heal under silicea.

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—the anterior cornua being the seat of the degeneration; and hereby is made complete the resemblance of the phenomena to those of chronic poisoning by lead. When lecturing on *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. I am bound to add, however, that Sir William Gowers speaks of hypodermic injections of strychnine as

* *M. H. R.*, xli., 32.
† *J. B. H. S.*, iv., 349; v., 294.
‡ *Ibid.*, vi., 396; vii., 419.
§ *Ibid.*, v., 293.

"certainly capable of arresting the disease" when occurring in subjects not too advanced in life. The hundredth-grain doses he gives somewhat commend this medication to us, but we cannot claim it for homœopathy.

"There is," I wrote in 1877, "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 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." This last statement seems to require modification now, as in the great majority of cases the spinal cord exhibits no morbid changes. It does not, however, impair the recommendation I made of *phosphorus* for it some thirty years ago; and which has since been carried out with success by several of our practitioners. You will find the whole evidence well brought together by Dr. Goldsbrough in a paper appearing in the fifth volume of the *London Homœopathic Hospital Reports*. From the 3x to the 6x dilutions have been employed.

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, as frequently as locomotor ataxy, is designated in the old books as "tabes dorsalis"; for the condition thus styled is said to be a common consequence 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 paralysed, 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

* *North Amer. Journ. of Hom.*, xxiv., 63.

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 hydrophobia and tetanus.

And, first, of

Hydrophobia, which is the name of the nervous disorder induced when the *trauma* is the bite of a rabid animal. Homœopathy has of course 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 prospects of success.

In my fifteenth lecture I referred, in passing, to the "mithridatism" now coming into vogue, as not content—like the ancient king of Pontus—with seeking generally from poisons to be made proof against poison, but requiring the defensive to act similarly to the offensive agent. I illustrated this by the use of tansy as preventive of hydrophobia and strychnia of tetanus. Now that we are upon the class of maladies to which these two belong, we may look further into the subject, with a view to the therapeutics of the formidable diseases so named.

In a paper by M. Peyraud, presented by the late Dr. Brown-Séquard in 1887,* the former tells us that, since 1872, he had been led to think that substances which were isomeric atomically were also isomeric biologically, and *vice versâ*. Experimenting on animals with the tanacetum vulgare, our common "tansy," he found it produce convulsions of the hydrophobic rather than the epileptic type—as with its congener absinthe. "All the phenomena of *rage* are seen : hallucinations, convulsions without loss of consciousness, opisthotonos, spasms of the muscles of the pharynx, larynx, and the entire thorax, abundant salivation, asphyxic phenomena, sensorial excitability, tendency to bite, characteristic hoarse cry, diminished sensory and motor activity, momentary paralysis, foamy and bloody mucus in trachea and bronchi, sub-pleural hæmorrhages, sanguineous infarctions in the liver." You may read these experiments in detail, with some corroborative poisoning cases, in the Cyclopædia of Drug Pathogenesy. They led M. Peyraud to

* See *Bull. de la Soc. Méd. Hom. de France*, xxix., 570.

believe that the virus—whether primarily animal or a chemical product of bacilli—which produces hydrophobia must be isomeric with tansy, as the two act so similarly; and therefore that it might take the place, in the "vaccination" of persons presumably bitten by rabid animals, of the extract of poisoned cords used by Pasteur. He tested his idea upon five rabbits with brilliant results: two drops of an essence of tansy seemed sufficient to neutralise the effects of an injection of rabic virus which had previously killed two of their comrades.

Nothing further seems to have come of these researches; but they are surely conclusive as far as they go. A plant acting similarly to the hydrophobic virus—a "simili-rage" as M. Peyraud calls it—is found to inhibit the development of the latter's action. Whatever value these ingenious theories about isomerism may have, phenomenally at least (and that is all we care for) the practice is one of homœopathic prophylaxis. Nor is it the first time that this thing has been done. I recalled, in my Therapeutics, the results obtained by the pastor Münch and his sons with belladonna—a drug, if you will consider some especially of its older poisonings, as truly homœopathic to the disease as tansy, in the human subject perhaps more so. They treated with it 176 persons who had been recently bitten by mad dogs, and not one of these was attacked by the disease. According to the most recent and moderate estimate, one-third of these persons should have become hydrophobic. I think that these results may compare favourably, to say the least, with Pasteur's; and that the method of such prophylaxis is obviously preferable to his. The wholesale destruction of animal life and happiness required for the latter, the loss of time and money and the positive risks of "rabies paralytica" and other accidents incurred by the subjects of his injections,—these might be tolerated if the results were commensurate, and if they could not otherwise be obtained. But when an equal immunity promises from the simple administration of non-lethal herbs, should not their influence be sought rather than the Pasteurian "vaccinations"?

I went on to show that here, as elsewhere, the homœopathic preventive is also a curative. "Bayle relates six cases treated by belladonna, and of these four recovered. Hempel has collected five other cases of supposed cure with it; and three are recorded by practitioners of our own school in which it was the leading remedy."* Tansy has not yet been tried: it should be, I think, first tested in the canine rabies it so vividly simulates. Till this is done, the best ally of belladonna would be its sister

* *B. J. H.*, vii., 146; viii., 81; xi., 140.—Another has since been added: see *J. B. H. S.*, ix., 182.

plant stramonium. This is reputed a specific for the disease in China; and might, as I have said, be chosen in preference when the general nervous irritability and delirium—such as it causes—were extreme.

The homœopathic treatment of

Tetanus was not, at one time, brilliantly successful. In our Austrian hospitals there were received, during the years 1832–1848, ten cases of this disease, of which only four recovered—one of these being non-traumatic. This is hardly worse than in the opposite camp, where 24 deaths out of 44 cases seems to be regarded as an average mortality; but we ought to do better. So, it seems, we do now; for in the Cook County Hospital at Chicago, recent statistics show in the homœopathic wards two deaths out of twelve cases admitted; while during the same period, the same number treated on the other side gave a mortality of ten. One would like to know whether this advance is due to a more thorough reliance on the great *simillimum* of the disease—nux vomica and its alkaloid. Of the curative action of the former two cases have been lately published,* in which it was given in quite high dilution—one of them being an example of the dreaded tetanus neonatorum. Of strychnia as remedial here we have really heard more from old-school writers than from our own. Sir Thomas Watson justifies its recommendation in a most naïvely homœopathic way. "We know," he says, "that strychnia acts upon the spinal cord, affecting apparently those parts and those functions of the cord which are affected in tetanus; and in so fatal a malady, it would be justifiable, I conceive, to give the strychnia, in the hope that it might occasion a morbid action which would supersede the morbid action of the disease, and yet be less perilous and more manageable than it. This, were it successful, would be a cure according to the Hahnemannic doctrine, *similia similibus curantur*." Stillé cites eight cases of the traumatic form in which its use was followed by cure, gr. $\frac{1}{8}$ to $\frac{1}{16}$ being given for dose. He is more puzzled than Watson was at such results being obtained, but like him suggests that the strychnine acted "substitutively," which we know to be equivalent to saying that the process is homœopathic. We should probably adopt less perturbative dosage than he used, and should especially choose the medicine—in preference to its alternatives, aconite and hydrocyanic acid—when reflex excitability was very marked; but it should certainly be our leading anti-tetanic.

And here too it appears that besides cure homœopathy affords prophylaxis. Starting from the recognised facts as to the

* *Indian Hom. Review*, March, 1895; *Pacific Coast Journ. of Hom.*, June, 1895.

tolerance of poisons which may be induced by their continued use, Rummo "sought, by establishing a tolerance for strychnia, a substance producing physiological effects much resembling those of tetanus, to protect animals against that disease. With considerable difficulty he was able to produce a fair amount of tolerance to strychnia in a small series of guinea-pigs, so that they resisted a dose of $3\frac{1}{2}$ milligrammes when introduced into the stomach. All these, as well as several controls, were then inoculated with a culture of tetanus. The controls all died in from six to ten days; some of the less saturated guinea-pigs developed slight symptoms of tetanus, from which, however, they recovered; those in which a maximum degree of tolerance had been set up did not develope any sign of the disease."* Here by another hypothesis—the establishment of tolerance for the same or similar poisons, the homœopathic preventive has been reached; but that it is homœopathic, and might readily have been reached by applying *similia similibus* to prophylaxis as well as cure, cannot be questioned. We must claim for homœopathy, though not for homœopathists, the credit of the piece of practice in question; and I trust that we shall hear of its adoption in our hospitals.

The adoption at the present day of a bacillary origin for tetanus seems to have paralysed its ordinary treatment proceeding on the lines of a starting-point in injured nerves. We still, however, act in accordance therewith,—not so much by stretching or dividing the nerve trunk leading from the wound as by medicating this internally with *hypericum*. Dr. Henser has cured two cases with the 1x dilution. Dr. Majumdar relates a case occurring in a young lady, where the lesion was a jammed finger. Hypericum 3 relieved the pain in a couple of hours and soon dispelled the spasms. Dr. Charles W. Smith reports a case of no slight severity, resulting from a lacerated wound; where hypericum was first given alone, then in alternation with nux vomica 1x, and subsequently the latter with hyoscyamus till the termination of the case in complete recovery. Another case, recovering under this drug constitutionally and topically used, has been reported later.†

The homœopathicity of strychnine to tetanus has needed no demonstration. It is one of those facts that go to prove the fundamental character of the law of similars, since we see Nature herself making provision for its application. That *aconite* can cause tetanus is less generally known, but the references to cases of poisoning which I will give in a note will

* *Brit. Med. Journ.*, 1894, i., p. 35 of Epitome of Current Literature.

† See, for the above, *J. B. H. S.*, v., 109; viii., 185; *M. H. R.*, xliv., 740.

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 eccentric 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 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. A similar account may be given of a case by Dr. Stopford, published in the *Monthly Homœopathic Review* of 1886 (p. 472). I cannot suggest any differential indications for this medicine.

I would add that the sources of most of the experience cited above seem to render it necessary that, if we would emulate its success, we should give tolerably full 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.

* *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.

LECTURE XXVII.

DISEASES OF THE NERVOUS SYSTEM.

The Neuroses.

In this lecture 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 neuralgia, migraine, etc.) 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 of late years written upon the disease. To supplement these works on the therapeutical side, Homœopathy has many recorded cases of relief and cure, most of which up to that date 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;* and the account of Dr. Bojanus' experience with it given in the thirty-ninth volume of the journal last named.

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 have fully considered this question when speaking of the bromide of potassium in my Pharmacodynamics, and I 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 was not to be adopted save when the frequency of the convulsions was 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." Dr. Brown-Séquard, who wrote the article on epilepsy in Quain's Dictionary, did not hold out much better hopes. He treated all his patients with a stock mixture of iodide of potassium, bromide of potassium and ammonium, and carbonate of potash, giving also strychnine or arsenic as a "tonic." This, he says, may be continued for years "without any marked bad effect"; but he admits that, like medical treatment generally, it only issues in cure or improvement in 7 per cent of the cases. Dr. Bojanus, in a series of 54 cases, can report 22 as cured, and 11 as considerably benefited. The comparative results of the bromic treatment thus hardly outweigh its disadvantages; and as homœopathy 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. Should, indeed, this method itself lead you to them, as where (in a case of Dr. Carpenter's†) much mental hebetude existed; or where minute doses (as Dr. Love's 25 centigrammes daily of the 1x trituration‡) suffice to produce the effect desired, you will do well to avail yourselves of any specific action their bromine has upon eclamptic conditions. I only advise you not to keep your patients in a chronic state of bromic poisoning because they occasionally have epileptic fits.

Let us consider what the condition is which in patients afflicted with this disease we have to treat. It is a chronically

* See Dr. Weir Mitchell's enumeration of the evil effects of bromic intoxication in *J. B. H. S.*, v., 88. He may well "strongly inveigh against deluging patients with bromides, especially in epilepsy." To the same effect Dr. Goodhart has spoken, in his Address in Medicine at the Meeting of the British Medical Association in 1901. "The bromide treatment of epilepsy," he affirms, "often does a great deal of harm, and I am by no means certain that it does any equivalent good" (*Brit. Med. Journ.*, Aug. 3rd, 1901).

† *J. B. H. S.*, viii., 257.

‡ *Ibid.*, p. 157.

morbid state of a certain portion of the nerve-centres (generally, perhaps, 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 eccentric 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, and a vegetable one, whose long continued operation sometimes gives rise to similar phenomena: I speak of copper, lead and arsenic, and of absinthe. 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 silicea. These drugs constitute our anti-epileptic armoury; it is rarely that you 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 (or once was) 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 many years ago*; but have had no sufficient opportunity of testing its efficacy. In the meantime, however, another agent of the same kind, but acting more quickly still, has been introduced into the ordinary practice,—*amyl nitrite*. Drs. Weir

* See Manual of Pharmacodynamics, 1st ed. (1867), p. 289.

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 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 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, and two are given by Dr. Bojanus. 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 the proceedings of the World's Convention of 1876, which is 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 Pharmacodynamics 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 reported 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 discharging centre. We can quite follow 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. Dr. Brown-Séquard relates two cases in which gr. $\frac{1}{8}$ doses effected a cure. 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. Silicea 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 when lecturing on that drug. 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.

In these therapeutic suggestions I have mainly reproduced what I wrote in 1877. The lapse of years since then has brought some further experience to light.

* See Hale's New Remedies, 2nd ed., *sub voce*.

1. The use of *œnanthe crocata*, which of the three umbelliferæ most closely simulates epilepsy, has been growing of late. Dr. Dewey has summarised the published evidence of its remedial power in the *Homœopathic Recorder* for December, 1899, and there is really a good body of it. Among others, Dr. Talcott praises it as improving the epileptics among his patients in the Middletown Asylum. He gives it in the mother-tincture.*

2. Dr. Colby, of Boston, who is a nervous specialist, writes: "I have now been trying *indigo* in nearly all my cases of epilepsy for the past twelve years, and the percentage of actual cures has been so much greater than from the bromides that I still continue to employ it, with 10 per cent. of apparent cures, *i.e.*, patients who do not have an attack of *grand* or *petit mal* for over two years."†

3. In the Supplementary Lecture (lviii.) of my Pharmacodynamics I have mentioned the repute of the *artemisia* vulgaris in epilepsy both in the hands of the common people and in those of Nothnagel; and have called attention to the power of the artemisia absinthium, when habitually taken as "absinthe," to set up an epileptic condition. My inference that we should get better results from this species of the genus has hardly been verified: on the other hand Dr. Sprague, from his experience at the Nebraska Institute for the Feeble-minded, is inclined to place the "vulgaris" species at the head of our anti-epileptics, and seems to have used it in the dilutions.‡

4. I have also, in the same place, quoted testimony to the virtues in this sphere of the poison of the toad, which we call *bufo*. I omitted to mention that to this remedy, in the medium dilutions, Dr. Bojanus owed the majority of the cures and improvements he has reported.

5. Dr. W. M. Butler, whose experience, like that of several of the foregoing, has been gained in a public institution, has had his best results from cuprum and hydrocyanic acid. Of the former he says that he has not been able to define its exact indications; but that several cases, apparently hopeless, which had been for years under old-school medication, he has promptly and permanently cured with it. Nor has it been inefficacious in recent cases, though for these he generally prefers hydrocyanic acid. "We have found it," he writes, "exceedingly satisfactory, and have permanently cured several cases through its agency. In some instances, where we have ultimately had complete success, we have found that it did not at first check the convulsions, but rendered them much milder

* *J. B. H. S.*, i., 280.

† *North Amer. Journ. of Hom.*, Nov., 1899.

‡ *Ibid.*, May, 1901.

and shortened their length, the patient retaining partial consciousness during the seizures." The lower dilutions are recommended.*

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 fright or the presence of worms. There is doubtless some fundamental instability of the nervous centres here; but when the cause can be removed or neutralised, 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 redactum* as if you had a simple case of anæmia before you. On the other hand, Trousseau's statement 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.

* *North Amer. Journ. of Hom.*, Sept. 1894.

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 Austrian proving shows its perfect homœopathicity to the disorder. The characteristic of the convulsive movements of this drug mentioned by Dr. 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 *tarentula* 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

* *M. H. R.*, xii., 400.

† *B. J. H.*, xxix., 163; xxxiv., 279.

till the violence of the paroxysms is reduced, and then—or in "chorea minor" from the first—gives cuprum.

Here also, as in epilepsy, the years which have passed since I wrote thus have brought their changes, though rather in the way of addition than of modification.

1. Dr. Goldsbrough has given us two valuable studies of the therapeutics of chorea, in the sixth volume of the *London Homœopathic Hospital Reports* and the eighth of the *Journal of the British Homœopathic Society* respectively. They are based upon the experience gained in our hospital, and I am glad to say that they confirm the suggestions I had so long ago made. Ignatia where simple nervous instability seems present, or mental emotion has been the existing cause; actæa—in fullish dosage—where a rheumatic element is present; arsenic in severe cases, especially when there is endocarditis; agaricus or stramonium when spinal cord or brain seems involved; cuprum for sharp spasm and zincum in depressed nervous systems with bad surroundings—these are his remedies as they have been mine and my former colleagues'. Brilliant and rapid results are not to be expected, but satisfactory recoveries can nearly always be depended upon.

2. Dr. Halbert has several times given, in the *Clinique* so ably edited by him, illustrative cases of the treatment of chorea. In non-rheumatic cases he depends mainly on agaricus, giving it in the form of its alkaloid—agaricine.

3. Here again, as in epilepsy, argentum nitricum receives commendation. Dr. Gross, of Regensburg, finds it—in the 2nd to the 4th trituration, probably decimal—more effective than any of our ordinary remedies, and relates four cases illustrative of its power.*

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 speading 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

* *Allg. hom. Zeit.*, vol. lxiv., No. 24.

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.

Good effects in paralysis agitans have been noted more recently, by Dr. Goldsbrough from mercurius solubilis 12 and 30, and by Dr. Halbert from zincum picricum 3x.* Hyoscyamus is also receiving enhanced favour in the tremor both of this complaint and in that of disseminated sclerosis. In the latter Dr. Delamater uses the 4x trituration of Merck's preparation of the hydrobromate of hyoscyamine with much satisfaction.†

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 one of its latest expositors, 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 *tarentula* of at least equal value with ignatia, especially when hysteria assumes the convulsive form. When this amounts to "hystero-epilepsy," the old-school recommendations of duboisine may be considered.§ Bähr has a very full and detailed article upon the disease, mainly taken from Hartmann, and gives indications for a number of remedies, as nux moschata, valerian, secale, aurum, pulsatilla, conium, cocculus, asafœtida, sepia, &c. One would

* *J. B. H. S.*, iii., 141; vii., 329.

† *Ibid.*, vi., 101.

‡ Dr. Russell Reynolds, in his System of Medicine, ii., 327.

§ See *J. B. H. S.*, i., 121.

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 aphonia, paralysis and anæsthesia occurring in connection with hysteria, we have generally to call in the aid of electricity. When hysteria takes the form of sopor, opium will prove curative;* when of catalepsy, cannabis indica.†

Catalepsy itself 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 the *cannabis indica* I have spoken of in connection with the hysterical simulation of the condition.

I can find no better place than this for the affection so much noted of late, and described under the name of

Neurasthenia.—It is our old "nervous debility" scientifically recognised and elevated to the rank of a distinctive malady. Where it occurs in women, without any ascertainable exhausting cause, and when emaciation co-exists, I have no doubt that the plan of treatment devised by Dr. Weir Mitchell of Philadelphia, and carried out here by Dr. Playfair, is the best that can be adopted. When, however, neurasthenia is distinctly traceable to over-strain or other nerve-depressing causes, much may be done for it by ordinary hygiene and homœopathic medication. Of our old remedies, *phosphoric acid* and *silicea* stand out pre-eminent,—the first where grief or chagrin has lowered the system or sexual excess has drained it, where there is diuresis and too ready perspiration, and where the memory shows notable failure; the second where there is more erethism present and more tendency to headache and other pains. I have signalised these medicines in my Pharmacodynamics, and have generally been content with them; but I am glad to note the aid brought to silicea by *picric acid*, and to phosphoric acid by Schüssler's *kali phosphoricum*. Dr. Halbert finds no remedy for neurasthenia equal to or surpassing picric acid; and Dr. W. E. Taylor finds it curative even when the nervous depression threatens insanity.‡ Dr. Gorton, of Brooklyn, assures us that we shall be helped by drop doses of the tincture of scutellaria lateriflora when the brain symptoms are marked.§

* See *J. B. H. S.*, v., 296.

† See *ibid.*, viii., 156. I have myself had a similar experience.

‡ *J. B. H. S.*, viii., 75; ix., 101. § *M. H. R.*, xxxvii., 109.

LECTURE XXVIII.

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 lecture to those which are of a more localised character. I shall speak of neuritis and neuralgia, of migraine, of local paralysis, and of local spasms.

Neuritis has only recently been recognised, but it embraces several affections to which we have hitherto given other names, as "rheumatic" neuralgiæ and paralyses. I shall still speak of the treatment of these under their former headings; and will only say here that *aconite* (preferably in the tincture of the root) is the great remedy for them. The most interesting form of neuritis is that called "multiple peripheral." Its special interest to us arises from its frequent causation by mineral poisons, as lead, arsenic, and (in indiarubber workers) the bisulphide of carbon; for in these substances we get remedies for it when occurring as an effect of alcohol or a sequela of influenza or diphtheria. In the fifth volume of the *London Homœopathic Hospital Reports* Dr. Galley Blackley relates five cases of it having the latter origins, in four of which the *carbon bisulphide* certainly contributed to the cure. Dr. George Black has related a cure of a case of long standing, having its seat in the right sciatic, by the 3x dilution of this drug; and Dr. Hawkes has reported an alcoholic case successfully treated by *plumbum*.*

In neuritis of traumatic origin, you will of course think of *hypericum*. A case where it was consecutive to neuroma was practically cured by it in Dr. Colby's hands.†

And now of

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

* *M. H. R.*, xxxvii., 594; xxxix., 121.

† *J. B. H. S.*, i., 280.

electricity, which seem 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*. I can also refer you to Dr. Burnett's little volume on the disease.*

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 (if not reflex) 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,

* "Neuralgia; its causes and its remedies," 2nd ed., 1894.

Dr. Anstie agreeing with Valleix as to the doubtful value of this remedy in non-malarious neuralgia, except "the ophthalmic form." In this Buzzard also commends it. 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,—as indeed the provings of Dr. Schulz have proved it to be.*

Mrs. Des V——, æt. about 50, consulted me on December 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 attack, 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. 14th. The tongue was cleaner and the appetite better, but the attacks of pain had recurred without diminution or variation. Continue kali bichrom.

Dec. 16th. 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. 18th. 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. 21st. 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

* See Cyclopædia of Drug Pathogenesy, ii., 738.

† Abridged from report in *B. J. H.*, xxvi., 131.

‡ See vol. xxv. of the same journal, p. 30; and vol. xx., p. 47.

applicable to the latter. I will therefore give the indications for each in order.

Aconite I have formerly described as "invaluable in quite recent cases, where the phenomena are congestive or rheumatic in character," referring to Dr. Morgan's first case as illustrating such adaptation. Since, however, I became acquainted with Schroff's provings, showing its power of setting up a true trigeminal neuralgia, I have much extended the range of its usefulness, saying that "in recent prosopalgia, especially when caused by exposure to dry cold, it will prove curative, even when the terms 'congestive' and 'rheumatic' are out of place." This is Dr. Dudgeon's experience as well as my own.* Dr. Gubler's results, cited in my Pharmacodynamics, would lead us to trust to it in more chronic and deeply rooted cases; but here, I think, it should be given in the form of the tincture of the root or of aconitine.

Belladonna is the remedy in sub-acute cases, even of some standing; in comparatively young and florid subjects; where in each attack of pain the face flushes up (especially, sometimes only, on the side affected), the cheeks being hot and the eyes suffused. Its neuralgia differs from that of aconite, which otherwise—in the congestive form—it so closely resembles, in having hyperæsthesia present, so that any jar aggravates the pains. These, moreover, are apt to come and go suddenly.

Colocynth is recommended where the disorder has arisen from exposure to damp cold, or occurs in rheumatico-gouty subjects. The pain is tearing; aggravated by touch or movement of the facial muscles; relieved by warm 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 or pulsating as tearing. Jahr adds periodical recurrence as a characteristic; others aggravation by stooping.

I confess that I have had 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. Pulsatilla 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 the drug are also usually present.

* See "Materia Medica, Physiological and Applied," i., 134.

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 infra-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 (like aconite and belladonna) 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. Cedron and plantago also should be considered.†

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*, *phosphorus*, and *thuja*. Although none of Dr. Cooper's recorded cases of cure by the first-named 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

* A case resembling tic-douloureux, in which this drug, in the 3_x dilution, was of great service, may be found in the *J. B. H. S.*, vol. vii., p. 420.

† See *ibid.*, p. 87, and vol. i., p. 374.

‡ "Sulphur as a Remedy for Neuralgia and Intermittent Fever," by Robert T. Cooper, M.D. 1869.

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. This writer mentions cures effected by him with two curious medicines—thuja and coccinella* in alternation, giving the third dilution of each. This was an old medication of his master Tessier's—how arrived at I know not. Some trials by Dr. Escallier and himself have indicated the thuja as the really potent agent in this combination. Dr. Cooper was the only English physician who seems to have employed it—and this rather in "face-ache" (alveolar periostitis) than prosopalgia. His experience was gained, though not published, in 1868–9. In 1881 Dr. Burnett was led, as I have related, to his views about "vaccinosis," and to the practice of treating such blood-infection with thuja. In 1882 a case of this kind (as he considers) came before him with as its chief symptom a severe post-orbital neuralgia (so diagnosed by all the oculists consulted); and it was cured by thuja 30. Other cases (see pp. 64 and 88 of his book on "Vaccinosis") were similarly characterized and cured. In his book on Neuralgia he reproduces these three cases, and adds two more,—the pain in all instances being seated mainly in or about the eyes. Whatever we may think of Dr. Burnett's theory, the action of his remedy seems indubitable; and, with Tessier and Jousset also warranting it, we may give it in suitable cases with much hope of success.

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

* Not "coccus cacti" (see *B. J. H.*, xxxvi., 184).

† "On Neuralgia and its Counterfeits," 1871.—See a good illustration of such causation in *M. H. R.*, xxxviii., 610.

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. My own successes here have been gained with aconite root and kalmia.

Neuralgia of the lower extremities may attack the crural nerve, but this is a rare occurrence. Pain along the course of this nerve is generally, I think, sympathetic of ovarian irritation; and finds its remedy in xanthoxylum or colocynth. 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,

* A typical case of the sciatica calling for this drug is reported by Dr. Hobart in the *Medical Era* of January, 1893. The pain had commenced in the stomach and left ovary, then shifting to the left leg, where it had continued at intervals for a year. It was drawing, crampy, and throbbing. Colocynth 3x cured in four days.

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. A case cured by mercurius corrosivus 2x is reported by Dr. Crawford.† 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, or, better still, the 1st centesimal of the tincture of the root. In more chronic cases *rhus* will rarely fail to relieve, as my thirtieth case shows: of this remedy I prefer the medium and 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. An acute case of the kind, where this symptom was present, is reported by Dr. Fisher in the *Medical Century* of January, 1894. Here a single dose of the 3x relieved so completely that no more had to be taken.

Besides the above mentioned remedies for sciatica, I would say a few words upon arnica, gnaphalium and iris.

A patient suffering from this malady swallowed a wineglassful of tincture of *arnica*. His pains increased considerably, and he had a bruised sensation in the joints; but after six hours this subsided, and with it went all trace of the sciatica. This case led Dr. Lambreghts to try the drug in obstinate cases of the disease. He mentions five as having yielded to it, after resisting rhus, colocynth, &c. Four to six drops of the tincture were given daily for several days. It was especially useful when compression of the nerve seemed to be the exciting cause; and to cases having such origin or aggravation I should confine its use.‡

The power of *gnaphalium* both to cause and to cure sciatic pain has been noted in my Pharmacodynamics (p. 897); and its

* See *J. B. H. S.*, iii., 456.

† *Ibid.*, ii., 228.

‡ *Journal Belge d'Homœopathie*, May—June, 1895, p. 217.

repute has been growing since, especially in the hands of those who have not feared to give substantial doses.*

Iris so far differs from gnaphalium that it is only in diluted form that it has proved pathogenetic here, and that no application has been made of the fact in practice. It must not be forgotten, however, as a possible anti-sciatic medicine.

For further suggestions in troublesome cases of sciatica, I would refer you to an excellent paper upon it by Mr. Wilkinson in vol. xxxviii. of the *Monthly Homœopathic Review.*

From neuralgia I pass to another local nervous affection which I will follow most recent writers in calling, not by its Greek name hemicrania, nor by the French derivative migraine, but by the old-fashioned English corruption of the latter—

Megrim.—It is under this name that Dr. Robert Liveing and Dr. P. W. Latham have described it—the latter in Quain's Dictionary, the former in a monograph taking high rank in medical literature.† Megrim is known as "sick-headache," from two of its most constant and distressing features. Some persons, for similar reason, describe it as "blind headache." It may occur, however, without either sickness, headache, or disturbance of vision. Dr. Liveing, studying the malady *more Hahnemanniano*, has been able to construct a complete picture of its phenomena, seen in full only in the most typical cases, but so occurring by one, two, or three as to leave no doubt of their coherence one with another and with the essential disease. "The forms of megrim," he sums up, "range from the simplest hemi-cranial pain, transient half-vision, or sick-giddiness, to cases which present a complex assemblage of phenomena and wide range of sensorial disturbance." In a well-developed example, the attack is ushered in by a peculiar disturbance of vision, and culminates in headache and vomiting; but during the culminating process there may occur numbness and tingling on one or other side of the body, and disorder of speech or thought; and at any time throughout the attack there may be vertigo, hyperæsthesia and hallucinations of the other special senses, and emotional disturbance, especially "a vague and unaccountable sense of fear." The face is generally pale and sunken; the heart is slow and the pulse contracted. Dr. Liveing regards megrim as a true and independent neurosis, like epilepsy, asthma, and angina pectoris; shows that like these it is hereditary, paroxysmal, approximately periodical, violent in direct proportion to the length of the interval since

* See *M. H. R.*, xxxvii., 491.

† "On Megrim, sick-headache, and some allied disorders," 1873.

the last attack, and interchangeable with other forms of nervous disorder. The whole paroxysm is a nerve-storm.

I have given these details (others may be found in Dr. Latham's article, and in the literature of the subject summarised in the first volume of the *London Medical Record*) that we may look for medicines truly similar to its essential features. Before doing so, however, let us see what our older writers have to say on the subject. Clotar Müller and Trinks have discoursed* at some length on the disease (whose distinctive pathological character they fully recognise) and its remedies ; and Bähr's article may be consulted with advantage.

Hemicrania (these all say) is a disease which requires to be closely individualised. 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 (they say) these :—belladonna, calcarea, ignatia, nux vomica, sepia, silicea, 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 temperament and otherwise fairly healthy. Vasomotor 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, as in ordinary nervous headache, when the pain has the form of "clavus." It is indicated (as there) in nervous, hysterical patients, and when depressing mental emotions will at any time bring on the

* *B. J. H.*, xxi., 1, 276.

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 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.

Silicea 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.

Returning now to the picture of megrim as drawn for us by Dr. Liveing, let us take the disturbance of vision as our starting-point in the search for remedies. The affection is a blind spot, most frequently central, but sometimes assuming the form of hemiopia, and then almost always lateral, very rarely superior or inferior. The blur is dark against a bright ground like the sky, but luminous on closing the eyes; and is generally surrounded with zigzag coruscations, often compared (in shape) to the bastion-work of a fortress. It spreads peripherally or laterally, according as it is central or hemiopic; and the vision clears at the primary spot as the obscuration widens. Its course is a brief one, and then comes the headache. It seems to be bilateral in all cases (though beginning, Dr. Latham says, on the side opposite to that on which the pain subsequently developes); and is unconnected with any change (appreciable by the ophthalmoscope) in the retina.

In hunting for remedies on this scent, we are first of all led

* 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 on headaches is less detailed.

to ignatia and nux vomica again. Hahnemann observed, sixteen hours after taking a dose of the former, "a circle of brilliant white glittering zigzags beyond the visual point when looking at anything, whereby the letters on which the sight is directed become invisible, but those at the side are more distinct"; and again he notes, after thirty hours, "a zigzag and serpentine white glittering at the side of the visual point, soon after dinner." In a note, he directs attention to these symptoms as "very much resembling Herz's so-called spurious vertigo." I cannot trace the allusion, but should think it most probable that Herz was describing the visual phenomena of migraine, of which giddiness is often a potent element. Looking then to the other features of drug and disease, we find that the headaches caused by ignatia were frequent and severe, though only once associated with inclination to vomit; that difficulty of thinking and speaking was noted by two of Jörg's provers of it; and that hyperæsthesia of the special senses and emotional disturbance are very characteristic of it. Ignatia, therefore, would be well indicated for migraine beginning with central blur and coruscations, and going on to severe pain with such concomitants as those mentioned.

Nux vomica also has produced the visual phenomena which Hahnemann compares to the vertigo spuria of Herz*; so that it would seem as if the strychnine common to the two were their real exciting cause. In the pathogenesis of the alkaloid, however, though heroically enough obtained, this symptom has not appeared; and our wisdom will be, for the present at least, to use the matrix drugs. We thus, moreover, get two remedies instead of one; for nux and ignatia, as you know, have many points of distinction. The patient whom the former suits is one of different temperament and habits (often also of sex) from those which call for the latter; and (remembering how it is indicated for brain-workers) it is noteworthy how many men of high intellectual power—Woolaston, Herschel, Airy, Lebert, Du Bois Reymond—have furnished narratives of their personal experience with megrim to Dr. Liveing's book. The nux vomica migraine would, from its pathogenesis, have more vertigo in it than that of ignatia, as much hyperæsthesia, but less strictly emotional excitement,—if anything of this sort were disturbed, it would be what we call the "temper." Errors in diet might well be its exciting cause; but I do not think that any stress must be laid on vomiting in the course of it, as only once has the headache of nux had this concomitant, and then it came on after dinner, and was sour,—very different from the way it occurs in migraine.

* Materia Medica Pura, transl. by Dudgeon, § 145.

When first the visual symptoms of megrim were definitely described in our day, they recalled to several the results obtained by Purkinje with *digitalis*. Experimenting on himself on two occasions with the extract and infusion, he both times noticed much flickering before the eyes, and makes this comment on some of his experiences:—"The figures formed by the flickerings have been described as *Flimmerosen*, because the outline of the rose is their type. In place of the round spots in the middle of the field of vision observed in the first experiment there now occurred a space bounded by four deep oval circular lines, forming four large round indentations, and the waves of light and shade surrounding it show the same indented form but less pronounced. These figures, which first appeared on the second day, were formed when they reached their height on the third by curved (but flatter) lines having five indentations, and were surrounded by waves of light and shade exhibiting a similarly fivefold but not deep indentation." Now one may agree with Dr. Liveing that the resemblance between these "roses" and the "fortification pattern" of megrim is not striking; yet it is near enough to call attention to the drug, and on looking farther we find in its visual and other symptoms a close parallel with the disease. In a patient of Baker's taking it muscæ volitantes were seen before the eyes on looking at distant objects, which, when the eyes were covered, became luminous. Brunton, when proving digitaline, saw a large bright spot advancing before him; and Bähr, under the same circumstances, had the upper half of his field of vision covered with a dark cloud. In him, moreover, a parietal headache set in in the morning, became worse in the afternoon, and "increased in the evening to a violent migraine." This was indeed not an unprecedented occurrence with him, but it was different from his ordinary attack in that then it was always at its worst in the morning on rising. Headache, moreover, often severe, is a frequent effect of both digitalis and its alkaloid; vertigo is not less marked from it; and its vomiting is of cerebral origin, slow of coming on, but, when excited, violent and long-lasting. Remember also the slow pulse of migraine, and the pale face and contracted arteries—the last being often so prominent a feature as to lead Du Bois Reymond and Latham to suppose the disorder a vaso-motor neurosis; and you have in forms of it frequently appearing a complete picture of the effects of digitalis. Dr. Marc Jousset has made a beginning of the suggestion herein conveyed:* I hope that other experience may confirm his good results.

Again, of the Austrian provers of *cyclamen* seven had more or

* *L'Art Médical*, lx., 126.

less obscuration of sight, and four had flickering before the eyes. One of these, whose eyes were weak and required glasses, had this symptom—after two doses of the drug—for six days in the right eye, for three weeks—though less severely—in the left. It began, too, with violent headache, which lasted unchanged for two days, diminished on the third and disappeared on the fourth. At one time he speaks of seeing a "luminous ball" before the eyes; at another, "with the eyes opened or closed, he seemed to see at a distance of about two feet a disk as large as a two-groschen piece, which seemed frequently to be pierced by brilliant lightnings." Vertigo and mental confusion appeared in the provers, and have been verified by a good cure. In this case they occurred in a woman at the climacteric; and Dr. Eidherr had long before given us several cases in which the head and eye symptoms of the drug had co-existed with catamenial derangement such as it causes, and which had yielded to it. Cyclamen therefore should be useful in migraine occurring in such subjects and under such circumstances; and especially where its character was such as to lead to its being called "blind headache."

Of *iris* I have nothing to add to what I have written on it in my Pharmacodynamics; but as it was the "blur before the eyes" preceding a sick headache which first led to its employment in true migraine, it could not be omitted here.

I will also refer you to what I have written in the work just mentioned regarding *sanguinaria*,* *theridion* and *zincum sulphuricum*; and will end with two quotations from the *Journal of the British Homœopathic Society*:—

1. "Translating a paper of Dr. Jousset's on the treatment of migraine, Dr. Pritchard adds some bits of experience from Dr. Puhlmann and himself. The former, for the radical cure, has most reliance on sepia and calcarea carbonica in alternate weeks. Dr. Pritchard has had personal experience of the ophthalmic variety, where 'fortification-patterns' and zigzag flashes are seen before the affected eye. It was brought on in his case by over-use of tobacco and want of rest. After trying several remedies unsuccessfully he took nux vomica 1, which relieved him in two minutes."

2. "Dr. H. Möser has a paper on the treatment of this malady in the *Homöopathische Monatsblätter*, No. 2 of 1893. His experience is that one can never hope to cure a case without getting the patient to give up coffee entirely; that sanguinaria and iris are the leading remedies; and that *niccolum*, when indicated, 'will surprise.' Its pain is most severe in the forenoon, from 10 to 11, and may be so intense

* See also *M. H. R.*, xl., 750.

then that the patient cries out in anguish. It appears first on the left side, then possibly jumps over to the right. In the evening it disappears."

To sum up :—Megrim is a neurosis like epilepsy, having its periods of incubation and its paroxysms. The latter should be treated with drugs corresponding to their features,—of which we have studied belladonna, ignatia, nux vomica, digitalis, cyclamen, niccolum, iris and sanguinaria. Sometimes one or other of these will control the morbid tendency ; but more frequently we have to deal with this by means of deeper-acting medicines such as calcarea, sepia, silicea, stannum, and zincum—medicines which deal with the general disorder of which the paroxysms are but an expression. By the use of both these classes of remedies in their respective place we are best likely to control the disease now under consideration.

Under the head of

Local Spasms I purpose to speak of several forms of involuntary muscular contraction, tonic or clonic, which, although localised, will not come under notice 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 will check them, in the former nux vomica ; but a more potent remedy than either is the *cuprum* which is so valuable for the choleraic cramps. Jousset says that he always succeeds in such cases with its 12th dilution ; but suggests the wearing of plates of the metal on the legs when the affection is obstinate. Dr. Hirsch makes a similar recommendation of ferrum, binding an iron key to the soles or introducing it beneath the bed-covers.

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* 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. In two cases, of traumatic origin, reported by Dr. Owens, physostigma sufficed for the cure.† Its action would seem of antipathic nature. "Trismus neonatorum" will come before us among the diseases of children; as also will carpo-pedal spasms.

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 strychnia, belladonna, and agaricus. Perhaps magnesia phosphorica might come in usefully here. Dr. McNish relates a case of a man of 60, who nineteen years before coming under his care strained his back while digging. The effects soon passed off, and he believed himself well, when he was suddenly seized with a cramp in the lower dorsal and upper lumbar region, which twisted him round until he "faced to the rear." The spasm, which was very painful, was repeated several times. After an interval of some weeks he had another attack, and from that time forward they had increased in frequency, until he had

* See Ziemssen's *Cyclopædia*, xi., 368.

† *Medical Era*, Jan. 1893, p. 8.

one or more daily. Magnesia phosphorica 6x was given four times daily for a month, and for eighteen months thereafter, when the report was made, they had not recurred.* The tonic form of torticollis may be of "rheumatic" origin, being indeed only a more acute form of "stiff-neck"; it will then like that yield readily to *aconite*.

6. "Writer's cramp" is the last of these local spasms I shall specify here. 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." It may, however, be more paralytic than spasmodic in character, as its old name of "scrivener's palsy" would suggest. Certainly, the medicines which have helped it most have been paralysers rather than spasm-exciters. Dr. Halbert records a severe case in which, with static electricity, *picric acid* 3x was administered. (Electricity in all forms had been vainly tried before.) Complete recovery, with great improvement in general health, occurred in three months, though the patient did not relinquish the type-writing which was her occupation.† Again, an old-school physician published a case in which the affection—occurring in a pianoforte player—yielded to moderate doses of the tincture of *gelsemium*; and this experience has been verified with yet gentler doses in our own ranks (among others by myself). It would be in cases of apparently local origin, not presenting the constitutional asthenia of picric acid, that gelsemium would seem preferable. As an alternative, that close analogue of gelsemium, *conium*, may be named. Dr. Wingfield relates a case of a female clerk in an insurance office who for six months had suffered from loss of power of the right fore and middle finger, with stiffness, numbness, and excruciating pain. After the failure of gelsemium to give more than temporary relief, conium 1x, 2 drops every 3 hours, was ordered. In two days the symptoms had disappeared, and three weeks later had shown no sign of return.‡ When the symptoms are traceable to over-exertion (which is by no means always the case) *arnica* might be a useful auxiliary to the obvious prescription of rest.

After local spasms would naturally come local paralyses; but I find that nearly all affections of this kind will be more naturally

* *Amer. Homœopathist*, Oct. 15, 1897.

† *Hahnemannian Monthly*, Jan., 1899, p. 76.

‡ *M. H. R.*, xxxix., 579.

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 paralysed muscles.

* Dr. Cowperthwaite, contributing to the *Medical Era* of August, 1898, an interesting study of causticum (which he regards as a potash preparation), says, "Some years ago I published the reports of a large number of cases of facial paralysis . . . brought on by exposure to cold winds . . . cured in a very few hours with the aid of causticum 30."—One would like to have the reference to this publication.

LECTURE XXIX.

DISEASES OF THE EYE.

It is perhaps rather presumptuous in me, who am neither oculist nor aurist, who am not even of the surgical side of the profession from which such specialists are usually drawn, to say anything *ex cathedrâ* (that is, here, from a lecturer's—not seat, but stand) on the treatment of diseases of the eye and ear. I do so only because I have to speak of *homœopathy* in such diseases; because by means of this method drug-therapeutics has penetrated so much farther than it could reach before, that the work of oculist and aurist among us has become very largely medical rather than surgical, and the physician can feel at home in their department. As long as mercury was the only medicine known which, taken internally, could influence ocular inflammations, and then only by inducing its physiological effects, such affections were naturally left to the surgeon. Now we have a score of drugs which exert such power, and after the homœopathic manner—their whole physiological being absorbed in their therapeutic action. They cannot hurt, and they do heal; and while we value the aid of our experts for diagnosis and mechanical work upon the eye, we treat it mainly as we do other parts of the body when inflamed, and its maladies of this kind become the subject of the art of the ordinary practitioner of medicine.

What homœopathy can do in eye-disease received a severe test some twenty years ago, when the New York Ophthalmic Hospital was by its managers placed under practitioners of the system. These brave men, having no special experience in ophthalmology, but confident in the fruitfulness of the method of Hahnemann, undertook to supply the needs of the patients of the charity—hitherto cared for by the best oculists of the old school. Instead of falling off, its *clientèle* steadily increased, and it has now become a most flourishing institution, and one from whose wards skilled students have gone forth to carry homœopathic oculistry into all the cities of the States. The experience gained by its work, moreover, has been embodied in a treatise on "Ophthalmic Therapeutics." The first edition was written by Drs. T. F. Allen and George B. Norton, the original physi-

cians to the Hospital; the second by the latter alone; and the third, since his lamented death, by Dr. A. B. Norton, who has embodied all that his brother had collected for the purpose of such a re-issue. Before we had this work, our literary sources of information on the subject had been very limited. We had only the 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 the "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. I shall use it, and Dr. Dudgeon's materials, as freely as I can, and shall also draw upon the volume "On Diseases of the Eye" by Dr. Angell, of Boston; but my main source of information will continue to be the treatise of the Nortons.

Even in the old world, though it is hard to spare them from general medicine, we have oculists in the homœopathic ranks; among whom I may name our own Knox Shaw, the late Dr. Dekeersmaecker of Brussels, and Dr. Parenteau of Paris. The last-named has lately, as one of a series of "Conférences publiques sur l'homœopathie," treated of "Homœopathy and the Diseases of the Eyes,"* and has spoken in the most appreciative manner of the resources the method lends us in this sphere. He had been for twelve years attached to the Hôpital Saint-Jacques, and for seven years to the Dispensaire Alix Love—a children's charity, at which during the space of time mentioned more than 140,000 consultations are registered as having been given. Speaking from the large experience thus gained, he says—"It is my deep-seated and reasoned conviction that with our globules, at which people laugh, and our few grains of powder, I have obtained cures much more numerous, more rapid, and above all more durable than with the allopathic treatment employed by me previously during the five years I served as clinical assistant under my excellent master and friend Dr. Abadie."

With this encouragement, let us proceed to consider in detail the homœopathic treatment of ophthalmic disorder, beginning with the diseases of the appendages of the eye. And, first, of the *lids*.

Blepharitis, when acute, requires different medicines according to its precise seat. Thus, when it affects the skin and

* *L'Art Médical*, Aug., 1893.

cellular tissue outside the lid, 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. Its distinctive form, however, is that assumed when it is seated at the edges of the lids, in which case it is known as tinea (better, ophthalmia) tarsi. I have generally found *hepar sulphuris* very effective here, but Dr. Angell relies upon *mercurius*. They are both truly homœopathic.

A peculiar form of inflammation of the lids is hordeolum, "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 Allen and Norton used to 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 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 were given by 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. Dr. A. B. Norton maintains their commendation of this drug.† Chronic conjunctivitis palpebrarum is generally, if not always, a sequel of an acute "granular ophthalmia," or "trachomatous conjunctivitis"; and I shall speak of it under this heading.

Spasmodic and paralytic affections of the eyelids, causing the phenomena known as ectropium, entropium and lagophthalmos 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. I will only speak here of blepharospasm and ptosis.

* See a striking case illustrating the virtue of this drug in *J. B. H. S.*, i., 92. Lashes absent for 17 years grew again under its use.

† See case in *N. A. J. H.*, Feb., 1893, p. 116.

Blepharospasm may be tonic or clonic. In the former case it is secondary to some irritation of the ocular surface, as in strumous ophthalmia: in the latter it may be (apparently at least) primary, and comes before us as "nictitation." There is general agreement as to the value of *agaricus* here; and Dr. A. B. Norton says that it should be given in four-drop doses of the tincture before being abandoned. Codeia has caused such twitchings, and should do something towards curing them: the same may be said of physostigma. Jahr recommends hyoscyamus, and ratania has proved remedial.* When the clonic spasm only amounts to a quivering, such as people describe as "live-blood," it will generally yield to pulsatilla, or, in very nervous subjects, to ignatia.

Ptosis, when distinctly traceable to cold, will yield to causticum if this was dry, to rhus or dulcamara if it was damp. In the absence of such exciting cause, gelsemium or conium should be curative.

Of tumours of the lids I have only to speak of

Chalazion, meibomian cyst. This has disappeared more than once under calcarea carbonica.† In tarsal tumors projecting like a condyloma, thuja is much commended.

I will now say a word or two about the diseases of the *lachrymal apparatus.* Some of these of course require mechanical treatment: I shall only speak of what may be done by internal remedies.

Dacryo-cystitis, inflammation of the lachrymal sac, was once rapidly cured, in Dr. Dudgeon's hands, by *silicea* 6, after getting worse under other remedies.‡ I have myself had a very similar case. Dr. Norton would assign this medicine to phlegmonous cases, or when suppuration threatens to supervene in the catarrhal form: in simple cases of the latter kind he depends upon *pulsatilla.*

So far I have been speaking of acute dacryo-cystitis. In its chronic form or stage it comes before us as epiphora, with distension of the lachrymal sac or at least hyperæmia of the passages. Dr. Tessier has related a series of such cases in which cure resulted from the use of graphites, calcarea, and silicea; or, where the os unguis or the periosteum seemed involved, of mercurius and hepar. The 12th dilution was mainly used.§ Dr. Kafka has put on record a case of incessant lachrymation of the right eye, caused by exposure to a strong

* *J. B. H. S.*, v., 102.
† See *Annals*, i., 272.
‡ *B. J. H.*, xiii., 135.
§ *Rev. hom. Française*, Oct., 1895.

north wind. Natrum muriaticum 6 cured in four weeks; and was equally efficacious when, on later occasions, the trouble returned.*

Fistula lachrymalis is reported to have been cured by natrum muriaticum and silicea;† in other cases by calcarea, fluoric acid, and causticum. Some of the cases so named were simply such obstructions of the nasal duct, with stillicidium lachrymarum, as I have just mentioned. 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. Junge has reported‡ two good cases, in which this was evidently accomplished by petroleum 3, and Dr. Roche relates another cured by mercurius corrosivus and sulphur;§ while 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."

Lachrymation, when not due to such obstructions as I have mentioned, or to displacements of the puncta, may often (Drs. Claude and Parenteau write ‖) be remedied by *guaræa.*

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,

* *J. B. H. S.*, ii., 222. † *B. J. H.*, xxvii., 567 ; *Amer. Hom. Rev.*, v., 390.
‡ *J. B. H. S.*, v., 204. § *M. H. R.*, xiv., 503. ‖ *J. B. H. S.*, i., 177.

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. I would certainly begin with it if the inflammation was acute; and the same may be said of similar conditions occurring in any of the coats of the eye. 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; but his colleague Dr. Cartier would have us substitute duboisine.* When there is much chemosis, Dr. Claude commends *guarœa*.†

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

* See *Rev. hom. Française*, Jan. 1901, p. 8.

† See Pharmacodynamics, p. 899.

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 Dr. 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 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 simple 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, described *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

* See Transactions of Amer. Inst. of Hom. for 1867.

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 gave the thirtieth potency; and, while believing that there is no need of cauterisation, allowed that a weak lotion of the drug, applied externally, aided 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. Dr. A. B. Norton vouches for his predecessors' experience, though he says nothing of their dosage; and Mr. E. Lucas Hughes, our oculist at the Hahnemann Hospital, Liverpool, bears a later testimony to the drug in the 6th or 3rd potency.*

Should you need additional help, I may mention that Dr. Jousset treats all his cases of purulent ophthalmia by instilling 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 stated that he had adopted 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." As the iris is the part chiefly affected here, I should prefer *clematis*. But the other kind of gonorrhœal ophthalmia is so strictly local a disease, that if ever topical 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

* *J. B. H. S.*, ix., 132.

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 collects, 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 chill, to which the patient is very susceptible. A

* 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.

course of one or both of these drugs, with the occasional aid of the milder remedies for inflammation and photophobia, will sometimes be sufficient to effect a cure.

To the same effect speaks Dr. Parenteau, who takes for his first example of the superiority of homœopathic treatment the affections of the eye called "strumous." It is curious to watch the "organician" tendency of present-day pathology, though one's interest is chequered by regret at the localising of treatment which follows with it. Scrofulous ophthalmia was once a well-recognised ocular malady, as much so as the catarrhal and purulent forms. Then, having regard to its anatomical seat and features, it was called "phlyctenular," and classed among affections of the conjunctiva or (as in Lawson's book) the cornea; its constitutional origin being barely allowed. In Mr. Brudenell Carter's article on Diseases of the Eye in the last edition of Quain's Dictionary it is altogether absent. And yet it throngs our dispensaries, presents a distinct clinical form and history, and without treatment is indefinite in duration and often damaging in after-effects. Dr. Parenteau depicts it in its several varieties of blepharitis, conjunctivitis, and keratitis; sketches the treatment, either inert or violent, to which its subjects are liable in the ordinary way; and then contrasts its management under homœopathy. Instead of external revulsives and internal "tonics which are irritants, I nearly always limit myself," he says, "to the alternation of two constitutional remedies (calcarea carbonica or phosphorica, iodine, sulphur, arsenic, graphites, &c.) in the form of a little pinch of trituration, or of a few globules. That is all. Yet after a few days or weeks (according to the gravity or the nature of the case) the parents are astonished to see the local symptoms disappear, and therewith the general state alter for the better,—avowing that never under allopathic treatment had they seen so prompt a cure."

In most cases, however, the employment (I of course mean internally) 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

* *B. J. H.*, vols. iii. and xxii.

† Angell, p. 113; Allen and Norton, p. 195.

found in Dr. Peters' treatise. It is one in which I 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 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. Aurum, indeed, in one form or other, plays an active part when strumous ophthalmia is mainly a keratitis. There are some good illustrative cases in the eighth volume of the old *North American Journal of Homœopathy*; and Dr. Dahlke has lately recorded a severe one in which he was led to it by noticing that whenever the patient was worse there was determination of blood to the head.†

Bähr and Jahr, whose treatment is much the same as that which I have now sketched, concur in recommending *nitric acid*

* Dr. Wanstall concurs with him in esteeming this drug highly in what he calls "pustular conjunctivitis" (see Norton's appendix, *sub voce*).

† *J. B. H. S.*, iii., 441.

in protracted and obstinate cases; and Dr. H. Goullon cites evidence to the same effect. I am referring to this physician's excellent treatise on Scrofulous Affections, which we have in an English version. It is significant that he writes: "There is hardly a disease which, in its appearance and course, is so well fixed and conservative as scrofulous ophthalmia"; and again "It is not practical, though ophthalmologists do so, to separate scrofulous conjunctivitis from keratitis. They appear too often simultaneously, and too frequently run into each other." This is true clinical classification, as opposed to one that is merely anatomical.

The subject of strumous ophthalmia was brought before our Congress of 1896 by a paper from Dr. Bushrod James, of Philadelphia. If you will read this, and the discussion which followed it, I think you will find what I have now said to be generally agreed to in the homœopathic ranks.

Dr. A. B. Norton, though fully assenting to the predominantly constitutional treatment of strumous ophthalmia, treats of it under the title of "conjunctivitis phlyctenularis." I have preferred to give prominence to the diathetic relationship of the disease; and, moreover, I am disposed to think that the local lesion designated by this name may arise entirely apart from scrofula. I will, therefore, speak 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 may be 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, too, strongly advises the treatment. I am bound to say, on the other side, that I have several times seen this affection, chiefly in girls at boarding-school, yield nicely to the internal administration of *rhus*.

Conjunctivitis membranosa appears in two forms—the diphtheritic and the croupous, the former presenting an interstitial infiltration, the latter having a superficial pellicle. Here, too, local measures are obviously indicated, and the least objectionable of these are the lemon-juice and the liquor chlori mentioned by Dr. Norton. Internally, *apis* and perhaps *guaræa* should control diphtheritic conjunctivitis when forming, *mercurius cyanatus* later; for the croupous form *kali bichromicum* is without a rival.

Conjunctivitis trachomatosa, "granular ophthalmia," appears to be one of the forms of the "Egyptian ophthalmia" observed where (as in that country) there is much hot wind and dust; it is apt to arise where many children are thronged together, and

is undoubtedly contagious. In its acute form, it is often amenable to treatment, as with aconite and belladonna. In the chronic stage alumina, arsenicum, aurum, natrum muriaticum and thuja are beneficial; but granulations of long standing seem almost extra-vital, and are, I fear, amenable only to local and mechanical treatment. Dr. Norton uses pressure as his chief agent. Dr. Angell gives some cases illustrating the good effect of this proceeding and the occasional application of irritants—of which latter Dr. Liebold esteemed burnt alum most highly.

If "pannus" should remain after the granulations of the lid which cause it have been removed, you may disperse it, as Dr. de Couman has done by the steady use of aurum muriaticum and hepar sulphuris;* or by kali bichromicum.†

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. On the other side of the Atlantic they seem to depend upon *zincum*,—especially, Dr. Norton says, when the pterygium extends from the inner canthus. In this country the remedy which has most frequently succeeded has been *ratania*, as I have shown when speaking of this medicine.

* *J. B. H. S.*, v., 208. † Norton's appendix, p. 459.

LECTURE XXX.

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 serviceable. But if its action should seem exhausted, and further help be 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.

In patchy episcleritis the two chief candidates for favour are *thuja* and *terebinthina*. The former is Dr. Norton's main remedy: the latter is chiefly indicated when its characteristic dark and scanty urine is present.† Kalmia has sometimes proved useful.

* 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.

† See case in *J. B. H. S.*, iv., 341.

Inflammation of the *cornea*,

Keratitis, may be simple, scrofulous, or syphilitic; and, again, indolent or suppurative. The chief medicines which help us to modify favourably inflamed states of the cornea are apis, arsenicum, aurum, cannabis sativa, hepar sulphuris, and mercurius corrosivus.

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 then generally the case—the patient is feeble and cachectic. More indolent ulcerations may often be met satisfactorily by sulphur, calcarea or silicea,* 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).

Cannabis sativa, *mercurius corrosivus* and *aurum* are the medicines for the interstitial keratitis of the subjects of hereditary syphilis. The first is praised by Dr. C. C. Boyle when the cornea is opaque and very vascular, without much pain or photophobia.† Mercurius corrosivus is suited to more active cases, where the syphilitic diathesis is marked. But aurum, whether metallicum or muriaticum, holds the highest place in the treatment of this severe affection, and has wrought brilliant cures.‡ It, and indeed all the corneal remedies, seem to require the lowest attenuations in which to exert their power.

Ipecacuanha,§ kali bichromicum and zincum‖ have, at some hands, received high commendation for their power over corneal inflammations and ulcerations.

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

* *J. B. H. S.*, i., 90.

† *Ibid.*, iii., 442; see also Norton's appendix, *sub vocc.*

‡ *Ibid.*, i., 375; iv., 128; *M. H. R.*, xxi., 528.

§ *J. B. H. S.*, iii., 100.

‖ *Ibid.*, ii., 101.

as *calcarea carbonica* and *fluorata*, *cannabis sativa* 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 Descemet. 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. A "serous iritis" is also described, in which the pupil instead of being contracted is dilated; in which the tension of the globe is increased, and hypopyon may be present. Here *gelsemium* is described as almost specific.

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 said, "are our sheet-anchor in the treatment of all forms of iritis"; and Dr. A. B. Norton repeats

* Also, for calcarea fluorata, see *J. B. H. S.*, iii., 206; and iv., 236 for kali bichromicum.

the statement. I must confess, however, that my own observations have disappointed me as to its possessing any great power over the disease. Should it not have this, you will say, seeing how readily it sets up iritis? I am by no means certain of this homœopathicity on its part. I examined the question in a paper which you will find in the tenth volume of the *Annals of the British Homœopathic Society*. I there showed that the two authorities usually cited in favour of the production of iritis by mercury, Graves and Travers, both recognise in their cases the presence of two other factors of much greater importance—syphilis, and cold with damp; while it has never been observed among the workers in the metal. A single exception made by Travers to his statement that all his patients were syphilitics, and an observation of Basedow's in which an "iritis mercurialis" appeared in a patient being treated with the drug for hepatitis, were the sole evidence I could find of the possibility of the disease being induced by it. In taking up the question again in 1884, in my Boston Lectures, I had before me Huber's exhaustive collection of effects of mercury and its preparations, then in course of appearing as a supplement to the *North American Journal of Homœopathy*. In all this long list I could only find three observations which with reasonable probability bore out such pathogenetic power of the metal. While, therefore, I do not deny that mercury *can* cause iritis, I do dispute its readiness and frequency in so doing; and am not surprised at its comparative inertness even in the rheumatic form of the idiopathic disease.

Still more unable am I to recognise its homœopathicity to syphilitic iritis. This is essentially a plastic inflammation, and mercury is as essentially an antiplastic, a liquefacient, drug. I think it has yet to be proved that it exerts any influence in the resolution of the gummata, 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 well satisfied with *clematis* here, as with *euphrasia* and *kali bichromicum* in the rheumatic form.* Others of our colleagues have had good effects in the former variety from aurum and cinnabar (which is not a true mercurial); and in the latter from rhus.† Conversely, the therapeutic evidence adduced by Huber goes against the homœopathicity of mercury in syphilitic iritis, as his two clinicians of most weight

* See, for these, *B. J. H.*, xli., 21, 114, 119.—Kali bich. is commended by Dr. Norton in descemetitis.

† See *J. B. H. S.*, i., 375; iii., 443, 453; iv., 497.

—Kafka and Payr—find it necessary to resort to inunction of the drug, as did Dr. Dudgeon in a case referred to in my paper.*

But, whatever medicine we are giving internally, there is no doubt that we must apply atropine 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 bloodvessels, and in this way help to subdue the inflammation. It keeps, moreover, the iridal muscle at rest, and perhaps abates the ciliary pain. This last indication may also be carried out by the intercurrent use (in highish dilution) of medicines suggested by the subjective sensations complained of, as spigelia, colocynth, cedron, prunus, and chamomilla.†

Lest you should ever meet with tuberculosis of the iris, I will note that in a case of Dr. Schepens' arsenicum, sulphur and kali bichromicum were without effect, while tuberculinum (Kochii) 6 given twice a day caused immediate arrest of growth and speedy clearing away of the deposit.‡

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 gelsemium, in recent cases, with phosphorus in those of longer standing, were 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 gelsemium condition is less active. Prunus spinosa—a little-

* I have been glad to see that Dr. Allen supports me in this argument.

† See *B. J. H.*, xxvii., 467.

‡ *Journ. hom. Belge*, Jan.—Feb., 1898.

§ *B. J. H.*, xli., 118.

‖ *Ibid.*, xxii., 568; and Pharmacodynamics, p. 570.

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 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. 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. Mr. Knox Shaw says he has satisfied himself that rhus and ice-compresses will sometimes abort a threatened panophthalmitis after cataract extraction.*

Besides these experiences, I may mention one of chronic headaches traceable to choroiditis, recovering under Dr. Cooper's treatment by single doses of viola odorata;† and two of the disseminated form, apparently non-syphilitic. In one belladonna proved curative;‡ in the other pain and photopsia were markedly relieved by tabacum.§

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 remedies. Dr. Parenteau is hardly precise enough here; but this at least he tells us, that the well-known action of atropine in augmenting intra-ocular tension and aggravating the glaucomatous phenomena may be utilised homœopathically by the adoption, in similar idiopathic states, of the internal administration of the drug in sufficiently attenuated doses. Of course, so far as the obstruction of the filtration-apparatus (on which the increased pressure in the eye seems to depend) is mechanical, as from rigidity of the sclera or enlargement of the lens, drug-treatment cannot help, and

* *L. H. H. R.*, vi., 31.
† *J. B. H. S.*, ii., 363; iii., 105.
‡ *Ibid.*, ii., 218.
§ *Ibid.*, iii., 83.

iridectomy or sclerotomy is the most rational as the most effective measure. But that simple congestion (or is it inflammation?) will cause it appears from the observations of the occurrence of glaucoma as one of the vaso-motor or trophic disorders incident to trigeminal neuralgia. Anstie, in his treatise on Neuralgia, devotes several pages to this subject (pp. 102–4, 150), referring to six recorded instances of the kind. One of them he relates at length; and it shows the typical symptoms of glaucoma coinciding with each occurrence of pain, but subsiding in the intervals, until at last the neuralgia departed, and therewith all impairment of vision, mydriasis, tension and other morbid phenomena in the eyes.

Mr. Brudenell Carter, whom Anstie quotes as inclining to the nervous origin of some forms of glaucoma, in the article in Quain's Dictionary describes it as of purely mechanical origin, and susceptible only of mechanical relief, the inflammatory and neuralgic symptoms being secondary only. The evidence of therapeutics, however, goes against him. From our own school we have, besides Dr. Parenteau's statement, the testimony of Dr. Dekeersmaecker to the value of aconite in glaucoma, when the ocular affection is associated with anæsthesia or neuralgic pain in the parts supplied by the trigeminus, suggesting (as he says) its own dependence on some disorder at the origin of that nerve.* The power of aconite to set up such disorder, exhibiting itself in such forms, has been definitely ascertained by Schroff. Again, there are several cases on record in which phosphorus, given on account of the pain present, seems to have restored soundness and vision to undoubtedly glaucomatous eyes.† The power of this drug over neuralgia, always recognised in our school, has been substantiated very fully by Mr. Ashburton Thompson; and to such power, I think, we must trace its anti-glaucomatous properties.

Besides *atropine*, therefore, we have in *aconite* and *phosphorus* medicines promising on every ground to be of value in this serious ocular disease. When tension and chromatopsia are more marked than neuralgic pain, I think we have another candidate for honours here in the shape of *digitalis*. It was noted by several of the English physicians—Lettsom, Withering, Mossmann and others—who in the eighteenth century used the foxglove so largely in phthisis and dropsy, that it had a peculiar

* *L'Homœopathie Militante*, i., 271. "I have seen proof positive of this action," he writes, "and hope to publish it one day. That I had to do with veritable glaucomas there can be no doubt: the diagnosis was strict and confusion impossible." It is greatly to be regretted that the writer's too early death prevented him from following up this subject.

† See *B. J. H.*, xxxii., 1. I can speak from personal observation of its power of abolishing pain in glaucomatous eyes.

effect upon vision. Those under its influence complained that their sight was dim and indistinct; or that the colouring of objects was altered, so that they seemed blue, yellow or green; or all things appeared as if covered with snow, and faces assumed a corpse-like whiteness. At another time motes floated before the sight, which on covering and pressing the eyes appeared as sparks; then flashes and balls of fire were seen, and objects appeared brilliant with a fiery halo around them. If the use of the drug was pushed, blindness might occur, which in one case lasted for a month after omitting it; the sense of pressure in the eyeballs which accompanied the initial symptoms being exchanged for throbbing pain and sense of fulness and enlargement. All this will be found in Hahnemann's Materia Medica Pura; but the Cyclopædia of Drug Pathogenesy adds some further features of the kind from later experimentation. These I have sketched to you in Lecture xxviii., when speaking of migraine. The suggestion in all this of early glaucoma must be admitted to be very strong, and I think it ought to lead to practical results.

Oculists must decide in any given case of the disease whether it is safe to try medicinal action, or whether operative interference must be at once resorted to if the eye is to be saved. Of course if Mr. Carter's later view be the true one, the question can never arise; but I rather sympathize with Anstie. "I think," he writes, "that there is now sufficient evidence to show that glaucoma is sometimes entirely, and very often in considerable part, neuralgic in its origin. . . . I am necessarily without the means of personally observing glaucoma on the large scale, but I have now seen two cases in which, if I possess any faculty of clinical observation whatever, the whole genesis of the disease was in a neuralgic disorder of the trigeminus; and it was to me a melancholy reflection that nothing better than iridectomy in one case, and excision of the eyeball in the other, could be done in the present state of ophthalmic science." Perhaps in our belladonna and digitalis, our aconite and phosphorus, he might have found—had he lived to try them—the better thing for which he longed.*

In writing on this subject in former years, I have said that 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

* Curiously enough he reports later on in his book an experience very like Dr. Parenteau's. "I believe that in three cases I have succeeded, by prompt injection of sulphate of atropine ($\frac{1}{60}$ to $\frac{1}{40}$ grain), in saving a neuralgic eye from damage, and possibly from destruction, from impending glaucoma" (p. 189).

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 seem to have met it successfully in even 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. I have also reminded my readers 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 little now to add. Dr. A. B. Norton contents himself with giving the symptomatic indications for remedies bequeathed by his brother, avowing that to him the results from the use of them are somewhat problematical. He evidently would depend on the local use of eserine in non-operative cases in preference to internal medication. Dr. Fellows, Professor of Ophthalmology in the Hahnemann Medical College of Chicago, communicates some favourable experience with gelsemium 1x and spigelia 3x. Dr. Parenteau has added to his former contributions to the subject an experience in which cocaine, instilled into the eyes for scleritis, developed a glaucomatous condition therein when used too freely. It speedily passed off on omitting the application. He has taken the hint, and has used the drug internally, in dilutions from the third to the twelfth, in glaucoma itself, finding it specially useful when this process supervenes upon iridal, ciliary or choroidal affections.

I have now to speak of diseases of the nervous elements of the eyeball—the *retina* and the *optic nerve*.

Retinal hyperæmia "frequently depends," as Allen and Norton write, "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, we may generally find another in over-use of the eyes, when santonine or ruta will be of service; in cardiac disorder, where Dr. Angell finds cactus of great benefit; or in menstrual suppression, in which case it will often yield to pulsatilla. In

* I have examined these more in detail in a paper contributed to the *New England Medical Gazette* for December, 1893 (p. 545).

cases owning no such origin, but presenting marked hyperæmia, duboisine should be thought of.*

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. When it is part of a general hyperæmia of the fundus (retinitis apoplectica), mercurius in some form is recommended.

Retinitis may be simple, albuminuric, or syphilitic.

1. For simple inflammation of the retina, when recent, we used to rely upon *belladonna*; and there is good evidence of its power over the disease, even where the nerve-entrance is involved (optic neuritis).† A red conjunctival streak along the line of fissure of the lids is said to indicate it in hyperæmic states of the retina. The excellent proving of *duboisine*, however, by Dr. A. B. Norton, has shown a yet more striking hyperæmia of the fundus, with the symptoms usually associated therewith; and Dr. Deady has made a beginning of its therapeutic use in such states, as you may read in the other's book. In chronic cases, *mercurius* should be thought of, and perhaps plumbum. With the former there is special sensitiveness of the eyes to the glare of a fire.

2. Still stronger is the evidence for the two last medicines in albuminuric retinitis. *Mercurius corrosivus* is the standing remedy for it, and may cure it even though the accompanying renal malady shows its virulence by killing the patient, as in a case recorded by Dr. Speirs Alexander in the forty-second volume of the *Monthly Homœopathic Review*.‡ In long-standing cases, plumbum promises most; § but I would call attention to the retinal changes induced in dogs by picric acid as presenting a curious resemblance to those of our present malady.

3. In the syphilitic form *kali iodatum* will probably be the best remedy, it having to us the recommendation of having caused (as has iodine itself) a corresponding affection.‖

Detachment of the Retina is an affection in which I happen to have a personal interest, but which on its own merits I may fairly commend to study from a therapeutic stand-point. We used to consider the fluid which effects this separation an effusion from the choroidal veins; but the tendency here also is to mechanical views, and we are taught to look for the causation

* See case in *J. B. H. S.*, vii., 220.

† See art. Belladonna in Part II. of Dr. Norton's book.

‡ See also Norton, art. Mercurius corrosivus.

§ See *J. B. H. S.*, vi., 313.

‖ See Pharmacodynamics, p. 543.

of the detachment to a shrinking of the vitreous (from senile change or post-inflammatory contraction), dragging on the retina, and so rupturing it that the humour in front flows in and lodges behind it. If this be true, the "great sphere of usefulness for" gelsemium in this affection, inferred by Allen and Norton from its power over serous choroiditis, becomes indefinitely narrowed; and yet some good results are reported from its use. In one case "detachment had been present for three weeks, and was dependent upon an injury. It was accompanied with diffuse haziness of the vitreous and serous inflammation of the choroid and retina. In a month, under gelsemium 30, the vision improved from mere perception of light to $\frac{20}{30}$, and the retina became completely re-attached." Dr. George Norton, who cites this case, adds—"Since then similar results have been obtained from its use in detachment from myopia." Aurum, too, which has caused horizontal hemiopia such as would result from detachment of the lower half of the retina, seems occasionally to be of service here,* especially when there was a history of syphilis and prolonged dosing with antisyphilitics. These results do not amount to much; but if drugs, in infinitesimal doses, are of any use whatever in such a condition, it cannot be wholly dependent on traction and rupture and influx of fluid, as now believed, but must have a vital and dynamic origin. It should therefore be amenable to drug action; and for the sake of many condemned to hopeless blindness from its presence, I urge a further effort towards its medicinal treatment.

In essaying this, besides the drugs I have mentioned above, I would direct attention to that crystalline product of tar known as naphthalin. We had already used it for some time (I know not how we came to do so) in spasmodic affections of the respiratory organs, like whooping-cough and asthma, when in 1889 Panas, experimenting with it on rabbits, found very curious changes developed in the eyes. Serous effusion into all spaces—between the hyaloid membrane of the vitreous and the retina, between this and the choroid, between the lens and its capsule, and between the fibres of the lens itself—seems to be the essence of its action. Panas' experiments—which have been confirmed by Magnus, Dor and others†—were brought before the Homœopathic Congress held in Paris in 1889 by the late Dr. Ozanam,‡ and their bearing on homœopathic treatment indicated. Infiltration of the optic papilla (choked disc), soft cataract and detachment of the retina are

* See p. 400 of Dr. A. B. Norton's book.

† See Cycl. of Drug Pathogenesy, iv., 653.

‡ See its Transactions, p. 169.

named by him as ocular affections to which it corresponds; but I have looked in vain through the published volumes of our *Journal of Ophthalmology and Otology* to find any application of it to practice. I asked Mr. Knox Shaw whether he had had any experience with the drug. He kindly replied as follows: "When studying naphthalin with regard to its action on cataract, I had noted its possible use in detachment of the retina. Panas' experiments show that the drug might be useful in such detachment in highly myopic eyes with choroiditis, but we do not seem at the Hospital to have had any appreciable results with it so far clinically. I cannot say that I have seen any real benefit from any drug in this affection. I have tried aurum, apis, cantharis, kali iod. and others. In most cases of detachment there are not the same coarse changes seen that were found to exist in the vitreous, retina, lens and choroid of the animals experimented on."

I think that Mr. Knox Shaw does some injustice here to his own practice. Dr. Lambert and Mr. Spencer Cox, who have both worked with him at the London Hospital, speak more cheerfully of their results. The latter says that though he never saw a complete cure, there was a good deal of improvement obtained; and the former reports one complete recovery —under apis 6.* It is thus also in America. Dr. A. B. Norton speaks very sceptically about any gain resulting from medicinal treatment; but at a meeting of the Homœopathic Medical Society of New York County in 1900, Dr. Ruth Worrall cited cases treated successfully with pressure and gelsemium; Dr. Boyle stated that he had cured one case with this drug, and had found the retina perfect nine years after when he operated for cataract; and Dr. Deady related an instance of alcoholic origin twice recovering from an attack so brought on under the influence of kali iodatum 1x.†

Retinal hyperæsthesia, if accompanied by hyperæmia, will yield to the remedies for that condition, especially *belladonna*.‡ If occurring without ophthalmoscopic evidence of change in the fundus, nux vomica§ (or strychnia) may be required, and

* *J. B. H. S.*, v., 74, 78.

† *Ibid.*, viii., 359.

‡ See Norton, p. 404.

§ An observation of Allen and Norton's recalls a case of my own in which nux acted finely. "Hyperæsthesia of the retina," they say, "with frequent pains to the top of the head, sleepless nights, and awakening cross in the morning, was promptly relieved by nux vomica." The "pains to the top of the head" remind one of Dr. Ferrier's localisation of the ultimate visual centres at that point. My patient had, on first looking at daylight in the morning, a dazzling blinding distress extending just to two spots on each side of the sagittal suture; and use of the eyes at any time caused pain there. The case was one of brain fag.

perhaps conium; but I agree with Dr. Angell in thinking its best remedy to be macrotin—the "concentrated preparation" of actæa racemosa.

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 among the other derangements of vision, which I will take up at our next meeting.

LECTURE XXXI.

DISEASES OF THE EYE (*continued*).

Besides the derangements of vision connected with inflammation and other lesions of the retina or optic nerve there are some which are not traceable to any definite alteration herein, and which for all practical purposes must be treated as substantive affections. I will begin with amaurosis, or (as the loss of vision is sometimes incomplete)

Amblyopia.—Loss of sight may be sudden. If from exposure to cold it will often yield to *aconite*, as shown by two cases related by Dr. Hirsch in the thirty-third volume of the *British Journal of Homœopathy* (p. 172). It sometimes occurs in connexion with the albuminuria of pregnancy, and here the prognosis is bad; but two cases are on record where recovery ensued on the use of kali phosphoricum 6x.* More frequently it supervenes gradually, and is traceable to debilitating causes. When these have been loss of blood or other exhausting discharges, it will sometimes yield to the *china* which, with suitable diet and hygiene, recruits the general strength. If in spite of all this it persists, it must be treated on its own merits, and then *phosphorus* will generally be found the most helpful medicine, unless the symptoms (central scotoma, &c.) should resemble those of smokers' amaurosis, when (as in a case of my own) *tabacum* may be prescribed with the utmost advantage. Tobacco blindness itself is now, with that of alcohol, ascribed to a retro-bulbar neuritis. The obvious treatment is the reduction or cutting-off of the noxious indulgence; but in both forms help may be obtained from *nux vomica*. "The results following its use are often," Drs. Allen and Norton say, "marvellous." The first dilution has generally been required.

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 digitaline, when the upper half of objects is invisible; and ammonium bromatum, arnica, ferrum phosphoricum, lithium, morphia and titanium† when the hemiopia is vertical (generally on the right side).

* *J. B. H. S.*, vii., 417.

† See a case where this derangement of vision coincided with vertigo, and both yielded to titanium, in *J. B. H. S.*, x., 109.

Nyctalopia appears, from the researches of Mr. Tweedy, to be the traditional and correct name for night-blindness, which I with others have hitherto called hemeralopia. It is sometimes merely a symptom of pigmentary retinitis,* and sometimes one of the features of scurvy or inanition. In such conditions medicines would probably play little part; but in the not unfrequent cases where night-blindness occurs in consequence of exposure to too much light and heat, remedies are quite available. *Belladonna* and *nux vomica* † have frequently proved successful, and seem suitable enough to the alteration present. The same can hardly be said of lycopodium, but Dr. A. B. Norton repeats the strong recommendation of it in "hemeralopia" contained in the old "Ophthalmic Therapeutics"; and I cannot but note it.

Other derangements of vision, as photopsia, chromatopsia, &c., must be treated by pure symptomatic resemblance. The materials for so doing are specially abundant in the Repertory to the Cyclopædia of Drug Pathogenesy.

I have now gone through the coats of the eye-ball, and have only to speak of the diseases of its media and of its muscles.

Of the media, the crystalline lens is subject to the important lesion known as

Cataract.—Dr. Parenteau gives this as his second example of homœopathy in oculistry, which may seem surprising; but let us hear what he says about it. "Certainly, I do not pretend to cure all cataracts, any more than my colleagues profess to cure all the pulmonary catarrhs and the pleurisies which are given them to treat. But what I can affirm here, without fear of disproof, is that in a very considerable number of cases where this affection is taken in time, before the lens has undergone degeneration and indelible alteration, I have succeeded in checking the cataract and sometimes even in causing it to take on retrograde action."

A statement like this, coming from a competent observer, should lead us to look farther. Dr. Burnett is again among the number of those who have so looked. Moved by the success of internal treatment in a case he tentatively undertook, he made research into both the homœopathic and the general literature of the subject, and was surprised to find the amount of testimony and evidence extant as to the "Curability of Cataract with Medicines." Under this title, he published (in 1880) one of his

* As I have not mentioned this rare disease among the varieties of retinitis, I may here say that Dr. Copeland reports some favourable experience with phosphorus in it (*Med. Century*, Dec. 15th, 1895).

† See *J. B. H. S.*, iv., 139.

little volumes containing all he had found about it, with some experience of his own. Dr. Burnett does not profess to be an oculist; and those who do, when they read his pages, must not expect to find the scientific precision in which they (justly) delight. But they must not be prejudiced thereby into resisting the impression which his book must otherwise make on the mind, that in a fair proportion of cases vision impaired by commencing cataract may be materially improved and so maintained; and that in a still larger percentage the progress of blindness may be checked, so that its subject conserves what sight he has, and is spared the risks and other inconveniences of an operation. This is what patients want: the exact determination of opacity and visual range is immaterial to them, as long as they can see and be immune from the knife. If homœopathy can supply their need in this way they will bless it.

A similar conclusion, viz.: that the prognosis in cataract is not so hopeless as is ordinarily supposed, has been come to by two leading oculists of our school—Mr. Knox Shaw of London, and Dr. A. B. Norton of New York; but on rather different grounds. Dr. Norton published in the *North American Journal of Homœopathy* for December, 1891, a tabulated statement of 100 cases of incipient cataract treated by homœopathic remedies. The value of these to check its progress he considered borne out by the fact that one-half of all the cases under observation for two years or over showed no failure in vision and no increase of the opacity, and that in about one-third more there had been but a very slight loss of vision. Mr. Shaw also (his paper appears in the "Reports" of our London Hospital for 1893) bases himself on a series of cases, 125 in number, of the disease in its incipient stage and simple (*i.e.*, primary) form. His results are nearly if not quite as good, but drug-treatment does not seem to have played a prominent part in his hands. The point he makes is the frequent co-existence of refractive error and accommodative difficulty, and the corresponding commencement of the opacity rather in the equatorial region of the lens than in its central nucleus. His measures therefore are directed to correct those errors; and to deal, medicinally and hygienically, with the eyes as a whole. Simple cataract, he holds, is not *per se* a senile change; the prime factor in its development is eye-strain; its rate of advance is slow, and in many cases it may never reach maturity; and the means specified above will delay its progress, and in some cases cause (at any rate for a time) actual improvement in the condition of the lens.

I think, therefore, that Dr. Parenteau's claims, large as they

may seem, are borne out by experience; and may be acted on. To encourage us farther, Dr. Burnett has reminded us that embryology shows the lens to be a dermoido-epithelial structure, like skin and mucous membrane, arguing therefrom that it should like these be sensible to medicinal treatment; and I long ago pointed out* that the development of opacity in it has followed on retrocedent gout, menstrual suppression, and the drying up from without of cutaneous eruptions and of habitual perspiration of the feet. Other affections so arising are amenable to specific remedies: why should this not be so?

These last considerations bring cataract into the category of Hahnemann's "psoric" diseases, and suggest his "antipsorics" as affording its most appropriate remedies. Experience has proved them so, at least in respect of the great triad—sulphur, calcarea and silicea; perhaps also as regards magnesia carbonica, with which a French physician, Dr. Priel, has obtained some fairly satisfactory results.† Causticum, though ranked by Hahnemann as such a medicine, and stated by Dr. Norton to have undoubtedly proved of most value in his hands, I agree with Mr. Shaw in thinking of as acting rather upon the accommodative apparatus—to which, as he justly says, the symptoms for which it is prescribed mostly belong. The same may be said of phosphorus. Of other drugs which have proved useful, I may mention colchicum and santonine as having been found capable (in animals) of inducing opacity of the lens, and chelidonium, conium and pulsatilla as possessing some empirical reputation against this change. Natrum muriaticum, naphthalin and secale are other substances which have caused the lesion. With the first, however, the phenomenon is probably a physical one, such as occurs in diabetes: in the two latter it is—Mr. Shaw thinks—secondary to grave alteration wrought in the retina and ciliary region. We have already examined the question as regards naphthalin; but, excluding it and its fellows, enough choice of remedies remains to give us a good chance of fitting an effective agent to most cases of cataract which come before us in their forming stage.

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 we were acquainted of old times. Some of these are of dubious value; but even when they are eliminated, the power of sulphur, silicea, cannabis, pulsatilla and calcarea must remain unquestioned. *Silicea* has been most frequently successful: it should be especially thought of

* Manual of Therapeutics, 1st ed. (1869), p. 195.

† *Bull. de la Soc. Méd. Hom. de France*, vols. v. and vi.

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* 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 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. Bayes' case, however, blindness had continued for eighteen years. Dr. Talbot esteemed conium highly in cataracts otherwise arising; and in the *Medical Century* for January, 1893,† published two well-marked cases practically cured by it.

I add a note furnished me by Dr. Henry Madden, who had unusual experience in the treatment of this disease. "In the early stage, when vision is but clouded, and streaks only of

* 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?

† See also *M. H. R.*, xxxvii., 107.

opacity are seen by the ophthalmoscope, a check to further deposit may 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."

I must not leave cataract without telling you what has been done for it by local treatment. The distinguished Wiesbaden oculist, Pagenstecher, has praised iodide of potassium in the incipient stage. He uses an ointment of it about the eye, and has no doubt that it can bring the cataractous process to a standstill, and in some cases increase the vision. In our own school the instillation of the cineraria maritima has gained some credit. In a case treated thus by Dr. E. D. Perkins great and progressing improvement occurred; and instead of a dull lustreless eye, with muddy congested conjunctiva, the patient showed a bright, clear, healthful-looking organ.*

Of the other media of the eye I have nothing to say save that senega has been found effective in clearing away opacities of the vitreous humour. I pass therefore to affections of the ocular muscles.

Asthenopia is defined (in Quain's Dictionary) as "any condition in which the eyes cannot be used for long without fatigue, pain, or other symptoms." It may be "accommodative," when the ciliary muscle is at fault, and there is no confused or double vision; † or "muscular," in which the extrinsic muscles of the eye are the seat of debility. You will remember that all these are, like the ciliary, supplied by the third nerve, save the inferior oblique and the external rectus, to which (for the independent action they subserve) the fourth and sixth nerves respectively are devoted.

It is, I think, in accommodative asthenopia that *ruta* has gained its repute in ophthalmic affections. Hahnemann (as I have said in my Pharmacodynamics) mentions that rue was commended by Rosenstein, Swedjaur and Chomel for dimness of vision caused by over-exertion of the eyes, and points to S. 44 and 45 of his pathogenesis of the plant as showing that it causes what it cures. These symptoms are "His eyes feel as if he had strained his sight too much by reading," "weak pressive-like pain in the right eye, with dimness of surrounding objects, as if from having looked too long at an object and

* *J. B. H. S.*, vi., 301, 394.

† Accommodative asthenopia, too, may itself be of two kinds, as Dr. Norton suggests; it may be paralytic, when the medicines come in of which I have spoken above, or irritable, where the myotics—physostigma, muscarine and pilocarpine—would be indicated. Dr. Norton uses jaborandi 3 in such cases with marked effect.

fatigued the eyes." A Hungarian physician, of the name of Elgâjaki, has drawn attention to the same double series of facts. Allen and Norton gave us an alternative, but mainly for muscular asthenopia, in *natrum muriaticum*. With this there is aching on moving the eyes in any direction, and the muscles feel stiff and tense. They also commended ammonium carbonicum, where the origin is strain. *Argentum nitricum* suits the asthenopia of neurasthenia, which Nettleship ranks as quite a distinct variety.* Dr. Angell finds macrotin very effective in relieving the evil effects of the use of asthenopic eyes, such as hyperæmia and photophobia—an experience I have frequently verified. If pain alone occurs at every attempt to use the eyes, you may bethink yourself of the benefit obtained in such an affection by Dr. Kafka from kali carbonicum 6.†

In bad cases of asthenopia the remedies for

Oculo-motor paresis must come into play. These are causticum and rhus; gelsemium and conium; senega; and phosphorus. *Causticum*‡ and *rhus* are most suitable when the paresis is of "rheumatic" origin; the former (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. *Gelsemium* and *conium* correspond to simple paresis of the ocular muscles, without any definite cause: the first ought to be especially useful when the external, and senega when the superior, rectus is at fault. Phosphorus has proved curative in more pronounced forms of the malady, as from spermatorrhœa or sexual excess.

For paralysis of the accommodation atropine would be exquisitely homœopathic; but when occurring after diphtheria I find gelsemium 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 led the late 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 accordingly given this medicine, in the second and third

* See *B. J. H.*, xxxii., 739; *United States Med. Investigator*, vi., 539; *M. H. R.*, xxii., 152.

† *J. B. H. S.*, ii., 220.

‡ Dr. Van Royers, of Utrecht, relates in a very scientific manner a case of paralysis of the oculo-motorius occurring in his own person, in which, after spigelia, argentum nitricum and natrum muriaticum had failed, causticum, in the 8th dilution, effected a cure (*J. B. H. S.*, ii., 218).

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.

Nystagmus, an involuntary and morbid oscillation of the eyeballs, finds—like nictitation in the lids—its most frequent remedy in *agaricus.*

I have a few words to say about

Astigmatism.—A prover of lilium tigrinum, a married lady, who took two doses of the third dilution daily for six days, after suffering much inconvenience in the eyes, found that an astigmatism, under which she had laboured for a twelvemonth past, had disappeared. Dr. Woodyatt's attention was drawn to the medicine, and he found that it acted like physostigma, and corresponded to spasmodic conditions of the ciliary muscle. Astigmatism was his special indication for it; and he has published several cases in which this condition, when dependent on muscular irregularity, has been removed by its use. Dr. L. Hooper has had a corresponding result with physostigma itself.†

Lastly, of affections of the *orbit.*

Orbital Cellulitis presents itself in two forms, the œdematous and the phlegmonous. The former yields readily to *apis.* The latter, in children, has found a remedy in *phytolacca*: in adults it is a more serious malady, but is generally under the control of *rhus.*

Orbital Periostitis is generally of syphilitic origin, and whether so or not seems always to demand *kali iodatum,* in not too attenuate dosage.

This is a short lecture; but I must wait till our next meeting before entering upon the diseases of the ear.

* See *United States Med. Investigator,* ii., 375; v., 390; and vi., 44.

† *J. B. H. S.,* vi., 222.

LECTURE XXXII.

DISEASES OF THE EAR.

I enter to-day upon the consideration of the maladies affecting the organ of hearing. When I wrote upon the subject in my Therapeutics, the homœopathic literature pertaining to it was but scanty. It is far more copious now. Dr. Houghton, the surgeon to the aural department of the New York Ophthalmic Hospital, has gathered up his occasional papers in our journals, and his whole otiatric experience, in a handsome volume of "Lectures on Clinical Otology." Dr. Cooper, who acted in the same capacity in our London Hospital, has published his lectures on "Inflammation and other Diseases of the Ear" delivered at the London School of Homœopathy in 1877–8; and has otherwise contributed to our knowledge of these maladies, as we shall see in proceeding. The German otological literature has been well collated in a series of papers by Dr. H. Goullon in the *Internationale Homöopathische Presse* for 1876, which have been translated in the *British Journal* for the same year; and there are some English contributions to the subject by Dr. Dudgeon,* Mr. Cutmore† and Mr. Dudley Wright.

In spite, however, of the illumination thus bestowed upon aural therapeutics, we have much to learn regarding them. I was led to think that further light might be thrown on their comparative obscurity by considering the homologies of the eye and ear. The morbid states of the former organ, and the medicines which influence its component parts are so (comparatively) well known, that they become stepping-stones of no little trustworthiness on our road through the darker regions of the latter. I made a study, therefore, of these homologies, and published it in the *Monthly Homœopathic Review* of 1868; whence I transferred it to the Ear section of my Therapeutics of 1878. Curiously enough, the same thought occurred in 1894 to Dr. Ord (without, he tells me, any recollection of my treatment of it), and he brought it before the British Homœopathic Society in the October of that year.‡ In reproducing my own

* *B. J. H.*, vol. xxi.

† *Annals*, vol. iii.

‡ See *J. B. H. S.*, vol. iii.

paper here, I shall embody any sidelights it may gain from his, and shall discuss any points at which our respective views diverge.

Let us compare the organs of the two senses of sight and hearing as to their healthy structure and function.

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 resist pointing out the morbid homologies of these two structures. Whatever ancillary office they occupy in relation to the nervous expansions beyond, it is

* 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.

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 nervous 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, functions, 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.

(I must have forgotten this argument of mine when I listened to Dr. Ord's paper, for in the discussion which followed I seem to have maintained the contrary position to that taken up here about the relation between the conjunctiva and the tympanic mucous membrane. On grounds of homology he is (as I *was*) right about them, and he makes a fresh point in the same direction when he argues that the prolongation which constitutes them is from the respiratory tract with the former, from the alimentary with the latter. Nevertheless, I must agree with Mr. Dudley Wright that as regards morbid processes and the action of drugs the two have much in common, and that we may—tentatively at least—argue from one to the other.)

Lastly, 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 the outer, the other at the inner, extremity of the way. To each it belongs to guard the passage which they cover, for which purpose they are moved by their appropriate muscles,—in their movements subserving also the purposes of expression. Both orbicular and auricular muscles are accordingly supplied by the facial—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 globe.

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*; but 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 mezereum. 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 twenty-second 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; or of a trituration of graphites suspended in concentrated petroleum, and topically used.

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 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 decimal, 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 having obtained better results from picric acid for the latter purpose. His experience has been verified by that of many other observers, among whom I may specify Dr. Gurnee Fellowes.‡ 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,

* See *B. J. H.*, xxi., 243.

† "Applied Homœopathy," p. 45.

‡ *J. B. H. S.*, ix., 97.

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, first, that dependent on primary chronic inflammation of the dermis of the external meatus and membrana tympani; second, 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 silicea, 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, with the removal of which these growths will often spontaneously disappear. A case in point, in which *mercurius* was the curative medicine, is given by Dr. Dudgeon: the polypus appears to have been of the "raspberry cellular" form of Toynbee. Where a polypus, being of such a mucous kind, requires a remedy of its own, this may sometimes be found in the curious power of thuja over such growths. I have myself recorded one such case;* and Drs. Speirs Alexander and George Black have each contributed two more,†—the medicine in all being given in the 30th dilution. When the fibrous predominates over the cellular element in such a growth, I should have less expectation of cure from internal treatment, and should follow Dr. Houghton in applying locally a saturated solution of bichromate of potash.

Exostoses of the external meatus are described by Toynbee as of no infrequent occurrence. He connects them with the rheumatic and gouty diatheses, and reports much benefit from the topical use of iodine and the internal of iodide of potassium.

* See *M. H. R.*, xiii., 536.

† *J. B. H. S.*, i., 299.

I know nothing about their homœopathic treatment; but results obtained elsewhere would suggest the trial of hecla lava or calcarea fluorata.

Of the affections of the *membrana tympani* it is 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 Politzer'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 herself 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. Jousset says he has had the best results from sepia. In the gouty cases of which 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.

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* (or *plantago* *) 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 belladonna when consensual cerebral symptoms show the tendency of the inflammation to be inwards rather than outwards; and Dr. Rafael Molin, of Vienna, endorses the choice of this latter medicine. Dr. Cooper follows Hartmann in thinking pulsatilla the main remedy; and Dr. Houghton agrees in commending it, even when the inflammation is suppurative from its origin, though he admits that it is still more effective in the catarrhal form, it being then rare that any other medicine is required. Should it need reinforcement here, it may find this from Schüssler's *ferrum phosphoricum*. Pulsating character of the pain is said to be a special indication for it.†

In the suppurative form of otitis media (as this inflammation might well be called) I agree with Dr. Molin that *belladonna* should be the primary antipyretic and antiphlogistic. It may sometimes need the aid of *aconite* in very acute cases, or where the general symptoms are those characteristic of this medicine; and where the inflammation involves the mastoid cells it has generally to give place to *capsicum*. The symptom of Hahnemann's pathogenesis, "On the petrous bone, behind the ear, a swelling painful to the touch," had attention called to it by Dr. Allen; and Dr. Houghton as early as 1873 published cases showing its value in acute mastoiditis.‡ His later experience is fully corroborative, and I can join him in praising the remedy. It has more than once enabled me to dispense with the free

* See *M. H. R.*, xxxvii., 44; xxxviii., 668.

† *J. B. H. S.*, viii., 78.

‡ See *N. Y. Journ. of Hom.*, i., 61.

incision down to the bone recommended by most aurists—to which, however, you must always be prepared to resort if head-symptoms of grave character supervene. The same thing may be said of incision of the membrana tympani in case of abscess forming within the cavity it bounds. *Hepar sulphuris* supersedes all other medicines in such a condition, and may sometimes avert the use of the bistoury; but do not let your patient suffer needlessly for want of it.

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, summing up in 1877 our position as regards ophthalmology and otology,* thought that we could rarely dispense with such aids; and the cases given by Dr. Houghton show that such has been his experience also. 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 (especially where the mischief is post-scarlatinal), mercurius, nitric acid and silicea† 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 cases of otorrhœa which Dr. Cooper has appended to the second edition of his book bear out these recommendations; and they add to the drugs I have mentioned hydrastis and

* See *B. J. H.*, xxxv., 281.

† Or its congener "lapis albus." See *J. B. H. S.*, ii., 224; viii., 79.

‡ From Dr. Clifton's experience it seems that with calcarea at least this may sometimes be done by snuffing up a trituration. See *M. H. R.*, xxxiv., 200.

natrum chloratum—the former acting best when the discharge is thick, the latter when it is thinner. The same thing, as regards ordinary remedies, may be said of the reports collected by Goullon from homœopathic literature in the journals referred to, and also in his treatise on "Scrofulous Affections." Drs. Cooper and Alexander * have each reported a case cured by thuja; and the former, one where viola odorata was effective.† There is thus no lack of successful experience on record, or of remedies to choose from. I cannot at present give you established differential indications for these: their general action must be our main guide in their selection.

The remaining affections of the tympanum come before us in connexion with deafness rather 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 inquire 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

* *J. B. H. S.*, i., 303.

† *Ibid.*, ii., 101.

‡ See some cures with it, in substantial doses, in Goullon's essay (*B. J. H.*, xxxiv., 450).

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 Carroll 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. There may be here, Mr. Toynbee says, either rigidity of the tympanic membrane, or ankylosis 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.

A good deal of fresh information has, since I wrote what I have just enunciated, been brought to bear on deafness and its treatment,—mainly from the fertile brain and industrious pen of

* 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; *silicea* was his chief remedy.

† See "Homœopathy the Science of Therapeutics," p. 462.

Dr. Cooper. He divides it into obstructive (whether from the meatus or the eustachian tube), nervous, and vascular—including under the last term all those cases hitherto called "sclerotic" or "proliferous," and set down to stiffness of the conducting media. He has published a special treatise on this form of the trouble,* which is well worth reading. The most useful medicine for it he considers to be the ferrum picricum, which he seems to give in about the 3x dilution; but it requires long-continued treatment. Pure nervous deafness he finds more amenable to gelsemium and magnesia carbonica—the former low, the latter high—than any other remedies. In a paper presented to the International Congress of 1896 he described a fourth form of deafness which may be called nutritional,—occurring in growing children and often congenital: in this he gets striking results from calcarea carbonica, in high attenuation.

In the discussion which followed Dr. Cooper's paper, Mr. Dudley Wright, while recognising the value of calcarea in the subjects indicated, would also mention mercurius biniodatus when an inherited syphilitic taint was present. The Transactions which contain these materials have also a study and repertory of the drugs which have caused deafness, by Dr. Hayward, senr., from which oftentimes a remedy may be drawn.

I have lastly to speak, among affections of the external ear, of

Tinnitus aurium.—I know of course that in many cases noises in the ears are due to affections of the tympanum or its cavity, even to those of the meatus and the eustachian tube, and will subside on their removal. But even here they are probably due to pressure, through the membrane of the fenestra ovalis, upon the fluid contained in the labyrinth; and there are many instances in which no such external cause can be found, and we must think of the seat of mischief as being that sequestered and sinuous cavern in which the auditory nerve lies dispread till the waves of sound break upon it. Some congestion, some irritation, some spontaneous undulation of the water-cushion on which its fibres rest, makes it thrill continuously or intermittingly; and we have the roaring, humming, buzzing, ringing, of which our patients so often complain, and of which our drug-pathogeneses are so full.

There is, I say, plenty of caused tinnitus in the Materia Medica, but there is not a corresponding fulness in the record of cured tinnitus in homœopathic literature. It is time that we set ourselves to fill up this gap. The way has been smoothed for us from the clinical and pathological side. Hitherto the

* "Basic Aural Dyscrasia and Vascular Deafness." London: Baillière, Tindal and Cox, 1886.

treatment of the subject in aural treatises had been of the scantiest and vaguest character; but Dr. Woakes' original little book on "Deafness, Giddiness and Noises in the Head" is full of information and suggestion. We want a corresponding study from the pathogenetic side, which our own school alone is capable of adequately furnishing; and then, reaching by medicinal affinities the parts so shut off from topical treatment, we might be able to still the noises so many unfortunates carry ever with them, and steep their sense in blessed silence. The drugs which most notably cause this symptom when over-acting, quinine and the salicylica, have hardly, I fancy, proved so effective in its treatment as might have been expected: they have certainly on the whole disappointed me. We perhaps need to know their action more minutely; but we must also investigate that of the bisulphide of carbon, of chenopodium, of coca, and of a number of other substances ere we have full material for coping with tinnitus.

In such studies we shall, certainly in the case of the two first-named drugs, probably in that of others, come upon associated symptoms which remind us of Menière's disease, or, as it is now more appropriately called, labyrinthine vertigo. There may be no history of sudden giddy falling and immediate setting-in of deafness and tinnitus, such as the French observer has described as resulting from hæmorrhagic exudation into the labyrinth; and yet it is plain that the contribution made by the auditory nerves to the equilibrating function of the cerebellum is in some way hindered,—suspended altogether or transmitted fallaciously. When it is so—when with impaired hearing and subjective sounds we have more or less giddiness, the essential condition is there, however incipient and unorganized, which Menière wrote of as it is in its full development. It is just here, as with nervous disease generally, that we can catch it with the best hope of effecting improvement. It is encouraging to us, but curious in itself, that the only substantial benefit reported in the old-school therapeutics of this disease has been obtained with the very drugs I have mentioned as causing most of its symptoms. Charcot found good results from quinine, and Sir William Gowers has had reason to commend in print the salicylate of soda. That our own men should do this; that McClatchey and Dyce Brown* should have published cases of the kind treated successfully with the salicylate, is not surprising; but why Sir William should have chosen the drug for the disease, while ignoring the law of similars, does not seem obvious. Perhaps it was an instance of the same unconscious cerebration as that which we heard

* *Hahn. Monthly*, xiii., 89; *M. H. R.*, xxii., 525, 591.

of some time ago,—when, wanting an alternative metal to arsenic for the pains of locomotor ataxy, he stumbled quite by accident upon such an unusual one as aluminium.

At the same Congress I have just mentioned, Mr. Dudley Wright contributed a paper on this affection, which he called "Aural Vertigo."* Bryonia and aurum were the medicines most commended by him. In the subsequent discussion, Drs. Dudgeon, Clifton and McClelland expressed themselves entirely satisfied with quinine and salicylic acid, in medium dilutions; and successes with conium, silicea and tabacum were mentioned.

Dr. Cooper was not one of the speakers on this occasion, but in his essay on deafness he has mentioned some interesting experiences with kali iodatum, which he generally gives as high as the 30th. It is in simple tinnitus, with little or no deafness, that he finds it most useful; and this brings us back from Menière's symptoms to noises in the ears themselves. Isolated cures have been reported from carbon sulphuratum† and graphites;‡ but the only claim to constant action comes from the old school, in the shape of hydrobromic acid and our own actæa racemosa§—both given in much larger doses than we ordinarily care to administer. Dr. Winslow finds drop doses of the former drug sufficient, and Dr. Olivé has had good results from the 1x dilution of the latter.‖

* See *M. H. R.*, xl., 666. † *B. J. H.*, xvii., 276. ‡ *J. B. H. S.*, vi., 110.
§ *Ibid.*, p. 391. ‖ *Ibid.*, viii., 250.

LECTURE XXXIII.

DISEASES OF THE DIGESTIVE ORGANS.

The Mouth and Throat.

I begin to-day the study of diseases of the digestive organs. This is a very comprehensive 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 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 detailed consideration under this heading. I will anticipate their subsequent treatment, however, by saying that they are controlled with us practically by four medicines—*borax*, *kali chloricum*, *mercurius* and *nitric acid*. These correspond, roughly speaking, to aphthous, ulcerative, scorbutic and mercurio-syphilitic inflammations of the oral mucous membrane, leaving *arsenicum* in reserve for the formidable, but happily rare, gangrenous variety —the "noma" or "cancrum oris" of the old nomenclature. In respect of the first two we are on common ground with our old-school colleagues, and so far as borax is concerned might—at any rate provisionally—have at one time awarded the remedy to them on principle as well as by right of discovery. There was no sufficient evidence that it had ever caused anything like thrush; the disease itself appeared to be a parasitic one, the product of the oidium albicans; and any non-irritant antiseptic seemed as good for it as borax, which undoubtedly exerts such action, and might thus be conceived to effect its cures. So lately as 1895 * an American colleague, Dr. F. H. Pritchard, has argued the matter in this sense, relating a case which recovered far more quickly when boracic acid (8 grains to the ounce) was substituted for the sodic biborate as the local application. Already, however, I had alleged on the other side† that "small

* See *Hahn. Monthly* of August in that year.

† Pharmacodynamics, 4th ed. (1880), p. 311.

doses—say grains of the first trituration, given internally, will cure the disease nearly if not quite as rapidly as when local application is employed"; and the use of borax, at Sir William Gowers' instigation, as an anti-epileptic has materially enriched its pathogenesis, in which we now find sore lips and denudation at points of the epithelium of the tongue.* This is so near to aphthous inflammation of the continuous lining of the mouth, that the possibility of borax being homœopathic here cannot be denied.

In the case of chlorate of potash, homœopathicity ought to be frankly admitted. The drug is "almost a specific" in ulcerative stomatitis, writes Mr. Stanley Boyd in Quain's Dictionary, but he does not say why: he does not face the question whether this, like other specifics, obeys the law *similia similibus*, and has been or might have been discovered by means of it. Actually, indeed, its employment in sore mouths, so often indicative of depressed conditions of the system, seems to have resulted from chemical considerations based on the large amount of oxygen it contains. But the observations of Hutchinson and Traill† soon showed that no such action, nor (as later suggested) any local influence, need be invoked to account for its efficacy. The drug readily causes ulcerative stomatitis when given for other affections: hence its power of curing it when it occurs idiopathically, "affecting," as Watson argues in favour of giving strychnia in tetanus, "those parts and those functions of the" mouth "which are affected in stomatitis," "and so likely to occasion a morbid action in the" mouth "which would supersede the morbid action of the disease, and yet be less harmful and more manageable." The *onus probandi* of its acting in any other way plainly belongs to our opponents, and they cannot even derive an argument from the dosage required. "It appears that in this affection," writes Stillé, "the size of dose is not always a measure of its efficacy; two or three grains, and twenty or thirty grains, in different cases appear to have been equally efficient." ‡

* Cycl. of Drug Path., iv., 519.

† *Ibid.*, iii., 54.

‡ Dr. Stillé is not so candid as to the other part of the subject. "It is a curious and interesting fact," he writes, "that occasionally chlorate of potash produces ulceration of the mouth when administered for diseases in which the buccal mucous membrane is unaffected." After citing authorities, he goes on, "These facts prove that the medicine is a powerful stimulant (!), and that it is curative of the various diseases in which it is administered in virtue of its stimulant power." This is the first time we have heard of ulceration being an evidence that stimulation is being exerted; nor would the idea have been expressed, I fancy, but for the need of evading the admission of homœopathicity.

Curiously enough, though kali chloricum is thus so highly esteemed and so justly claimed as our own, homœopathy seems practically to take little account of it. Neither Bähr nor Jousset mentions it among the medicines appropriate to stomatitis. For myself, in the ulcerative form I never think of anything else ; and though I should ordinarily depend on nitric acid for the buccal ulcers of mercury or syphilis, and on mercurius itself or arsenicum for cancrum oris, I should always hold kali chloricum behind these in reserve. In an epidemic of the latter form of the disease which occurred at the Half-Orphan Asylum at Five Points, New York, they were losing their cases fast till they began its use, and thenceforward had most satisfactory results.

Chlorate of potash ought to be acknowledged homœopathic to stomatitis, but mercury must be. Yes, our opponents may say, but which of us would think of employing it ? Curiously enough, some of the best observations we have of the value of mercury in cancrum oris come from an eminent old-school physician, Dr. Duncan, of Dublin. He is himself astonished that the sloughing here, so far from getting worse under the use of the drug, is actually controlled by it ; yet he cannot but admit the fact. Mercury is suitable here ; but is no less so in simple erythematous stomatitis. It would be so in the scorbutic form, save that here the proper change of diet is the one important thing ; but it is very useful in conditions of the mouth allied to this, when a low state of system leads to inflammation there, rapidly spreading and readily ulcerating. In such cases there is generally a thickly-coated but moist tongue, fœtor of breath, and perhaps a sweet taste in the mouth. In this it is contrasted with a drug closely allied to it locally, though not possessing its dissolvent and putrefying influence ; I speak of nitric acid. This too, even when applied externally only, causes stomatitis and salivation, but without fœtor. It is thus more suitable still than mercury itself when syphilis invades the mouth. The tongue indicating it tends to be red and even glazed. Therapeutically, it has shown good power of dealing with the ulcerative phenomena of this and other morbid states ; and though itself has not proved capable of producing such change, the latter has resulted from its combination with hydrochloric acid. "At length," says Scott in describing the effects of prolonged bathing or sponging with this, "little specks or small ulcerations, quite superficial, are seen on the interior of the mouth and over the tongue, so that some degree of excoriation or rawness is at last produced." This nitro-muriatic acid seems to be quite a *tertium quid*. Its value in oxaluria was substantiated by the older physicians, though—like many other

clinical facts—it is being obscured by the newer pathological doctrines coming into vogue;* and the compound acid deserves further proving and testing at our hands.

I have preferred approaching diseases of the mouth from the side of drugs, the more because their nosology seems hardly settled. While with us "aphthæ" mean the lesions of thrush, the French pathologists use the name to denote the minute ulcers resulting from the vesicles of what we call follicular or vesicular stomatitis—the remedy for which, I should say, is rhus. I have used the British phraseology here; and where I have elsewhere connected the French "muguet" with anything but thrush, I must apologise for and withdraw the identification.

Fœtor oris may sometimes come before you as the main trouble calling for treatment. If it be flatus or mucus that has the odour, you will think of *carbo vegetabilis*; but in default of any such localisation should give your patient the benefit of *aurum*. You will find cases showing the value of these two remedies in the second (p. 353) and fourth (p. 331) volumes of the *Journal of the British Homœopathic Society*. Capsicum and arnica are possible alternatives.

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 is considered both in intermittent fever and in common catarrh (not, I think, in pneumonia) to call for natrum muriaticum, and that of the latter in scrofula to indicate sepia. *Cæteris paribus* must of course be understood in either case. Cracks in the corners of the lips are often removable by cundurango. Cancer of the lips, which is always of the epithelial variety, and so 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. And, first, of

Glossitis.—This rapid and formidable disease is well under the control of homœopathic remedies, without the need of the incisions, and of old time 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

* In the article on the oxalic acid diathesis in Quain's Dictionary the remedy is not even mentioned.

that it was quite impossible to see the throat, but the tonsils externally felt enlarged, and were painful to the touch; 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 is 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 may be its most suitable remedy.

Ulcers of the tongue require and yield to the same treatment (mercurius and nitric acid) 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.

Syphilis of the tongue often appears in the form of superficial 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) of potash should be borne in mind in severe or obstinate cases. Another form of syphilis of the tongue is the "chronic interstitial inflammation" described in Quain's Dictionary, presenting deep fissures and hypertrophied papillæ. This condition appears generally to be secondary to gummous infiltration, and is consequently treated in the old school with full doses of iodide of potassium. If Professor Langston Parker is right, however, the prolonged use of this drug may bring the tongue into just such a hypertrophied, tender, fissured and lobulated state;† so that we might find benefit from smaller quantities. For myself, taking a hint from a case of Dr. Laurie's in the twenty-fourth volume of the *British Journal of Homœopathy* (p. 154),

* "Ulcers of the tongue resulting from the action of mercury are usually associated with similar ulcerations of the gums" (Aitken).

† See *Edinb. Medical Journal*, 1852, p. 379.

I have relied on *fluoric acid* in this local manifestation of syphilis.

Cancer of the tongue, being also (like that of the mouth) invariably epithelial, ought to be somewhat under medicinal control. I have mentioned, when speaking of *muriatic acid*, some facts pointing in this direction; and under *kali cyanatum* have given a long-ago case of Dr. Petroz', where malignant ulceration and induration of the organ got quite well under the 1st trituration, a grain every fourth day. In the *Journal Belge d'Homœopathie* for March–April, 1897, Dr. Mersch records a similar case to the last. He alternated with the kali cyanatum muriatic acid of the same strength, and applied the 2nd trituration of the former to the sore. In a fortnight cicatrization was complete.

I have next to speak of troubles arising from the *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.

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 afford immediate relief, give chamomilla where the patient's nerves seem unable to endure the pain, coffea where there is much temporary relief from the application of cold, and aconite when the circulation is

excited. In default of these special indications, or where they fail to bring victory, much reliance may be placed on *plantago*. There are numerous testimonies to its efficacy.* Three doses of a low dilution, at hourly intervals, are generally all that is required.

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 the 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 connexion 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 *iodine* 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

* *Inter alia*, see *J. B. H. S.*, iv., 337; ix., 180.

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 of the two.

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 connexion 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 sore-throat; quinsy and enlargements of the tonsils; and chronic pharyngitis. The first I will call

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.

* *M. H. R.*, xiii., 583.

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 tissue 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 acute angina catarrhalis are the rheumatic, the pultaceous or follicular, and the nervous. The first, characterized by much pain and stiffness of the external muscles, calls for *aconite*, and rarely requires any other medicine. For the third, where the pain (generally of an aching kind) is out of all proportion to the inflammation present, I cannot speak too highly of *lachesis*. The second, in which the mucous crypts of the tonsils pour out their secretion, and whitish patches (often supposed to be diphtheritic) form on the mucous surface, you may give belladonna, apis, or mercurius if the character of the inflammation seems to demand it; but I think you will get still more satisfaction from *phytolacca*. Where spotty throats occur, with probably much fever and pain in back and limbs, but without the worst symptoms of diphtheria, phytolacca will verify its repute as an anti-diphtheritic. I have shown this in my Pharmacodynamics; and am interested to find, in the article on follicular sore-throat in Quain's Dictionary, the statement—"occasionally this affection appears to be contagious, and to attack one member of a family after another. In such cases examination of the contents of the crypts of the tonsils has revealed the presence of the staphylococcus or strepto-coccus pyogenes."

Gangrenous or malignant sore-throat I apprehend to be always connected with scarlatina, and I must refer you to what I have said of this malady for suggestions as to its remedies.

2. In the tonsils we have an element in the throat-structure analogous to the salivary glands in the mouth, and conceivably calling for other remedies when inflamed than those which control the mucous surface. I know that belladonna and mercurius are much used by our practitioners in

Quinsy; and as the tonsils are largely formed of an involution of the lining membrane of the fauces, there is no reason why these tried remedies for catarrhal anginæ should not follow up their seat into these recesses. But the tonsils are something more than this; and when, as often happens, the mischief is parenchymatous from the outset, a special class of remedies may reasonably be invoked. The large supply of blood these glands receive, and the high fever which they ordinarily excite when inflamed, show that *aconite* may profitably commence the treatment of most quinsies. But if resolution has not commenced within twenty-four hours, I counsel the use of *baryta carbonica*. If you will look at the paper read by Dr. Edward Madden at our Congress of 1890,* and the discussion following, you will find a general consensus as to its abortive power here when its use is begun in good time. If S. 279 of Hahnemann's pathogenesis in the Chronic Diseases can be depended on, the action is a demonstrably homœopathic one; but even without this the minute doses with which it can be effected strongly suggest its being such. Another candidate for similar honours is *guaiacum*. Its claims come from men of the old school,† and there is little in its meagre pathogenesis to vouch for its being homœopathic to the malady. The late Dr. Ozanam, however, has shown‡ convincing evidence that it acts well in throat-inflammations in at least the 1st and 2nd decimal dilutions. His cases were, perhaps, more of general angina, including the tonsils,§ than of primary amygdalitis itself; but it is noteworthy that one of his patients, in whom on two occasions he rapidly cured such a throat, had in the interval between them, when out of his reach, an attack apparently of the same kind, which treated by leeches and purgatives went on for nine days, and then ended in abscess.

In acute tonsillitis homœopathy thus comes out triumphant; but it is with more bated breath that she must speak of her power over hypertrophy of these glands.

Enlarged Tonsils are very resistant to treatment. I agree

* *M. H. R.*, 1891, p. 172.

† See Stillé, "Therapeutics," *sub voce*.

‡ Trans. of Int. Hom. Convention, 1886, p. 238. See also Evans in *J. B. H. S.*, ix., 100.

§ Here Dr. Ivins and Dr. Goodno bear him out (see *J. B. H. S.*, ii., 97).

with Dr. Cooper* that in certain cases there is a history of repeated attacks of inflammation, while in others—perhaps more numerous—the enlargement seems to be a primary hypertrophy: and I go farther with him in believing calcarea phosphorica to be a valuable remedy for the latter form, capable of removing also the adenoid growths which often accompany it,† and the deafness which they and it alike may cause. I hardly think, however, that he has been as happy in his choice of iodide of mercury in the other variety. The biniodide is, to my mind, preferable; and the iodide of barium better still.‡ When all is said, however, the medicinal treatment of enlarged tonsils is a slow affair, and it would argue no lack of faith in the method of Hahnemann if caustics or operative measures were preferred.

Another very obstinate affection is

Chronic pharyngitis, 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, 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

* *M. H. R.*, xi., 546.

† See *J. B. H. S.*, ii., 479.

‡ *Ibid.*, iii., 323; iv., 128; vii., 227.

§ *B. J. H.*, xxxii., 287.

catarrh" described by Wendt.* Dr. Dyce Brown, in an article on "Follicular Pharyngitis" in the *Monthly Homœopathic Review* of 1877, gives indications and recommendations regarding æsculus, hepar sulphuris, lachesis, and kali bichromicum; and in the same number of the journal Dr. 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. Schüssler's calcarea fluorata seems to be remedial where plugs of mucus are continually forming in the tonsillar mucous glands.†

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* gelsemium, 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. Dr. Cartier and others have had success with baptisia.‡ Belladonna has cured some cases.

* Ziemssen's Cyclopædia, vol. vii.

† *J. B. H. S.*, viii., 155.

‡ *Ibid.*, ii., 218.

LECTURE XXXIV.

DISEASES OF THE DIGESTIVE ORGANS.

The Stomach.

I come now to disorders of the *stomach*, which from the importance of that organ to the nutrition and the comfort of the body concern the physician to an extent quite disproportionate to its size. That homœopathy can do much for such disorders when they occur, I shall show immediately; but I want first to emphasize the fact that they hardly ever should occur. The stomach is so situated that it is very little affected by the most common causes of disease—cold and mechanical injury. Its function, the reception and coction of food, is so fully provided for; its capacity is so elastic, its secretory activity and peristaltic movements are so active, that it is equal to all reasonable demands upon it. Save when its venous circulation is obstructed, as by heart disease, or its physical integrity is impaired, as by ulcer or cancer, it should carry on digestion regularly, painlessly, thoroughly, absorbing such of the food as will enter its veins and passing on the rest through the pylorus in a proper state for assimilation or further peptic change, and this with *vestigia nulla retrorsum*—annoying us with no "returns" of any kind. If it behaves otherwise, it is nearly always our fault: the stomach is disordered only by what we put into it. We have eaten too often, if we are young; too much at a time (that is, for our digestive powers), if we are old; in either case, we have eaten too fast for thorough comminution and insalivation of our food. We have irritated our gastric mucous membrane with alcohol and pungent condiments; we have over-heated it with scalding drinks or chilled it with ices. These are the confessions we have to make, if we are dyspeptic; and the conviction of sin in this matter is the first step to loosing from its consequences. It is the first step, and it is the primary requisite. No medication, however carefully chosen, will set the stomach right if these errors are persisted in; and on the other hand, if they be corrected, nature has great power of righting herself without further aid. The somewhat

rigid dietary of early homœopathic days probably played no small part in the success of the new treatment. It was prescribed with the idea that our delicate medicines might be interfered with by anything but the simplest aliment. We have found them more hardy than we thought; but the rest which our dietetic restrictions imposed was a positive good in itself, and our dyspeptic patients at any rate benefited by it. It is not written that Carlyle was ever under our treatment: had he been so, his wife and the world at large might have been spared many a growl.

In all affections of the stomach, then, save in pure gastralgia (of which anon), we must be dieteticians first, drug-givers secondly only. Regulation of the quantity, quality and frequency of meals; directions for sufficient mastication, and—if necessary—for improvement or supply of the teeth wherewith to perform it; enjoyment of sufficient exercise to promote oxygenation and moulting of tissue—these are the all-important things for us as for other physicians. But now, when they have received due attention, there are certain remedies with which homœopathy has done great things in the past, and which are at the present day our cherished heir-looms and instruments. Among these nux vomica is pre-eminent. It is of course especially when the muscular coat of the stomach is involved, making its "churning" movements irregular, inharmonious and painful, that this drug is indicated; but its action extends also to chronic catarrh of the mucous membrane and to the spasmodic form of gastrodynia. Its only peer in this respect is arsenic. The power of this poison to set up gastritis, however it may be introduced into the system, is well known; and correspondingly its place in gastric disorder is where the mucous membrane, from irritative hyperæmia, is the chief seat of the symptoms. Like nux, however, it acts also on the muscular fibres and nervous supply of the stomach, taking the whole organ within its remedial grasp. Let these great medicines, I pray you, be your first thought in all gastric cases that come before you. I do not say, your last also, for other remedies may be better indicated from the outset, as pulsatilla or antimonium crudum when there is much mucous accumulation, kali bichromicum (of which I shall have more to say immediately), when its yellow fur on a red base is displayed by the tongue, lycopodium when atony predominates over irritability. Again, particular symptoms of dyspepsia may so predominate as to influence the choice of the remedy. Acidity may require calcarea, sulphuric acid, or robinia; flatulence may call for carbo vegetabilis or nux moschata. Let their cry be attended to when it is very shrill, and when other complainings are silent; but remember that a con-

gested or loaded or atonic mucous membrane with deficient gastric juice, a muscular coat inept to perform the digestive movements, will allow the food to ferment in the stomach, to develop acid and gas and to cause heartburn, so that the fundamental medicines of the altered organ may be the best remedies for the separate elements of its disorders.

Let me say a few words upon one of the drugs I have mentioned—kali bichromicum :—

I suppose that the chief advance of late years in gastric therapeutics would be reckoned the observations of Vulpian,* Fraser,† Bradbury‡ and McHardy§ as to the use of the bichromate of potash. Only the second-named has even hinted his indebtedness for it to homœopathic literature, in which, nevertheless, it occupied a prominent place before any of the four were known to fame. Struck by its effects on the workmen engaged in its preparation for the arts (which had been noticed in 1827 by Cumin of Glasgow), Dr. Drysdale in 1844 proved it on 11 men and 5 women, besides animals, and published his results, with all other pathogenetic information available, in the *British Journal of Homœopathy* for that year.‖ In 1845 the Austrian Society gave it another proving, conducted on 12 men and 2 women, relating their experiments in the *Œsterreichische Zeitschrift für Homöopathie* for 1847. In 1852 Dr. Drysdale contributed to Part I. of the "Hahnemann Materia Medica" a monograph on the drug, embodying all that had thus been ascertained as to its physiological action, and appending much clinical observation with it—in which chronic dyspepsia played no small part. His re-issue of this essay in the "Materia Medica, Physiological and Applied" of 1884 brings down the subject to that day. Vulpian, therefore, who wrote in 1883, need not (if he did) have tried the drug in gastric affections merely as an alternative to arsenic, which is the only reason he alleges. Dr. Fraser, whose communication on the subject was read at the International Congress held at Rome in 1894, shows by his mention of Drysdale that he was aware of his work on the subject, but gives him no credit for it; and yet his cases—of irritative dyspepsia, with pain and vomiting, and of gastric ulcer—were just such as corresponded to the condition of stomach induced by Drysdale experimentally and benefited by him therapeutically. Dr. Bradbury, whose naïve acknowledgment of ignorance on the subject has been

* *Journ. de Pharm. et de Chimie*, Sept. and Oct., 1883.

† *Lancet*, April 14, 1894. ‡ *Ibid.*, Sept. 14, 1895.

§ *J. B. H. S.*, vii., 415.

‖ Not for 1846, as stated by a misprint in my Pharmacodynamics.

justly satirised in the *Monthly Homœopathic Review* * has merely followed Fraser, but has confirmed his results.

These observations, then, have added nothing to the knowledge homœopathists already possessed and put forward as to the *place* of bichromate of potash as a gastric remedy; but they have done something to increase our sense of its *power*. This is owing, I think, to the stronger doses which have been administered. We have hardly gone below the 1st trituration; but Vulpian's centigrammes, Fraser's $\frac{1}{12}$ and Bradbury's $\frac{1}{10}$ grain, have rarely disagreed, and have enabled the first-named to bring about striking results in very serious disorder of the stomach, simulating, indeed, malignant disease, which itself he thinks may be retarded and relieved by it. We shall be encouraged hereby to prescribe it more frequently and push it more vigorously in the gastric affections for which it is suitable. It inflames the mucous membrane of the stomach as surely and as specifically as arsenic does, and perhaps in a manner which makes it more suitable for chronic dyspepsia having such basis. Its tongue is a coated one, though the organ beneath the fur is red; while that of arsenic is not only red but over-clean, and inclined to be dry or glazed. This means, according to Dr. Fenwick, that the inflammation caused by the one is catarrhal, that of the latter erythematous; and it is the former which obtains in the gastric disorder which calls for such remedies.

I will now speak of the separate affections of the stomach which come before us in daily practice. 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 viscus—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 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*.

* Oct. 1895 (p. 587).

† In Russell Reynolds' System of Medicine, vol. ii.

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 Lawrie 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 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.

* See two excellent cases in the first (p. 71) and the fourth (p. 255) volumes of the *B. J. H.*

† See *Annals*, i., 293.

‡ *L'Art Médical*, xli., 241.

§ See case in *Annals*, iv., 541.

It might be thought that the ready way in which this ulcer often heals under rest, unirritating diet, and hot or cold compresses to the epigastrium, made its medicinal treatment of comparatively little importance. The jubilation, however, with which our old-school colleagues have hailed the potassic bichromate we have supplied to them shows that there was still a gap to be filled in their therapeutics of this disease. By this medicine, by arsenicum, argentum nitricum, the sulphate of atropine and the nitrate of uranium homœopathy can do and has done great things in gastric ulcers. Our choice has hitherto lain mainly between the first three of these medicines. Dr. Pope has suggested (and pathogenesy bears him out) that *arsenicum* is most appropriate when the ulcer is at the pyloric, *kali bichromicum* when at the cardiac end of the stomach. *Argentum nitricum* comes preferably into play when the gastric ulcer seems connected (as it often is) with a chlorotic condition.* *Atropinum sulphuricum*, in the 3x dilution, is a valuable and probably homœopathic palliative for the pains of the complaint; and I generally alternate it with the medicine I select for healing the ulcer. This I have of late years most frequently found in *uranium nitricum*. Dr. Edward Blake's experiments (as also Woroschilsky's) with this substance show it to have a specific power of ulcerating the pyloric mucous membrane in animals; and it has more than once been reported as curing the idiopathic disease.†

Perseverance with the medicine under which the ulcer has healed appears to be the best way of preventing its recurrence. But we must enquire, before leaving this affection, what homœopathy can do in its accidents, hæmorrhage and perforation. For the former, 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 in which the opiate treatment was pursued." Perforation occurred in two cases recorded in our literature—one of Dr. Holland's in the fourth, and of 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

* Here also Dr. Goldsbrough's experience with ferrum aceticum must be remembered (*J. B. H. S.*, vi., 291).

† See for all these statements, *B. J. H.*, iv., 379; xv., 238; xxiv., 657; xxvii., 307; *Annals*, v., 411; *M. H. R.*, xix., 680; xxxv., 119; *J. B. H. S.*, vii., 415.

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. Veit 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 tumour. She made a complete recovery under arsenicum and calcarea, with belladonna and chamomilla for subjective symptoms. More recently we have had a case of Dr. Kypke's, where vomiting and pain at stomach co-existed with a tumour in the pyloric region about the size of half an orange. The patient was greatly emaciated, and she was sallow and hollow-eyed. Bismuth and belladonna did no good, but under calcarea fluorata and nux vomica (6x) improvement gradually ensued, and went on to complete recovery—the tumour having disappeared.

I have then to remind you of the testimonies I have collected in my Pharmacodynamics 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 there under hydrastis—to which I could now add several others.* I think that these facts are sufficient to show that we may undertake the treatment of any supposed gastric cancer with *arsenicum*, *calcarea* and *kali bichromicum*, with *cundurango* or *hydrastis* (not forgetting *kreasote* for the vomiting), according to the symptoms, with reasonable grounds for hope. Suppose all the cases to which I have referred 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

* See *Annals*, iv., 542; *J. B. H. S.*, i., 178; viii., 37, 52—6.

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.

Many affections of the stomach, and notably its round ulcer, are accompanied with pain; but that is not what we mean when we speak of cardialgia, gastrodynia, or (best)

Gastralgia.—We mean pain referred to the epigastrium, without evidence of inflammation or other disorder of the gastric mucosa; recurring paroxysmally, sometimes even periodically; and rather assuaged than otherwise by introducing food into the stomach or pressing upon it from without. Dr. Fenwick doubts the existence of such a distinct complaint; but Anstie had no such hesitancy, and spoke warmly of the value of strychnia and *arsenic* in its treatment. We prize the same remedies, only giving the former in the shape of *nux vomica*, and using much smaller doses than he recommends. We further discriminate,—choosing nux vomica preferentially in robust constitutions, and where the pain is crampoid, as if seated in the muscular coat of the stomach; arsenic in delicate or worn subjects, and where the sufferings seem neuralgic.* In slighter degrees of the latter variety we also employ *bismuth*, as the other school does; but as a rule we find it active enough in the triturations from the 1st to the 3rd. This suggests that its action is homœopathic, though I confess I cannot prove the point from pathogenesy. We have other medicines for it too. *Abies nigra* is effective when the pain is as of something sticking in the cardia or gullet. Anacardium or hydrocyanic acid should be given when relief by food and return as soon as this leaves the stomach is very marked, the latter being preferable where there is a distressing sensation of sinking complained of. *Atropinum sulphuricum*, of whose sedative power over the pains of gastric ulcer I have already spoken, is useful when these are simulated without the lesion being present;† and also in the hyperæsthetic form, in which the stomach immediately resents by pain and vomiting the introduction of food,—this being usually associated with hysteria, or spinal irritation, or both. Dr. Kafka gives two cases of the kind in which a cure took place under 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. Dr. H. Goullon relates two cases showing graphites (which he gives in the 3rd trituration) to be a very effective remedy for

* See *B. J. H.*, xxxi., 367. † *J. B. H. S.*, v., 193. ‡ *B. J. H.*, xv., 242.

pure gastralgia, occurring in anæmic or debilitated subjects, without any signs of catarrh of stomach, and having the pains (which are crampy) rather relieved by eating.*

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.

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, therefore, 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, fright, vexation), 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* as most frequently called for, its indications being "constant disgusting eructations with the taste of the vitiated 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

* *J. B. H. S.*, v., 195. † Organon (Dudgeon's translation), p. 6, note.

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: the condition is sub-inflammatory.

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 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); by Dr. Clifton in the seventeenth volume of the *Monthly Homœopathic Review* (p. 150); by Dr. Dyce Brown in the thirty-seventh volume of the same journal (p. 519); and by Dr. T. G. Stonham, in a paper on "Simple Dyspepsia," in the sixth volume of the *Journal of the British Homœopathic Society*. 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 (bradypepsia), 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

* "Foreign bodies usually appear to cause pain through exciting spasm of the muscular coats" (Wilson Fox, *loc. cit.*).

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. Bryonia is a favourite medicine with Dr. Stonham; and he gives some good cases illustrative of its virtues.

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 red sand or 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 heartburn are usually present, and often frontal headache and giddiness, but rarely constipation.

Sulphur and *Calcarea carbonica* 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 the leading medicines for chronic dyspepsia; and you will seldom have to go beyond their range. If you do, however, I may refer you to the indications given by Dr. Clifton for chelidonium, hydrastis and sepia; and by Drs. Jousset and Stonham for china. You will find these in my Pharmacodynamics; and will also learn there of the milk-white tongue indicative of the mucous flux calling for antimonium crudum; of the deficiency of gastric juice which alumina helps; and of the irritative catarrh where ipecacuanha is useful. With these in reserve, and the seven I have specified as protagonists, I think you will be prepared to meet with dyspepsia as a whole, and 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 gastralgia. The treatment of these I have already discussed. But there is another not unfrequent variety, in which the pain comes on as soon as 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 disclosed 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 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 was led away by his theory when he rejected the possibility of hyper-secretion of gastric juice, as if it were an excess of vitality, which is impossible. One of his own school, Dr. Inman, took 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

* See *B. J. H.*, xxi., 37.

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.

So I wrote in 1878. Since then the existence of acidity from excessive secretion has been demonstrated, and is now known as "hyper-chlorhydria." The acid present in it is the muriatic, whereas in acidity from fermentation of the gastric contents it is the lactic and butyric. We have hardly yet, perhaps, learned to apportion our antacids to these two forms of the trouble. The calcarea I have so warmly commended probably suits the hyper-acid form; and Dr. Coumont, of Verviers, relates a chronic case cured by this drug and phosphorus in alternation, both in the 6th dilution,—a subsequent relapse being speedily checked by the same medicines.* The *robinia* which America has sent us appears to act in this way, and has been shown by Dr. Kent to act well even when the gastric acidity is connected with malignant disease of the stomach.† Dr. Goodno finds atropinum sulphuricum relieve the pain often associated with hyper-chlorhydria as it does that of gastric ulcer.‡

For acidity from fermentation, sulphuric acid and argentum nitricum, with perhaps sulphur itself, § are most esteemed; and if bismuth is to take place among our antacids it would probably come in here.‖ The same may be said of natrum phosphoricum, which is indicated (Dr. Neiderkorn says**) when there is a creamy yellow coating of the tongue.

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

* *Journ. Belge d'Homœopathie*, Nov.—Dec., 1896.
† *J. B. H. S.*, iii., 330.
‡ *Ibid.*, ix., 182.
§ *Ibid.*, viii., 356.
‖ *Ibid.*, iv., 330.
** *Ibid.*, vii., 416.

at the lower end of the œsophagus so often felt in connexion 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 album 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 primary 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.

With one of these three medicines flatulence may generally be reduced to such a minimum as to cease to trouble the patient. There are others, however, which may be mentioned as occasionally helpful. *Nux moschata* and *apocynum cannabinum* are excellent for the sense of "bloating" after food: the sensation being referred with the former to the epigastrium, with the latter to the abdomen generally. Lobelia and gratiola are another pair. *Lobelia* is useful where flatulence causes oppression with weakness at the epigastrium and a sense as of a lump in the throat-pit, impeding respiration and deglutition. *Gratiola*, a well-proved but rarely used medicine, is commended by Dr. Tessier where, with great distension of stomach, there is afflux of blood to the head, with heat and somnolence, especially after meals, when also there is lassitude and constriction of the throat and rectum, with dysphagia for liquids and constipation.

* Dr. Cooper prefers here the carbo animalis, in the 2x or 3x trituration (*B. J. H.*, xxxvi., 227).

In such cases, he says, it has rendered him "incomparable service." *

The last of the affections 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 the main treatment must be addressed to the primary diseases, of which I have spoken or shall speak in their places. But even in disease elsewhere, especially when chronic, you will often want an intercurrent remedy for the vomiting itself; and this you may find in *kreasote*, as I learned from the late Dr. Hilbers, or in *apomorphia*, as I have mentioned in my Pharmacodynamics. Kreasote will likewise help the vomiting of organic disease of the stomach, as Dr. Lambreghts has lately reminded us.†

The grand remedy for simple gastric vomiting is *ipecacuanha*. I have given as an indication for its use "the presence of a moderate mucous irritation causing, by reflex excitation, disproportionate muscular expulsive action in the part." This is what we constantly have in gastric cases; and wherever in these vomiting is a prominent symptom you must think of ipecacuanha, as even our old-school colleagues have come to do. As alternatives, I may mention antimonium tartaricum where the mucous disorder is more pronounced, and there is distressing nausea and prostration; ferrum phosphoricum where, with little of this, the stomach is utterly intolerant of food; and cuprum in obstinate cases with much straining.‡

The vomiting of sea-sickness is not easy to check, as in this "tolle causam" cannot be obeyed—until you get to land. Every now and then, however, a judicious choice of remedy will yield satisfactory results. The motion of the vessel may be felt primarily either in the head or in the stomach itself. In the former case it shows itself either in giddiness; when *cocculus* will help, or in vomiting whenever the head is raised, which will often be checked by *apomorphia*. When the stomach is the seat of distress, and the head unaffected, *petroleum* (not stronger than the 3rd) will relieve the nausea, but generally requires the aid of ipecacuanha to check the emesis. When

* *Revue hom. Française*, Aug., 1893, p. 296.

† *Journ. Belge d'Homœopathie*, May—June, 1900.

‡ See, for these, *Practitioner*, iii., 386; iv., 61, 113; *J. B. H. S.*, iii., 327; iv., 333; *Ibid.*, ii., 219.

the nausea is of the character designated by the word "deathly," tabacum may be preferable; and when it is the downward motion of the vessel which annoys, borax.*

Vomiting of blood,

Hæmatemesis, whether signifying ulcer or cancer, or portal congestion, must be stopped at once. In the first two alternatives, *hamamelis* is most to be relied on; in the third *ipecacuanha*. Either may be given in drop-doses of the 1x dilution frequently repeated.

The power our medicines have over hæmorrhage is curious, but it is indubitable. 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 beginners naturally need encouragement; and I am glad to be able to give it to you.

* For these remedies see, besides what I have said of them in my Pharmacodynamics, *J. B. H. S.*, ix., 78; vi., 228; vii., 229; v., 193; *M. H. R.*, xx., 766.

LECTURE XXXV.

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.

By

Enteritis I mean an inflammation beginning in the intestinal mucous membrane; and either limited thereto, or involving the other coats of the bowels. This gives us one division of the subject, viz., muco-enteritis and enteritis proper. 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. Acute *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 hardly know it otherwise, but the chronic form not uncommonly comes before us as a substantive ailment. It also has two forms, the erythematous and the membranous. The former is generally associated with gastritis, and evidenced by the pathognomonic "beefy" tongue. It is so often indicative of profound exhaustion of the system that it is not a hopeful condition. *Arsenicum* is its one medicine. Mercurius corrosivus and oxalic acid are locally homœopathic, but hardly correspond to the constitutional state. You will do well here to call hydropathy to your aid, in the shape of a continual abdominal compress.

Another form of muco-enteritis is the pseudo-membranous, generally paroxysmal and recurrent. Several communications upon this malady have lately been made to our journals. Dr. T. K. Cocke relates a case, where the presence of the false membrane was established by microscopical examination. Before passing it, severe attacks of colic were experienced, which colocynth 2x relieved. The curative treatment consisted of mercurius corrosivus 3x and nux vomica 2x. Under these

remedies the attacks became fewer and slighter, and soon ceased altogether.* Dr. Pritchard sends a similar case in which, after several remedies had been given in vain, argentum nitricum, in the 6x trituration, effected a rapid cure.† Dr. Julia Haywood has seen five cases. Two were secondary to cancer of the stomach and pulmonary tuberculosis respectively, and a third proved dependent on an intestinal parasite. The remaining two were cured medicinally—one with iodide of mercury (and flushing of the colon), the other with kali bichromicum.‡

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 involed. *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 connexion 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. In time past we, in common with others, have had to deal with what we have called *typhlitis* and *perityphlitis*; and have

* *J. B. H. S.*, i., 91. † *Ibid.*, p. 374. ‡ *Ibid.*, ii., 102.

§ 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.

found them fairly amenable to our remedies,—of which lachesis and arsenicum in the former,* belladonna and mercurius corrosivus in the latter, may be taken as typical. During the last few years, however, it has increasingly become the opinion that inflammations in the right iliac region nearly always begin in the appendix vermiformis cæci, and have a mechanical origin —as from fruit stones, impacted fæces, and the like; that they are thus the subject rather of the surgeon's than of the physician's art, and in the great majority of cases require the knife for their aid. Consentaneously with this idea, the disease has either occurred more frequently or been more frequently diagnosed. "Appendicitis" has become a familiar term with nurses and patients, and even in society; and the operation for removal of the offending diverticulum has been so often performed as to have led to a new classification of mankind. The penultimate division was into those who have translated Homer and those who have not: this is into those who have or have not undergone "appendectomy."

There have of course been extremes and extravagances here; but I think that both surgeons and physicians are now settling down to the golden mean. The article on "Veri-typhlitis," by Mr. Treves and Dr. Allchin, in the new edition of Quain's Dictionary, and the papers and discussions on appendicitis which have appeared of late years in the *Clinique* of Chicago (Nov., 1893, March and May, 1894)† and the *Journal of the British Homœopathic Society* (Oct., 1894) breathe a like spirit and give similar counsels. It is fully recognised that many of these inflammations will recover under medical means alone—ours being, by unanimous consent, the internal use of belladonna, bryonia, and mercurius corrosivus, according to the indications. But the pathology of the appendix which has of late come to the light is not to be forgotten. It must urge the physician to associate a surgeon with himself in every serious case of the kind, so as to be alert for the first opportunity when manual aid should come in.

5. *Proctitis*, in its acute form, would require *podophyllum* or *aloes*—the latter in preference when the tenesmus is great. Chronic proctitis is nearly always associated with ulceration within the rectum; 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

* See *B. J. H.*, v., 40; ix., 330.

† In these journals 18 cases are related, in one of which only was an operation performed, and that one died. Of the remaining 17, treated by medical means only, 16 recovered. (See also *J. B. H. S.*, v., 102.)

periproctitis threatening abscess and fistula, I should recommend mercurius, as in perityphlitis.

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

* See *J. B. H. S.*, vii., 415.

† "On Diseases of the Intestines."

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 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. 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 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 in 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

* *Lesser Writings* p. 605 (Dudgeon's translation).

† See also *L'Art Médical*, xliv., 338.

may well be held in reserve for a nonplus. Dr. 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 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. You would do well, too, to possess yourselves of Dr. James Bell's "Homœopathic Therapeutics of Diarrhœa, &c.," from which you may often derive help in peculiar or difficult cases. 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 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

* *M. H. R.*, xxi., 473.

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 burst of vomiting. Here *veratrum album* 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. A corresponding experience with these remedies is pretty generally expressed in the papers and discussion on the subject in the sixth volume of the *Journal of the British Homœopathic Society* (p. 166). 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 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 hot and 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

* *M. H. R.*, x., 28.

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 luteum, and rumex crispus: the indications for each you will find in my Pharmacodynamics under the several medicines. When, moreover, the motions consist largely of shreddy mucus, colchicum seems an efficient remedy.*

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, 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; and (2nd) muco-enteritis of the colon and rectum. In both these conditions *mercurius corrosivus* is our great remedy. Hahnemann 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."

* *J. B. H. S.*, vii., 84.

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 somewhat lower dilutions and more frequent repetition. 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 (in the solubilis or vivus form) for children, and in the less painful and non-sanguineous variety ("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. Hamamelis, also, may be useful. An Indian practitioner, named Baptist, finds it (in the 1x dilution) not only to arrest the hæmorrhage but to assuage the other symptoms also.* 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 occurs 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; but here there is a primary stage in which aconite and nux vomica are indicated. 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 more of our East Indian practitioners

* *J. B. H. S.*, vii., 330.

will tell us what they do in the affection as seen there; and whether they can do better than old-school practitioners with their large doses of ipecacuanha powder.*

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 (you may read it in the Cyclopædia of Drug Pathogenesy) 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."

* I have discussed this medication in my Pharmacodynamics, and am unable to claim it for homœopathy, or to deny its efficacy. The question between it and our own remedies must be a comparative one.

LECTURE XXXVI.

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 lecture 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 intus-susception. 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 intus-susception 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*,† *nux vomica* and *aconite* may help to correct irregular and excessive peristalsis, and to obviate inflammation. A case of Dr. Morgan's, 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 obstruc-

* See *B. J. H.*, xvi., 76; xxxi., 376; *M. H. R.*, ii., 66.

† In the form of atropine, given in about milligramme doses, this medicine has triumphed single-handed over desperate cases (see *J. B. H. S.*, viii., 251; x., 112).

‡ See *M. H. R.*, ix., 100.

§ I may refer also to a paper by Dr. Drysdale, in vol. xxxv. of the *M. H. R.* (p. 1), with the discussion which followed its reading.

tion 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 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 further. In some "Lessons from Forty Years' Practice" which he put forth in 1876, in the *Hahnemannian Monthly*, he speaks of having cured in all about twenty cases of hernia in the adult. Lycopodium is his chief medicine against inguinal hernia (epecially, 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 effected 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 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 occurence 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 or two 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 immediately 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 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 have given you in these remarks very much what I wrote on the subject in my Therapeutics of 1878. Since then, Dr. Arthur Clifton has read a paper upon it at our Congress of 1885, reminding us of the importance of taking into account the whole pathological condition of our patients, when there is one, and prescribing mainly for this, when any intestinal torpor there may be present will improve of itself. In this way, in his experience, a number of medicines not generally thought of as regulators of the bowels may become so; he cites berberis, chelidonium, phytolacca, mezereum, agaricus, zincum, ferrum, guaiacum and staphisagria. I advise a study of this paper, and of the discussion which followed it, to any one who has a difficult case of constipation to treat.

Another valuable contribution to this subject has been made by Dr. Conrad Wesselhœft in some papers published in the *North American Journal of Homœopathy*, during 1895. The medicine on which he seems chiefly to rely is strychnine, which he gives in the 3x dilution. With what he says about the frequent harmlessness of temporary delay in the evacuation of the bowels, however prolonged, I fully agree; but I think he

* See *Annals*, viii., 438, for other indications and examples of its efficacy.

minimises too much the evil of habitual constipation. A specimen exhibited before the British Homœopathic Society some years ago showed such unmistakeable ulceration at the spots where hardened fæces had lain *perdus* in a case of this kind, that the local possibilities of prolonged inaction became manifest. Sir Andrew Clark, moreover, was surely not wrong in his conviction that anæmia in young women, otherwise healthily surrounded, is frequently due to this cause. The shrewd and successful physician I have named is the more to be heeded as he was not an advocate of purgatives. His instructions for the management of costiveness are extant, and are almost entirely hygienic. A few laxative drugs are mentioned at the end, but quite as an occasional and even *dernier ressort*. We, availing ourselves of the general measures common to him and to us, have special medicinal resources of which he had no knowledge. By their additional aid I hope that more and more it may be said of homœopathy that, though it does not use aperients, it cures constipation.

I proceed now 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 gastric or 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 wine-glassful 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 believe 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; and Sir Lauder Brunton has recently echoed his experience. Dr. Jousset begins one of his *Leçons* with a narrative of a chronic case cured by it, in the 3rd dilution; and goes on to speak fully of piles and their treatment. Returning to the subject in *L'Art Médical* for December, 1900, Dr. Jousset says he esteems it so highly that if it fails to arrest the loss of blood, he infers that there must pretty certainly be cancer of the rectum. While generally giving fractional doses of the tincture, sometimes he finds the 3rd dilution preferable. From his statements here, and in his *Eléments de Médecine 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 Homœopathic 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, acidum 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. Here, probably, would come in the hypericum which Drs. Röhrig and Ussher so commend.* 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 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 service. I must add the following case of my own, which seems to have been one of fissure; though, from the patient's delicacy, I forebore 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 have 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. Of Dr. Allen's use of ratanhia here I have spoken in my Pharmacodynamics. His indication for it, that the pain is worse after than during stool, has lately been confirmed by another cure.†

Prolapsus ani is generally cured with little difficulty in children, as I shall have to state hereafter. It is, however, a

* *J. B. H. S.*, viii., 188, 189.

† *Ibid.*, ix., 180.

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. Aloes, in the same strength,* and ignatia also, are 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 Dr. 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 santonine lozenges, and to exterminate thread-worms by injections of quassia, salt, iron or sulphuric ether. 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 manner, have a singular power of abolishing the troubles caused by worms, and often of effecting their expulsion. Thus, in cases of tape-worm, repeated drop-doses of oleum filicis maris and of dilutions 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, spigelia 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 first decimal dilution. Under its use quantities of worms are usually expelled and all morbid symptoms disappear. Two of

* See *J. B. H. S.*, ii., 216.

† See Dr. Hamilton's case in vol. xiii. of *B. J. H.*, p. 254.

the medicines we have seen acting upon the anus—æsculus and ratanhia—seem to have a similar power, especially over the irritation.* In obstinate cases I have sometimes found the course of medicine recommended by Teste effective; viz., lycopodium 30 for two days, veratrum album 12 for four days, and ipecacuanha 6 for a week. Drs. M. M. Gardner and T. L. Bradford have recently† written to commend this medication, giving lower dilutions, and adding santonine 1x to the series, by which they include lumbrici among its benefits. I have tried the stannum and viola odorata recommended by Teste for the last-named without perceiving any benefit. The irritation in the anus set up by ascarides especially at night causes the patients to put their fingers to that part often unconsciously in their sleep. The eggs attach themselves to the fingers and get under the nails. If the patient has the bad habit of putting his fingers in his mouth or biting his nails, the eggs find their way to the stomach and bowels, where they are hatched into ever fresh broods of thread-worms. It is therefore absolutely necessary that the patient should give up this bad habit, otherwise the cure is difficult or impossible.

A word now upon

Proctalgia.—Pain in the rectum is generally due to one or other of the disorders of that part we have had before us. Dr. Conrad Wesselhœft, however, has written an excellent essay in the *New England Medical Gazette* for 1897 upon a form of it which he describes as truly neuralgic. In his first case the pain seemed to have been brought on by the use of croton oil as an habitual aperient, and several of the subsequent ones illustrate the homœopathic application of this experience. He gives *croton* in the 3x dilution. His other remedies are the sulphates of strychnine and atropine, generally in the same potency.

Lastly, of

Paresis ani.—Loss of power of the anal sphincter, causing incontinence of fæces, is a distressing affection. I have more than once found it amenable to *causticum*, in the 3rd dilution. In troublesome cases, you may think of phosphorus 4–30, and of ergotin 2x, cures with which have been reported.‡ Aloes, also, has proved effectual, according to its old repute, when the sphincter of the bladder has been affected with a like uncertainty of tenure.§

* *J. B. H. S.*, i., 281; iv., 338; vi., 392.
† *Ibid.*, ix., 287.
‡ *Ibid.*, vii., 220; ix., 102.
§ *Ibid.*, vii., 322.

LECTURE XXXVII.

DISEASES OF THE DIGESTIVE ORGANS.

The Peritoneum, Pancreas and Liver.

I must not leave the intestines without noticing the morbid conditions of the peritoneum. And, first, of

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 singlehanded 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.

* Dr. Galley Blackley entertains a similar opinion (*J. B. H. S.*, vii., 146).

The foregoing remarks represent all that I knew of acute peritonitis in 1878. I have nothing to withdraw from them; and the case reported by one of our Spanish colleagues, as translated in the second volume of the *Journal of the British Homœopathic Society* (p. 497), shows how rapidly a well-marked case of the kind will decline under aconite and mercurius corrosivus. Pathology, however, has modified its views about peritonitis very considerably during the last two decades. The present-day doctrine is well set forth in the paper read by Dr. Burford and Mr. James Johnstone before the British Homœopathic Society in 1899, and published in the seventh volume of the *Journal* just named; and yet more fully by Dr. Burford singly in two post-graduate lectures on the subject which you may read in the *Monthly Homœopathic Review* for 1896. Primary acute peritonitis, we are told, does not exist. Peritonitis is always secondary to some extra-peritoneal lesion of organ or tissue. The link between the two is septic production and invasion. Inflammation of the serous membrane, when it occurs, is an effort of nature to fortify it against its enemies; and the most dangerous cases are those in which the septic hosts, while producing the symptoms of peritonitis, do not really excite that process, and the patient dies overwhelmed and exhausted by the onslaught.

I can give no opinion upon these views; but they seem well-supported. The sole question for us here is how far they ought to influence the therapeutics of the disease. Our authors agree that though the inflammation here is of conservative intent, it must, when established, be controlled and reduced by the remedies I have mentioned (among which they would replace aconite by belladonna); so that there is no change required here. But where rapid pulse-rise, without corresponding temperatures, and persistent vomiting indicate the septic to predominate over the inflammatory condition, they advise in preference such medicines as crotalus, lachesis and rhus; and they here make a valuable contribution to our means of dealing with the malady.

Ascites is never a condition of importance *qua* peritoneum, save in chronic tubercular peritonitis, of which I shall speak among the diseases of children. It thus hardly comes before us here. As occurring in connexion with cirrhosis of the liver I shall speak of it further on in this lecture. When part of a general dropsical condition resulting from cardiac or renal disease its treatment is that of the primary affection, as illustrated by a recent case reported by Dr. Vincent Léon Simon, in which it yielded to digitaline.* His father before him had made a

* *J. B. H. S.*, iv., 344.

collection of the older cases of cure by homœopathic remedies, which you will find in the nineteenth volume of the *British Journal of Homœopathy*. They are too brief to be instructive; but they show that ascites, especially when occurring as a *sequela* of exhausting disease, like ague, dysentery or typhus, is fairly amenable to such medicines as arsenicum, apocynum and apis. In an instance of it in a girl of 18, apparently due to amenorrhœa and chlorosis, the abdomen being as large as that of a woman at term, the ascites and all other symptoms subsided under the persistent use of senecio aureus 1x.*

I have now remaining only the glands subsidiary to the digestive process. Of these the salivary have already come under our notice; and in the present lecture, 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. I have had several obscure cases which I have traced to this organ, and where the persistent use of iodine has effected great improvement. (For one of these see the *Medical Era* of January, 1891. The disease had been set down as malignant.) 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

* *J. B. H. S.*, v., 98.

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 connexion 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. Dr. Majumdar writes that he has seen a good many cases of this affection in India among children. Calcarea arsenicosa 30 and the abandonment of milk are the main features of this treatment, which he claims as satisfactory.*

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

* *J. B. H. S.*, v., 208.

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 3rd 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 peri-hepatitis), and 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 connexion with dysentery or pyæmia, we have no experience on record; and I have no medicinal suggestions to make regarding it.

In 1894 Dr. Dyce Brown read an interesting paper on acute hepatitis before the British Homœopathic Society, which you may read in the third volume of its *Journal*. He was able to relate three cases which had recently come under his notice, and accounted for their comparative frequency by ascribing them to an influenzal origin. Of the ordinary remedies hepar sulphuris was the only one which showed any marked effect, and in both instances in which it did so the advanced stage of the malady and the persistence of the symptoms suggested that abscess was threatening. Similar improvement under similar threatenings has been obtained from mercurius solubilis,* but it had little effect in Dr. Brown's cases. I suggested, in the discussion on his paper, that chelidonium promised more than

* *J. B. H. S.*, vii., 419.

any of the medicines which had been mentioned if hepatitis should be seen in its early stages; and I adhere to my recommendation.

Of chronic hepatitis I shall speak under the head of cirrhosis of the liver.

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. I know of only one recorded instance in homœopathic literature in which this malady has been satisfactorily diagnosed and treated, and here the patient died, phosphorus having played but little part in her treatment.* In Quain's Dictionary we read: "A few cases, in which the diagnosis of acute yellow atrophy has been thought justifiable, have recovered; and these have been treated with the mineral acids and saline purgatives, aconite, quinine and camphor." I hope our one remedy may be found at least as effectual.

In

Cirrhosis of the Liver phosphorus is no less homœopathic and has proved more curative. 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 pathological 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. Aufrecht indeed maintains† that cirrhosis of the liver is the result, not of interstitial inflammation, but of that process in the glandular cells of the peripheral acini. As, however, he gives a similar account of it when occurring from

* *J. B. H. S.*, iv., 195

† See *M. H. R.*, xli., 636.

slow phosphorus poisoning, we are not concerned, therapeutically, with the question at issue. *Phosphorus* is evidently a true simile to the disease before us. Dr. Salzer, of Calcutta, communicated a study of its possible remedies to our Convention of 1876, in which he mentioned some experience of his own with the drug. He 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 this is what I have seen, in a few cases." Physicians from India, from England, and from Belgium, have recorded similar benefits from the drug.*

After phosphorus, the most promising remedies are *iodine*, *aurum*, and *lycopodium*. For the first 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 (especially with Dr. Bartholow) 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 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 attenuation, and after the last operation seemed to have regained his health.

There are two other drugs whose pathogenesis shows them to act upon the liver, and which have found place among the remedies of chronic hepatitis. These are *ptelea trifoliata* and *carduus marianus*. To the credit of the former we have only one case as yet; but here a long-lasting enlargement of the

* *J. B. H. S.*, iii., 210; v., 104; vi., 103.

† See *Hahnemannian Monthly*, xii., 334.

liver, with emaciation, sallow pallor, and other symptoms of impaired health, took on (Dr. H. K. Leonard says) a marvellous change for the better under this drug in mother-tincture.* A yet more potent "organ-remedy" for the liver we seem to have in carduus marianus. Cirrhosis, with dropsy, is among the hepatic affections it has cured; and the three cases reported by Dr. Pröll in 1894† show great power over serious chronic diseases of this kind.

It is to illustrate the use of remedies of this kind that Dr. Burnett published his *brochure* on "The Greater Diseases of the Liver" (1891). Carduus is one of his chief medicines: he thinks its action to be upon the left lobe of the liver, and that it is specially indicated when there is a patch of eruption over the lower end of the sternum, and when any enlargement present is horizontal. When it is perpendicular he prefers chelidonium. Hydrastis, myrica and cholesterine—as used by him—will come before us in reference to other affections of the organ.

Recently, quite fresh ground has been broken here by the use of calomel—our *mercurius dulcis*, not as a cholagogue, but in small non-perturbative doses. Commenced in the old school,‡ it has been taken up in our own by Dr. Jousset. This physician, experimenting with the drug on rabbits in the laboratory of the Hôpital St. Jacques, has found it set up a condition of liver precisely resembling the initial stage of cirrhosis. It is especially in the hypertrophic form of the disease that this medication has proved effectual.§

The ascites of hepatic cirrhosis is of course secondary to portal obstruction, and can only be permanently removed by striking at its cause. It may sometimes be reduced meanwhile by the apocynum cannabinum, given in teaspoonful doses of a strong infusion or concentrated decoction. When it fails to yield readily, I am much in favour of an early resort to paracentesis. The continued presence of the fluid is a serious hindrance to our endeavours after the control of the disease which causes it.

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 their will by Strasburg geese, ought to afford another opportunity for *phosphorus*; and Dr. Bayes speaks of having derived unequivocal benefit from it.

* *J. B. H. S.*, vi., 104.
† *Ibid.*, ii., 480.
‡ See *M. H. R.*, xxxvii., 490.
§ *J. B. H. S.*, ii., 365; viii., 79, 159; ix., 282.

Dr. Buchmann says that he has "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 3."

The

Waxy Liver has been cured, in old-school practice, by nitric acid * and by the chloride of gold,† of course in somewhat material doses. I cannot think of any chemical action as being exerted by *acidum nitricum* here, and must conclude that the specific influence which it undoubtedly has on the liver (as shown by Scott's experiments) 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 to 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 malarial fevers. I have spoken of some remedies for this enlargement under the head of chronic congestion of the organ. Dr. Maclean, in Russell Reynolds' "System of Medicine," speaks so warmly of the inunction of the biniodide of mercury here; both elements of the compound have such an irritant effect on the liver; and the quantity of it which can be absorbed from the ointment applied is so minute, that we can hardly regard the cure as otherwise than homœopathic. Dr. Salzer speaks highly of argentum nitricum.

Cancer of the Liver is but little under the control of medicine. Dr. Mohr, however, reports a case in which all sufferings were charmed away by nitric acid 3x ‡; and Dr. Burnett has obtained some unexpectedly favourable results from cholesterine, in the 3x or 6x trituration.

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

* See *B. J. H.*, xxi., 672.

† See Bartholow's Materia Medica, *sub voce*.

‡ *J. B. H. S.*, vi., 298.

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 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 develop 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 often 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. A somewhat similar remedy is chionanthus, which Dr. Morrow praises highly,* and the myrica cerifera, which in Dr. Burnett's hands has several times acted curatively.†

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*), 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

* *J. B. H. S.*, iv., 494.

† If the itching of the skin often caused by the presence of bile in the blood should need a special remedy, you may find it in the dolichos pruriens, of which I shall speak under prurigo (*J. B. H. S.*, i., 177, 278).

bile, phosphorus and *iodium* should be considered. Two striking cases of cure by the latter medicine have been put on record*: it was given in low attenuation. Dr. Burnett relies here upon chelidonium, in mother-tincture, and gives several good cases illustrating its efficacy.

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—prescribed by my colleague, 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, and where gall-sand passes rather than formed calculi.† Dr. Burnett does not mention this medicine, and relies during the passage of the calculus on hydrastis, which he gives in similar form, carrying the dosage sometimes up to ten drops every half-hour. Perhaps (as Dr. Galley Blackley suggests) it may be the berberine contained in hydrastis which does the work.

The treatment of the tendency to biliary calculus is mainly dietetic and regiminal. But I may draw your attention to the experience of the late Dr. Thayer, of Boston, as to the value of *china* in such cases. He states that with this medicine, given in the 6th dilution (probably decimal) at increasing intervals, he had for more than twenty years treated patients subject to the passage of gall-stones, and had 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. Dr. Claude, of Paris, has confirmed this experience;‡ while Dr. Amberg has shown that if the tendency has been

* See *B. J. H.*, xxii., 357; xxxiv., 381.

† *Ibid.*, xxxiii., 345.

‡ *Bull. de la Soc. Méd. Hom. de France*, vol. xxi.

recently acquired it may be stamped out with chelidonium.* Dr. Bourzutscky speaks no less warmly of carduus marianus.†

An interesting paper was read before the British Homœopathic Society in 1894 by Dr. Wolston, of Edinburgh, entitled "Gall-stones and their Vagaries."‡ In the discussion which followed you will find several useful bits of experience as to the efficacy of hydrastis, gelsemium and belladonna in the attacks of calculus, of berberis and china, and also of olive oil§ and the Ems waters, in the intervals.

These are all the substantive affections of the liver of which I have to treat. But Dr. Murchison has 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 considerations 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 might 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.

* *J. B. H. S.*, v., 89. † *Ibid.*, ix., 282. ‡ See *Ibid.*, ii., 371.

§ A more agreeable, and apparently equally effective, substitute for oil is glycerine. M. Ferrand extols it highly in "biliary lithiasis," saying that in a dose of 20—30 grms. it makes an end of the calculous attacks, and in daily quantities of 5—25 grms. averts their repetition (*L'Art Médical*, June, 1894).

‖ Essays in Medicine, p. 791.

LECTURE XXXVIII.

DISEASES OF THE RESPIRATORY ORGANS.

The diseases of the respiratory organs (to which I now come) play, in this climate, a large part in the work of every practitioner of medicine; and it is of the utmost importance to enquire if homœopathy can do much for them. The answer to the general question can be given in the affirmative with the greatest assurance. Our statistics, in respect of such of these affections as threaten life, have always been most favourable; and our text-books show a confidence in their treatment which is eminently satisfying. This happy state of things arises from our exclusively possessing, or alone adequately using, certain potent medicines, of which I would specify aconite and bryonia, antimony and phosphorus, iodine and sulphur. Let me say a few words on each of these.

1. *Aconite* is known and valued chiefly for its action on the circulation at large—for the power it has over fever. But we must remember how Fletcher has shown—as Fordyce, according to Dr. Sharp, had suggested before him—that inflammation is locally what fever is in the general system; so that aconite might be expected to do in the microcosm of any organ somewhat of that which it accomplishes in the organism as a whole. It does so, but with this limitation, that it is effective only in the primary, congestive stage of inflammation, before exudation has taken place; that is, while the local circulation is the offending mechanism, and the extravascular tissues are comparatively untouched. This corresponds with a well-established symptomatic indication for it, and one which constantly calls for it in the disorders we are considering, viz., that its troubles are such as arrive from dry cold. This *noxa* acts on the bloodvessels, while irritants begin their operations upon the living substance outside them; and in inflammations owning the latter origin aconite plays little part.

In active congestions, then, of the respiratory tract from the nose to the air-cells, especially when traceable to breathing cold air or receiving its impact too harshly upon the surface, aconite is our prime resource, and no other remedy should be so much as thought of until the patient has had the benefit of it. In the

common "cold in the head"—little cared for in ordinary practice, but a cause of wide-spread inconvenience and often a beginning of worse things—we should depend upon it perhaps more than we do. Camphor precedes it when we have only a suspicion that we have taken a chill,—which suspicion it generally dissipates; but when this is converted into a certainty, and the well-known "stuffy" feeling indicates commencing congestion of the nasal passages, aconite should be at once resorted to and continued until this is resolved. Still more is this so in those painful cases where the catarrh affects the posterior nares, or the ethmoidal cells and the frontal sinus. The medicine is no less serviceable for an incipient cough, when pain is caused by it or soreness is felt in the larynx, trachea or large bronchi. Where one would poultice externally, one should choose aconite for internal administration. Bryonia may come in excellently afterwards; but aconite should be given first. This canon holds good in one of the affections of the larynx which causes the liveliest concern—the catarrho-spasmodic "croup" of childhood. Spongia is a tried remedy for it; but aconite should begin and will often end its treatment, and parents should be instructed to begin its administration before they send for the doctor. The same thing is to be said of bronchitis itself. If you can catch it in the forming stage, when dry rhonchus is the respiratory sound, and the cough also is dry or brings up but a scanty and perhaps blood-stained sputum, aconite is most important, and will alone do much if not all that is needed. It does as much for acute congestion of the lungs themselves, where the pulmonary artery is the seat of the vascular disorder. Whether it exerts any control over true pneumonia is a more doubtful question. I shall discuss it when I come to that disease, and you will see that I lean to the negative side in the controversy. But when there is any uncertainty as to the diagnosis, and simple pulmonary congestion is possibly present, no harm can be done in beginning with aconite until the condition be clearer.

In some of these affections we may find the "anxious impatience, the unappeasable restlessness, the agonized tossing about" which Hahnemann specified as leading indications for the choice of our present remedy. In proportion as we do so, it will be the more precisely suitable, and may be given in more attenuated form. But we must not wait for these. They, as also the thirst and the rapid pulse which he mentions, may be absent, and yet it shall be the proper remedy, acting locally upon local mischief. It is, I think, a too great reliance on such indications which has given aconite a place unworthy of its merits in Dr. Goodno's treatise. He prefers gelsemium in acute

nasal catarrh and Schüssler's ferrum phosphoricum in simple bronchitis—assigning in the latter case the reason that "there is an absence of the restlessness, irritability and asthenic symptoms of aconite." Such absence may be a bar to its action in the higher infinitesimals, but it will not prevent the dilutions from the 1st to the 3rd decimal doing excellent work. I know that this has not been Dr. Goodno's hindrance, but it is that of many of the so-called "Hahnemannian" party among us; and I have seen it boasted in print by one of them that he very seldom had occasion to use the drug which his acknowledged master hailed as the great substitute for the antiphlogistic apparatus of his day, the specific remedy for acute inflammation and inflammatory fever.

For the place aconite holds in this country we are much indebted to our Liverpool colleague, Dr. Hayward. In his little book called "Taking Cold: the cause of half our diseases," which I am glad to see in a seventh edition, he shows excellently the way in which a chill to the surface sets up fever and inflammation, and the supreme place which aconite holds among the remedies for its ill effects. It is interesting to compare with his treatise one of the latest utterances of the late M. Dujardin-Beaumetz, an acknowledged leader in French clinical medicine. He, too, has discovered * that aconite is abortive of acute catarrhs, nasal and bronchial, but supposes that for this purpose massive doses of the tincture (15–20 drops) must be employed; and, recognising that but few patients can take these with impunity, would limit it to their circle. He denies it, accordingly, to children, and warns against continuing its use longer than eight days—for fear of accidents. To such inanity is traditional therapeutics reduced, when it shuts its eyes to the discoveries of Hahnemann and the experience of homœopathists!

2. It is in virtue of its action on the bloodvessels that aconite modifies disorders of the respiratory organs; but *bryonia* is a pure irritant to their tissue. The kind of irritation it sets up, moreover, is shown by its full development in the rabbit which M. Curie poisoned slowly with the drug, after whose death a firm pseudo-membranous tube was found, extending from the larynx to the third ramifications of the bronchiæ. Bryonia becomes thus a remedy for membranous laryngitis, plastic bronchitis, croupous pneumonia and pleurisy with fibrinous effusion. But it is also valuable (generally after aconite, and sometimes in alternation with it) for dry catarrh of the primary bronchi, accompanied by an irritative shaking cough. As this is the form usually taken by a "cold on the chest," it is not surprising that bryonia and coughs have

* See *Journ. Belge d'Homœopathie*, vol. ii., No. 5, p. 349.

become so associated in the lay homœopathic mind that one rarely occurs without the other being used as its remedy, and often with advantage.

3. Antimony—I speak mainly of its potassio-tartrate, the well-known "*tartar emetic*"—is the precise opposite of bryonia, not in the seat but in the character of the inflammation it sets up. Its tracheo-bronchial exudation is abundant and mucous; its effusion into the air-cells is serous instead of fibrinous. In poisoning by it, moreover, the lungs are not affected primarily, as they are by bryonia; the inflammation is found only in the respiratory passages if the animals are killed early enough, and later works thence down to the air-cells. Tartar emetic thus becomes the typical medicine for broncho-pneumonia in all its stages; and for simple and even capillary bronchitis where free exudation exists from the first, or has supervened. In the last-named formidable disorder—the "suffocative catarrh" of the old nosologists—I have found it a potent remedy. I have always given it here in the 1st trituration, and Dr. Goodno says that he has repeatedly observed success follow this preparation after smaller doses had failed. This physician also has much faith in the iodide of the metal, at the same strength, in both acute and chronic bronchitis with heavy yellow muco-purulent expectoration and tendency to hectic. When the sputum is mucous only, it can be much diminished in quantity in the most chronic cases by the steady use of the potassio-tartrate.

4. In our use of antimony we are on common ground with the other school, though we employ it to reduce rather than to favour expectoration; but *phosphorus* as a respiratory medicine is all our own. It stands as an irritant about mid-way between bryonia and tartar emetic, and has the lungs themselves—the area supplied by the pulmonary artery—for its special seat. Phosphorus is therefore precisely suited to the form of pneumonia most frequently encountered—occurring, as I have said, "in delicate persons, with lowered health, or secondarily to such blood-infections as typhoid and scarlet fever, and, as I would now add, influenza. The exudation here would be corpuscular rather than fibrinous." Fleischmann's use of it as a specific for pneumonia in his hospital (the Gumpendorf) at Vienna was thus justified by the result, his low rate of mortality being one of the first palpable evidences of the value of Hahnemann's method in acute disease. We may discriminate more closely, and with advantage; but we must always associate pneumonia and phosphorus together in our minds.

In such discrimination, the distinctive characteristics of the action of phosphorus, as drawn for us by Dr. Allen in one of his instructive lectures on Materia Medica, may well be borne in

mind.* The presence of hæmorrhages in its inflammations, the absence of nervous and circulatory excitement, the aggravating effect of hot weather, the softness and compressibility of its pulse, the mental apathy and indifference, and the sense of general oppression as from an external weight,—these are the leading features on which he dwells, and which—without insisting on their presence—we should seek to find in order to perfect its homœopathicity to a given case of pulmonary inflammation.

5. *Iodine* is an undoubted irritant, pathogenetically, of the respiratory organs. The coryza of common iodism is well known; and provings and poisonings exhibit a similar influence exerted lower down the tract. "In the larynx and trachea," I have written in my Pharmacodynamics, "we may have hoarseness, aphonia and chronic inflammation, even simulating laryngeal phthisis; and while the bronchi are but moderately affected, the lungs show the influence of the drug by congestive oppression, hæmoptysis and even pneumonia." The apparent exception I have made now falls under the rule; for in the first case of poisoning in the Cyclopædia of Drug Pathogenesy we find in the narrative of the autopsy—"The whole of the bronchial tubes down to their finest branches inflamed and covered with viscid mucus; the mucous membrane swollen and injected." In Ricord's account, moreover, there cited, of his early experiences with iodide of potassium, we read—"The bronchiæ were sometimes found to be affected. The symptoms were those of simple bronchitis: the expectoration ended as it had begun, without ever becoming purulent." So also Sir Lauder Brunton writes of iodism—"Not unfrequently the bronchial mucous membrane becomes congested, there is cough and pain in the chest."

The false membranes often manifested as a local effect of iodine (some of which are mentioned in the case of poisoning I have just referred to) led to its earliest application in the respiratory sphere among homœopathists,—Koch (*our* Koch) in 1841 advocating its use in preference to spongia for membranous croup, and Elb a little later verifying and extending his experience. Still later, Kafka—inferring that what was good for croup could not be amiss in croupous pneumonia—tested it in this latter disease, and found that if administered when the physical signs first appear it will arrest the progress of localisation and abort the whole disease. This practice has of late been much adopted in America, and excellent results have been reported, especially when the right lung is the seat of the inflammation.† Dr.

* See *N. A. J. H.*, June—July, 1895.

† See *Ibid.*, Aug., 1893; *N. Engl. Med. Gaz.*, July, 1893; *Med. Century*, Aug., 1895; *J. B. H. S.*, v., 92.

McMichael speaks of it here as being "as nearly specific as may be," and Dr. H. K. Leonard as supplying "one of the few almost certainties in the practice of medicine." It will of course be in the class of cases in which we have hitherto given bryonia that it will play its part. Then Dr. Nicholson has shown us how well the iodide of potassium will act when bronchial catarrh similar to its coryza is set up, especially when complicated with asthmatic dyspnœa;* and in coryza itself, when the phenomena are those which it causes in the healthy, it is highly esteemed among us.

Besides these applications, iodine has played a large part in respiratory affections in the compounds it forms with other elements. We have just heard Dr. Goodno on iodide of antimony. Dr. Youngman has lately tested the iodide of tin, to see if the well-reputed action of stannum in chest disease could be enhanced by the combination, and has had very favourable results with its 3rd deci-trituration in chronic pulmonary affections simulating phthisis. It appears to reduce especially the profuse secretion and expectoration.† Dr. Nankivell's reports as to the value of iodide of arsenic in phthisis ‡ are familiar to us all, and have established this drug as perhaps our fundamental remedy in dealing with such cases. In all these instances, the iodine seems to intensify the action of the other element of the compounds; but has this additional advantage, that besides its local influence it corresponds to the state of general health usually associated with chronic chest affections. The emaciation of chronic iodism, with its rapid pulse and ready sweating, forcibly suggests the phthisical condition; and in the marasmus of childhood I have constantly used the analogy to advantage. I have no less confidence in it in those cases which Dr. Cartier calls "bronchite suspecte," where grave bronchitis or broncho-pneumonia manifests phthisical tendencies. He relies here upon one of the tuberculin products,§ but I have been so satisfied with iodine that I have found no need of any nosodes for its reinforcement.‖

6. In our use of *sulphur* as a medicine having specific influence on the respiratory organs we stand quite alone. I know that the sulphureous waters of the Pyrenees have been used, *inter alia*, for chronic bronchial and pulmonary affections; but it was rather with the idea of the drug acting as an "alterative," and

* *M. H. R.*, Sept., 1894.

† *Hahn. Monthly*, Jan., 1895.

‡ *B. J. H.*, xxx., 515.

§ See Transactions of International Homœopathic Congress of 1896.

‖ Bähr, and our American colleague, Dr. W. T. Laird, confirm this experience. See also a case of Dr. H. K. Leonard's in *J. B. H. S.*, vii., 221.

indirectly benefiting the morbid state through the system at large. Now, indeed, a physician of the Eaux Bonnes has recognised their local affinity, and explains their action by the theory of "substitution." They cause a "congestive *poussée* towards the respiratory organs," bring on hæmoptysis even in healthy persons, "create artificial asthma," and so on.

It is in the deeper and graver disorders of this region that sulphur plays so prominent a part in our hands. I have shown in my Pharmacodynamics, from Wurmb and Caspar, and also from Bähr, what it can do in pleurisy and pneumonia; from Russell, its power over asthma; from Meyhoffer, its value in chronic bronchitis due to some morbid diathesis like gout. Some of the older homœopathists, like Jahr, considered it the leading remedy for pneumonia when aconite had spent its force; and the physician named defended its use as against the bryonia, phosphorus and iodine now generally employed in homœopathic practice.

We proceed now to consider in detail 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; since 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; as it did in a patient of Dr. Kranz and his son at Wiesbaden, whose story you may read in the sixth volume of the *Journal of the British Homœopathic Society*. Here the rhinitis was chronic, exacerbating with every pregnancy. Steady treatment with auronatrum chloratum 5_x effected a cure.

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*. I have already

indicated their distinctive spheres of action. Camphor will soon 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 *gelsemium* 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 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 3rd dilution every hour he has often arrested the malady by the end of its first day. I confess I prefer aconite here; and still more when the congestion the stuffiness implies invades the higher ramifications of the nasal mucous membrane.

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). I assume that the discharge is thick: if it is thin, kali iodatum is preferable. 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.A. 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 summarise 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 mercurialised 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*; and to papers on nasal discharges by Dr. Vincent Green in the seventh and ninth volumes of the *Journal of the British Homœopathic Society*. Dr. Cooper has introduced a new remedy for chronic nasal catarrh in lemna minor, the common duckweed. His success with it has been endorsed by Drs. Burnett and Clarke.*

Ozæna is now described as "chronic atrophic rhinitis," so it must be included among the inflammations of the nose. It is a very intractable disease. I speak not only of that essential form which Jousset describes as existing without a lesion, characterized only by the execrable odour which proceeds from the patient, and which he himself (deprived of the sense of smell) alone is unaware. This can but be palliated by deodor-

* *J. B. H. S.*, iii., 101.

ising injections, unless Dr. Cooper's lemna minor should prove effective in it. Dr. Shearer describes its action as "wonderful"; and adds that it must not be administered in too low a dilution, as it then causes a sense of intense dryness in pharynx and larynx.* Nor do I 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 more amenable form, fœtor must either be a constant attendant upon the habitual flux, or must accompany the formation of the "plugs" which the patient brings down from time to time.

The medicine most in repute for this disease is *aurum*; and the following case of Dr. Chalmers' will show what it can sometimes do.

A married lady, suffering from great general debility and loss of appetite, complained chiefly of heat and burning pain in the nostrils, with great pain over the frontal sinus. There was obscure vision and pain in the eyes, which were much inflamed, with profuse discharge of sero-purulent matter, gluing the lids together. She had a copious discharge of yellowish-green pus from the nostrils, of a very fœtid odour, and she soiled five or six handkerchiefs daily. All the lining membrane of the nose was red, much swollen, and had many small ulcerated points on it, especially along the septum on both sides; she could not 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 may mention two other cases also. Dr. Amberg had one of chronic nasal catarrh with purulent fœtid discharge; the nasal mucous membrane was red and swollen. Kali bichro-

* *Hahn. Monthly*, Aug., 1895, p. 557.

† *M. H. R.*, xii., 539.

micum and pulsatilla did no good; but aurum metallicum 3 removed the trouble in a fortnight.* Dr. Delap reports a case beginning with a common cold from exposure, but going on to necrosis of the bones. There was no syphilitic history. Cleansing local applications were used, and aurum muriaticum 2 given internally. A severe headache which was present, greatly aggravated by stooping, yielded rapidly to the medicine. Dead bone came away, and the patient became quite well.†

Perhaps none of these cases would be ranked under "atrophic rhinitis," but they were certainly examples of ozæna. Aurum would not be less suitable when the disease was of syphilitic origin; though under these circumstances Jahr speaks highly of nitric acid, especially if much mercury has been taken. Kali bichromicum must not be forgotten, when the discharge is tenacious; though it has yet to win its spurs as curative of true ozæna.

The nose is thus liable to several inflammations; it has only one neurosis,

Hay-Fever.—Such a description of it may be questioned. Is it not—some may ask—the direct result of the inhalation of the pollen of certain plants? None should acknowledge this more readily than homœopathists; for it was a respected member of their body—Dr. C. H. Blackley—who discovered the fact now mentioned, and obtained for it by his admirable experiments and reasonings universal recognition.‡ But it is not all people—it is only a very few—who suffer from catarrh or asthma or both in

> "The golden hour
> When flower is feeling after flower."

It requires a predisposition as well as an exciting cause; and such predisposition, besides its definite response to pollen, shows itself in hypersensitiveness to dust and similar irritants, even to bright sunshine, or merges into the "paroxysmal coryza" which Ringer has described so well, where, without provocation of any kind, and in one season as much as another, violent sneezing and nasal defluxion are apt to occur. Such a tendency must be reckoned a neurosis, and must be dealt with accordingly.

In true hay-fever, however, where a special and material *causa occasionalis* has been traced, our principles would lead us to remove it if possible. This may be done either by keeping

* *J. B. H. S.*, v., 103. † *Ibid.*, i., 276.

‡ See his "Experimental Researches on the cause and nature of Catarrhus Æstivus (hay-fever or hay-asthma)," 1873.

out the pollen from the nostrils (for which Dr. Blackley has devised an ingenious apparatus); by destroying its vitality with a spray of a solution of quinine (two grains to the ounce), as Binz advises; or by temporarily deadening the sensibility of the mucous membrane to its tormentors by the use of cocaine, which Dr. Theodore Williams considers the best plan. But, while we do this, can we not as homœopathists administer similarly acting drugs which shall neutralise the susceptibility to the irritant, or, where the affection is a pure neurosis, modify this in the direction of health?

We can; and the medicines *àpropos* of which Dr. Ringer discusses "paroxysmal coryza," arsenic and iodine, warrant the affirmative reply, for both cause the symptoms he vouches that they cure. Given separately, or in combination as arsenicum iodatum, they play as prominent a part in our treatment of hay-fever proper, and chininum arsenicosum is sometimes a better compound still. Among other testimonies in favour of arsenic I may cite that of Dr. J. E. James, of Philadelphia. He says of the disease—"I believe we have its remedy in arsenicum 2 or 3. It has in my hands cured 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 attack did not recur. These cases were all of long standing when they came under my care."* Dr. Ivins, in a very practical paper on the subject presented to the International Homœopathic Congress of 1891, confirms the good that has been said of arsenic and its iodide, but reports yet more favourable results from allium cepa where the flow is profuse, naphthalin where asthma predominates over coryza,† and arum triphyllum where the latter is excoriating. His prognosis of the disorder is too encouraging to be omitted. "While I do not think every case curable," he writes, "or even capable of permanent amelioration, I do feel that cure is a frequent occurrence, permanent palliation the rule, temporary relief the exception, and irremediable cases practically unknown."

If you have to look farther for your remedies, I would refer you, for coryzal cases, to what Dr. Bayes has said about sabadilla, as quoted by me when lecturing on that medicine; and for asthmatic ones to the striking parallelism of the effects of ipecacuanha on certain susceptible subjects. As an alternative to the latter I may add aralia racemosa, for which see what I have said in the appendix to my Pharmacodynamics (p. 889). Mr. Dudley Wright, in a very practical paper on the

* *Hahn. Monthly*, xii., 28.

† Drs. Terry and Pope highly commend this drug, in the 1x trituration, for the asthmatic attacks (see *M. H. R.*, xlii., 552).

disease in the forty-second volume of the *Monthly Homœopathic Review*, commends euphrasia very warmly in the actual coryzal attack, while relying mainly on arsenicum for prophylaxis.

Dr. Jousset regards hay-fever as a manifestation, under the influence of a special irritant, of what he calls "gouty coryza," —an affection characterized 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 also has (as I have said) noticed this "paroxysmal coryza," praising arsenic and iodide of potassium for it as 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 *hæmorrhoïdaire*. 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 susceptibility to such vegetable emanations as are encountered in the spring and early summer. As an alternative to the last-named remedy, I would mention euphrasia. A cure of a case of ten years' standing with the mother-tincture is reported in the *North American Journal of Homœopathy* for May, 1895 (p. 310).

Epistaxis, to which I come next, is rarely sufficiently severe or obstinate to require medical treatment. The usual domestic expedients generally suffice to arrest it. If, however, you are sent for to check one that has defied these measures, you cannot do better than mix a few drops of *hamamelis* 1x in a wineglassful of water, and give a teaspoonful every five minutes till the flow stops—which it will do pretty rapidly. I have formerly given indications for arnica, millefolium, belladonna, nux vomica, bryonia and aconite in such an emergency, but in practice they all yield to hamamelis. It is otherwise when you are consulted on account of the frequent recurrence of the hæmorrhage, whether in young subjects or old. Here *ferrum phosphoricum*, as long ago recommended by Dr. Cooper, has often served my turn, and never disappointed me. I give it, as he did, in the first trituration.

Polypus Narium deserves mention here, because it has not unfrequently been cured by the internal administration of homœopathic remedies, especially *teucrium* and *calcarea carbonica*. As you may feel somewhat sceptical about this, let me read you a case of Dr. Goullon's:—

A married woman, aged 46, still menstruating, subject to prosopalgia, got a polypus on the left side of the nose, which grew apace, and had already almost reached the level of the nostril. By its pressure on the septum narium it stopped up not only the left but also the right nasal cavity, so that she could only breathe through her mouth. She was about to undergo an operation, when I requested her to make a trial of homœopathy. She took twelve doses of calc. carb. 30 without change; then eight of calc. carb. 18 in the same way; thereafter calc. carb. 9, and thereupon diminution and shrivelling up of the polypus began, and went on so quickly, that fourteen days after taking the last doses nothing was to be seen but a large fold of mucous membrane; the nasal passages were quite free, and have remained so ever since, now two years.*

Turn now to vol. viii. of the *Monthly Homœopathic Review*, and consider the four other cases from our literature which Dr. Lippe has summarised there, in which a cure has followed the exhibition of the same drug in similar potencies. I think you will then feel no doubt about my assertion, at least so far as calcarea is concerned. The evidence in favour of teucrium is hardly less convincing: it must be given, however, in low potency, even to the tincture. It suits the purely mucous polypi, the product of chronic catarrh. We have also two medicines whose general relation to these growths indicates them, and from which success has every now and then been obtained: I speak of *phosphorus* and *thuja*. The former would be suitable when the growths bled readily. Lastly, Dr. Eubulus Williams advocates the use of mercurius iodatus, in the 3_x trituration. He learned its value from the late Dr. Black, and reported at a meeting of the Western Counties Therapeutic Society† that he had used it for twenty-one years, and had cured at least two dozen cases.

Sneezing is sometimes so troublesome as to demand a special remedy. This you may find in Jahr's cyclamen, already mentioned, or in the senega and asafœtida which has been reported as curative.‡ On pathogenetic grounds I should prefer ipecacuanha.

* *B. J. H.*, xi., 484.
† See *M. H. R.*, xxxix., 426.
‡ *J. B. H. S.*, vi., 400.

LECTURE XXXIX.

DISEASES OF THE RESPIRATORY ORGANS.

The Larynx, Trachea and Bronchial Tubes.

In coming to the disorders of the air-tubes proper, I must say at the outset how much use I shall make of the "Chronic Diseases of the Organs of Respiration," by my late friend, Dr. Meyhoffer. This accomplished physician, born a Switzer, practising in Italy while Nice was Italian, writing almost equally well in French, German, and English, published in 1871, in the last-named language, the first volume of his treatise, containing the diseases of the larynx and the bronchial tubes. It is full of the original work which his capacity, knowledge, and extensive opportunities in Riviera practice enabled him to carry out, and is as practical as it is scientific. It is to our discredit as well as our loss that the second volume, on diseases of the lungs, still remains in MS. for lack of a publisher. The first should be in the library of every homœopathic practitioner, and will bear repeated perusal.

We begin to-day with 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 himself. 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 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 the advantage of Dr. Meyhoffer's experience in the shape of a series of chapters in his book. 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

* See *B. J. H.*, xxii., 347.

nitricum, arsenicum, iodium, and 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 connexion 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 gave 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.

I would add two cases more recently put on record. One, from Dr. Bartus Trew, was diagnosed tubercular by its former old-school attendants, but got well in his hands under causticum 6 and calcarea 30. The other is reported by Dr. Speirs Alexander, and the laryngoscopic evidence given. It practically recovered under arsenicum iodatum 3x and causticum 30.†

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*,—which, if necessary, may be given subcutaneously as in a striking case

* Mr. Dudley Wright sent to the *Monthly Homœopathic Review* of April, 1894, a case of ulceration, presumably tubercular, which recovered under kreasote 1x. Subsequently he found that the subject was a syphilitic one (*J. B. H. S.*, viii., 227).

† *J. B. H. S.*, vii., 90; viii., 223.

recorded in the *North American Journal of Homœopathy* for June, 1896. 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 localised 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 seem the most hopeful remedy, but silica has actually proved curative.*

Gelsemium 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.‡

A lesser degree of aphonia is hoarseness, and this may generally be dispelled by one of the remedies already mentioned—causticum, manganum, or carbo vegetabilis, to which may be added kali bichromicum and hepar sulphuris. An old-school physician is cited in *L'Art Médical* for October, 1897, as calling attention to erysimum (he does not say which species of the genus so named, probably the officinale). Its efficacy has given it the title of "herbe aux chantres," and this Dr. Herbary says he has been surprised by the rapidity of its action in the cases in which he has tried it.

I come now to the bronchial tubes, and take up the large subject of

Bronchitis.—A paper on this disease, which I read before the British Homœopathic Society, will be found (with the dis-

* See *N. A. J. H.*, Dec., 1895, App., p. 96.

† See Meyhoffer, *loc. cit.*, p. 230.

‡ Dr. Pearsall reports to the *North American Journal of Homœopathy* of June, 1893, two cases of aphonia, with flabby relaxed condition of the laryngeal mucous membrane and imperfect approximation of the vocal cords during phonation. Arsenicum iodatum, given in one case in the 30th, in the other in the 2x, proved curative.

cussion 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. On the other hand *carbo vegetabilis* can be unreservedly commended when the general symptoms (collapse, cyanosis, coldness, &c.) predominate over the local.* One danger in these subjects is from paralysis of the lungs. I would refer you to the remarks I have made in my Pharmacodynamics upon *solanine*, the alkaloid of dulcamara, as suitable to such a condition. I have reason to feel much confidence in it. Dr. Cartier has communicated a striking case in which bacillinum 30 obviated this danger.†

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 connexion of bronchitis with gout has 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 wellnigh 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.

* See *M. H. R.*, xxxvii., 227, 354. † *J. B. H. S.*, ii., 217.

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, M. 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, 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

* *M. H. R.*, xviii., 422.

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—which they hardly know. 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 bronchitis we have again the benefit of the experience of Dr. Meyhoffer, who has devoted to this disease the second half of his 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

* Another French prescription is Dr. Leboucher's of calcarea and nitric acid, 6 or 12 (*Rev. hom. Française*, Oct., 1895).

† *Text-book of Homœopathy*, i., 170.

the malady for which I have mentioned kali bichromicum as most suitable, and I think that Dr. Meyhoffer has rather underrated its 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 connexion 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,

* He might have added kali carbonicum. Dr. H. C. Coburn relates a striking cure with this medicine, given in the 2x and 3x trits. The case was of long standing, and had been under eight old-school physicians. Patient was discharged, after two months' treatment, and went on gaining weight up to twenty-four pounds. The profuse expectoration was the leading feature of the case (*J. B. H. S.*, ii., 485).

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 deodorising 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*. Dr. Vawdrey says that the "acetum" of this drug, given in 3–5 minim doses three times a day for a month at a time, will give marked relief in the chronic complaint.* 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

* *M. H. R.*, xxxvii., 35.

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.

I am thus brought to

Asthma.—In my callow days, in the first paper I read before the British Homœopathic Society, I remember maintaining that asthma was essentially a tonic spasm of the muscles of respiration—a kind of bronchial tetanus; and that our remedies for it should accordingly be such as have a direct excitant influence on the motor centres, of which the chief are strychnia, aconite and hydrocyanic acid. I remember the Vice-President, then in the chair,—the wise old Dr. Chapman—saying in the discussion which followed :—"Dr. Hughes had stated that asthma is under the control of strychnia, aconite and hydrocyanic acid. There were, unfortunately, cases of this distressing complaint which were not relievable by these drugs." I need hardly say that I have found this only too true; and have had to look much farther afield for its remedies, finding them rather in such drugs as arsenic and sulphur than in the more obvious analogues to the paroxysms I then selected. These have their place; but the others, hardly less demonstrably homœopathic, go more to the root of the matter, and give better aid in actual approach to cure.

I of course limit the name asthma 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. The cases published by Dr. Percy in the *New England Medical Gazette* for 1891 enhanced my esteem for it, and I have of late made it my standard remedy for the asthmatic attack. Hahnemann himself recommended the mother-tincture of the drug for ordinary use.

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

* 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."

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 but a reflex of that which it has long enjoyed in the school of Hahnemann. Dr. Goodno prefers it in the form of cuprum arsenicosum, which he thinks "a remedy of exceptional value in the ordinary type of bronchial asthma."

In a great number of cases of asthma you will discover on inquiry 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 classic medicine which must not be ignored in the treatment of asthma, and that is *iodine*. I have formerly spoken of the old-school use of iodide of potassium in this complaint as growing in favour. It is not made much of, however, in the article upon asthma in the second edition of Quain's Dictionary,—which is by Dr. Theodore Williams. "In more chronic instances, where some thickening of the walls of the larger bronchi and enlargement of the bronchial glands exist, iodide of potassium in doses of gr. v. to xv., or iodide of sodium in doses of gr. v., or a combination of both iodides, has been found very beneficial when persisted in for long periods." This is all he says, and it represents the drug here only in its old capacity of a liquefacient and absorbent. Bähr, on the other hand, calls attention to the frequent occurrence of asthmatic symptoms in slow poisoning by this halogen. "In the *Deutsche 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." Dr. Nicholson, of Clifton, adducing similar pathogenetic evidence, which, however, included acute dyspnœa, went on to test the drug in the asthmatic paroxysm, giving two grains every three or four hours; and found it very effective. When he read a paper on the subject, he found several in the discussion which followed who could corroborate his experience.*

I can only give a passing mention to blatta orientalis,† grindelia robusta,‡ naja tripudians§ and natrum sulphuricum,‖ as having gained praise as anti-asthmatics; but must give a fuller account of a recent candidate for the post in the shape of the South American plant quebracho. It has been found to have an influence, uncertain but sometimes pretty speedy, over the symptom dyspnœa as such, from whatever cause arising; and as it causes dyspnœa in dogs, the action seems homœopathic. A preparation of the alkaloids found in it, under the title "aspidospermin" is in the markets; and Dr. Halbert reports a case of asthma rebellious to other medication in which this drug in the 3x trituration, proved of great value.**

* See *M. H. R.*, xxxviii., 534.

† *Hahn. Monthly*, July, 1895.

‡ *J. B. H. S.*, vi., 300.

§ *Ibid.*, iii., 329.

‖ *Ibid.*, iv., 228.

** *Clinique*, October, 1900.

LECTURE XL.

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 percentage 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 percentages 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 6. He also disposes of the astonishing results claimed by the late

* See his article on the whole subject in vol. x. of the *B. J. H.*

† *Leçons de Clinique Médicale*, p. 440.

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 either 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.

One of the latest developments of old-school treatment in pneumonia is that expounded by Jürgensen in Ziemssen's *Cyclopædia*. 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 disease 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 anti-pyretic. 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

* See *B. J. H.*, xxxiv., 308.

the distressed state of his chest, and is best relieved by the medicine which touches the local inflammation. This will usually be found in either bryonia or phosphorus.

The claims of *bryonia* on our notice are very strong. The hepatised lungs found in the animals poisoned by it, the croupous exudation it has produced in the bronchi, and the short, quick and 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 hepatised. 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 24th dilution of Tessier and Jousset, and the 3rd decimal of Fleischmann and Bähr.*

Dr. Kafka would (as I have said) 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 pneumoina, 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 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

* The older attenuations of phosphorus were generally made from the primary solution as a zero. Since this is itself of about a one-in-a-thousand strength, the 3x would evidently correspond to our present 6x—stronger than which I doubt the wisdom of giving the drug in pneumonic conditions.

† I once, however, had a case, lobular in seat but croupous in quality, recurrent and persistent, where other remedies failed to operate, but iodine in the 3x dilution at once laid hold of the morbid process and led to a speedy recovery. For testimonies as to its value in ordinary lobar pneumonia, see references on p. 528.

‡ See *B. J. H.*, xi., 389.

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 and Caspar think it the most effective means for promoting resolution after defervesence has occurred. Bähr praises it 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 hepatisation" 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 again, however, that in its occasional occurrence in old people it finds its best remedy in tartar emetic.

In the foregoing remarks I have done little more than echo what I had written in my Therapeutics of 1878. I find practically nothing therein to alter; but there are several additional points to be made.

1. Pathologists are more emphatic still than before as to pneumonia being the local manifestation of a primary and essential fever; and they have even assumed, on the strength of some cocci they have discovered *post mortem*, that this is of bacterial origin. The writer on the disease in Quain's Dictionary (Dr. T. H. Green) draws the logical inference that, now we know the true nature of the disease, and its "rational therapeutics" becomes possible, its mortality ought to diminish. He wrote, in 1894, "has diminished"; but alas for his assumption! Drs. Osler and Talamon in 1900 have to publicly confess* that they cannot reduce the mortality below the 25 per cent. of their fathers. As I have already shown, the death-rate under

* *M. H. R.*, xlv., 379.

homœopathic treatment averages less than one-third of this figure.

2. The question as to the value of aconite continues to be a moot one. The following testimony from an old-school practitioner bears out the views regarding it which I have just brought before you. "Some years ago," he writes, "I made a trial of aconite, and for a long time I treated every case of acute pneumonia that I met in this way: one drop of the tincture was given every ten minutes for an hour, and then the same dose was given every hour for twenty-four hours. By this means I succeeded, certainly, in controlling temperature; but I failed to observe any control of the disease. All I could claim was that I had introduced irregularities into the temperature charts—an exploit that I have no ambition to repeat."* On the other hand, aconite will be invaluable in the condition in which venesection is again being called upon, where the intense engorgement is threatening obstruction of the circulation.

3. In a paper presented to our Matlock Congress of 1883,† Dr. Bryce commended to our notice the action of digitalis, given in about half-drop doses of the mother-tincture, in pneumonia. Dr. Jousset had already, in his communication to the World's Congress of 1876, pointed out its applicability to pneumonia occurring in the aged; but this is a different matter. It is not easy to see how it acts, but his cases certainly seem to show it as hastening defervesence and promoting resolution. They will encourage us to rely upon it, perhaps single-handed, in those menancing cases where the heart's action flags, and in which the ordinary practice can do nothing but pour in brandy, at the expense of the inflamed lung and the feverish body.

4. I have spoken of sulphur and lycopodium for slow resolution and chronic hepatisation respectively. I have nothing to say here in derogation of these well-tried medicines, but I would commend iodine to you as perhaps excelling either. Dr. H. K. Leonard relates a striking case of pneumonia, where the exudation under old-school treatment remained unresolved, and the patient presented all the appearances of acute phthisis. Forty drops of the ordinary tincture of iodine were put into a gobletful of water, and a teaspoonful given every two hours. "The patient simply raced his way to recovery."‡ Repeatedly, too, I have seen chronic coughs, with physical signs and general symptoms strongly suggestive of phthisis, clear away under this potent drug.

* *Practitioner*, July, 1894.

† See *M. H. R.*, xxvii., 605.

‡ *Med. Century*, Feb., 1899.

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 lecture.

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 such 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 connexion 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. 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.

Drs. A. K. Wright * and R. D. Hale † have each put on record a case of gangrene of the lung going on to recovery. The remedy to which the former ascribed his success was capsicum; the latter relied upon arnica. Either was guided in his choice by symptoms in Hahnemann's pathogenesis of the drugs (arnica 319, capsicum 199 and 200) which speak of foul air being expired from the lungs. It seems to me, however, that this experience on the part of provers could hardly mean that pulmonary gangrene, however slight, had begun in them; and in the absence of such condition their fœtid breath (which might arise from other causes) would have no real parallelism with that observed in the patients in question.

Another case has since been reported,‡ by Dr. C. N. Hart of Denver, where both lower lobes and part of the left upper lobe

* Trans. of N. State Hom. Society, x., 123. † *Annals*, ix., 374.
‡ *J. B. H. S.*, iii., 334.

were solid, and gangrenous lung-tissue was found in the profuse and offensive expectoration. Lycopodium 200 effected prompt improvement, going on to complete recovery. There is no fœtor of breath in the pathogenesis of this drug.

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 the ramifications of the pulmonary artery, not the bronchial, which are involved; and the mischief if not relieved goes on to serous rather than lymphous exudation. 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. Here ferrum phosphoricum may also come in.* 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 connexion 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.

* See *J. B. H. S.*, vii., 85.

Dr. Dills, in a discussion on *apis*, mentioned a case of œdema of the lungs where it effected a cure. He was guided to its use by the symptom "he feels as though every breath would be his last."* I have seen a number of chest cases during the influenzal epoch of the last decade to which I could only give this name. They have all recovered, but I confess I could not trace any brilliant results to the medicines I have administered. Their list, besides those just named, has included kali carbonicum, sanguinaria and arsenicum; and I think that from the last, given (in the 6th dilution) from the analogy of its usefulness in fluent coryza, I have seen most marked benefit.

An interesting and anomalous case of pulmonary congestion and œdema, which I had the opportunity of seeing with Dr. Meyhoffer at Nice, may be read in the tenth volume of the *Annals* (p. 5). Since influenza has been with us, I have seen a good deal of œdema of the lungs, as I have mentioned when speaking of the epidemic disease, and have not found it very amenable to medicines.

Hæmoptysis.—Under this term I include (though not very correctly from an etymological standpoint) 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 one only, but the most important and frequent variety of this hæmorrhage,—that occurring in connexion 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

* *J. B. H. S.*, ix., 175.

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.

LECTURE XLI.

DISEASES OF THE RESPIRATORY ORGANS.

The Lungs (continued), *Pleura, Diaphragm and Thoracic Walls.*

In my present lecture 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 has been 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 are 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 fifty 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 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

* See the articles on "The Renewal of Life" in the *Monthly Hom. Review* for 1867-8.

a dyspepsia, as well as for the strumous diathesis which underlies it, we have (as I have pointed out in my Pharmacodynamics) 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. Of our hopes from tuberculin I shall speak later on. Dr. Pope mentions one case, presumably 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 condition (she was a child), 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

* *M. H. R.*, xvii., 632.

† *B. J. H.*, xx., 36.

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 history 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 be obtained in the present malady. Rapid emaciation and pronounced hectic are here—as elsewhere—its chief indications. I prefer (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,

* See *B. J. H.*, xviii., 76.

† It is curious that while consumptive patients look anæmic enough, their blood when tested is found with corpuscles and hæmoglobin up to and even above the normal. Acute phosphoric poisoning presents the same peculiar quality of blood. (See *N. A. J. H.*, Nov., 1898.)

‡ See *B. J. H.*, xxx., 515; and *M. H. R.*, xviii., 629.

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),* the iodide and the arsenite of lime to the carbonate. Dr. Martiny, of Brussels, medicates all his phthisical patients with arsenicum iodatum and calcarea phosphorica on alternate days, and gets good results, which Dr. Marc Jousset confirms.†

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. The late Dr. Mitchell, of Chicago, 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 will be of great assistance to our consumptive patients; and it has often acted thus in my hands.

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

* See *B. J. H.*, xxix., 751.

† *Rev. Hom. Française*, Feb., 1899.

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 prove amenable to drosera, which may be reinforced if necessary with *ipecacuanha*. If it occur independently it will usually yield to *kreasote*, which also has (so Dr. Hilbers used to think) a supporting and restorative influence over the whole system in consumption. Of the diarrhœa of phthisis my experience has been that arsenicum, in the 3rd decimal 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.

The foregoing was what I had to say about the homœopathic treatment of phthisis when I revised my Therapeutics in 1878. During the twenty-three years which have passed since then, what changes we have seen! The *bouleversement* which former doctrines on the subject have undergone during these years has been something marvellous. The strumous diathesis itself, in its two forms, you have heard graphically described by Miller, is no longer recognised; the pre-tubercular stage of phthisis, apparently established by a number of competent observers, is ignored; everything is made to depend on the reception of the bacillus tuberculosis which Koch has identified and cultivated and tested. Any predisposition to phthisis which is more than depressed health generally or embarrassed lung-action locally is denied; and heredity itself is wellnigh dispossessed in favour of infection. In fact, our present-day pathologists are very

much in Hahnemann's position, when he had evolved his theory of a psoric miasm as lying at the root of all genuine chronic disease which was non-venereal. The itch was so essential a part of the doctrine, that every patient had to be questioned as to his having at some time incurred it, and inheritance was put out of court with quite Weismannic thoroughness. And so it is here. That the patient should have consumptive relatives is a small matter in comparison with the chance of dried sputa having being inhaled or tuberculous meat or milk ingested.

In tuberculosis, therefore, as in the infectious febrile maladies, dynamic constitutional remedies would seem out of court, and germicides should be the only aid which medicine can bring to hygiene. But here again, after a brief spell of fashion, the measures which seemed theoretically so well indicated have proved fallacious, and the old ones have re-asserted themselves. "It cannot be affirmed," writes Dr. Theodore Williams in Quain's Dictionary, "that any forms of antiseptic treatment have succeeded in destroying the bacillus, or in counteracting the effect of the ptomaines which it is supposed to propagate; and far better results have been obtained by constitutional measures which render the patient less vulnerable to bacillar attack." And once more, while art has outrun science, science has come to substantiate art and prove it reasonable. The very researches which have shown us the "bacillar attack" have revealed to us also the phagocytic defence. The "giant cell," so long deemed an essential element of the noxious tubercle, now seems a massing together of healthy leucocytes to resist the invaders, a forming square to receive cavalry. Our wisdom is not to open with grape upon the clashing *melée*, risking injury to friend as well as foe; but to support the defenders with food and drink and pure air to breathe, and to hearten them with timely stimulus.

Of the advances made in the former direction I have not to speak here. The "open-air" treatment of phthisis, with its conjoined active feeding, is a great step in the right direction, and has the sympathies of all of us. What I have to enquire is: Has any corresponding advance been made in the direction of stimuli—of specific stimuli, *i.e.* medicines? It think it has; and would first speak of the use of iodide of arsenic, on which I have already touched more than once in this and a foregoing lecture.

We owe, it would seem, the first proposal of the use of this remedy to the late Dr. Hempel. In his "Materia Medica" of 1859, pointing out that arsenic excites in the respiratory organs a process similar to phthisis, and should therefore be of use in many cases of the disease, he suggests that in the tubercular

form the iodide, 2nd or 3rd trituration, may be substituted for arsenious acid. The hint remained barren, however, till Dr. Herbert Nankivell acted upon it. His position at Bournemouth gave him large experience in phthisical cases; and he found that in those which Niemeyer classes as non-tubercular, "pneumonic phthisis," arsenic, especially in the form of the iodide, and occasionally in that of the arsenite of lime, has a very considerable sphere of cure. In a paper read before the British Homœopathic Society in 1872,* he broached the subject and related a series of cases bearing out his thesis; and he followed it up by another presented to our Congress of 1873,† in which he gives the later history of his former cases, and relates new ones. He has generally given the 3x trituration.

Dr. Nankivell has not written further on the subject, but in his speech at the International Congress of 1896 it appeared that he continued to be well satisfied with this medication in the class of cases now specified. *Arsenicum iodatum* has certainly become the standard medicine for phthisis in British homœopathic practice, and we are all well satisfied with it. Every now and then, moreover, we get testimonies in its favour from abroad. Dr. Kröner, of Potsdam, has published a series of cases of incipient and even advanced phthisis, in which its action was all that could be expected;‡ and warm appreciation of it is expressed by Dr. Carl Crisard in the *New England Medical Gazette* of May, 1899. In twenty-eight cases of pulmonary disease coming under his care, all in which tubercle bacilli were absent, recovered under it, and three out of seventeen in which this feature appeared were alive and well at the time of his report. He gave the low triturations in increasing doses: Dr. Kröner prefers a second decimal solution made with absolute alcohol and a little ether.

To all appearance, however, a yet further step has been made in the employment against tuberculosis of the product of its own bacillus. This was the claim made by Koch in 1890, on the strength mainly of some experiments on animals. You know what occurred in consequence—the mad rush of doctors and patients to Berlin, the high hopes raised, the State aid and honours given to the supposed discoverer; then the disappointment, the disasters, and finally the relegation of the new treatment to the limbo—already too full—of medical illusions. Homœopathy, however, has sought by its better methods to evoke the "soul of goodness in things evil" which may exist here as elsewhere. Even an old-school practitioner has seen that insufficient reduction of dosage might be the cause of

* See *B. J. H.*, xxx., 515. † See *M. H. R.*, xvii., 629.

‡ See *J. B. H. S.*, iii., 203.

failure. The late Dr. Sinclair Coghill, of the Ventnor Consumptive Hospital, obtained arrest of disease in eight cases of phthisis, six of whom, four years later, were enjoying excellent health; and he "mainly attributes the exceptional success of the treatment in his hands" to his adapting the amount of tuberculin so as to obtain merely an indication of reaction—Koch not being content unless this was quite pronounced.* The disciples of Hahnemann at once perceived that a substance which, introduced into the healthy organism, caused fever and cough; and which, in the strength used by Koch, set up in phthisis cases fresh inflammation and softening, might, whatever its source, be of the nature of a *simile* to the bacillus tuberculosis, and should do something—its virulence being subdued by our processes of attenuation—to control the ravages of that microbe. Dr. Clarke took a leading part in so arguing in the journal he edits—the *Homœopathic World*, collecting in the No. of April, 1891, all the pathogenetic effects of tuberculin which had up to then been put on record. The most decisive evidence of this conclusion being sound has come from Dr. Bernard Arnulphy. In the *Medical Era* of October, 1892, and the *Clinique* of March, 1894, he has reported five cases of acute phthisis treated by it in the 6x–8x trituration, with four recoveries, describing it as having "the most wonderful remedial action he has ever seen." In chronic cases he had at first but indifferent success with it; but later could write:† "Since I found out that tuberculin is capable of inhibiting the development of tubercle, provided it be given early enough and persistently enough, incipient phthisis has lost almost all its terrors for me." He conjoins with the internal treatment inhalations of super-heated air medicated with some antiseptic like thymol or guaiacol. Still later, he reports the result of raising the drug to the 12x and mostly the 30x degree of attenuation. "The change was attended in the main," he writes, "with very gratifying results." It enabled him to give tuberculin in all stages of the evolution of the tubercular deposit, without risk of aggravation, and in most cases with certain signs of improvement. Of twenty-five cases advanced beyond the incipient stage, and thus treated, five only died while under treatment; seven were lost sight of after some measure of improvement had been obtained; and the remaining thirteen seemed to have recovered—the lesions being quiescent, and the rational symptoms absent. Of eighteen incipient cases sixteen had been brought to a similar standstill; the other two had failed to report.‡

* *Lancet*, Nov. 16, 1895. † *Clinique*, July, 1894.
‡ *Ibid.*, Dec., 1895.

These results were obtained with Koch's preparation (which seems to be a pure solution of the toxin generated by the bacilli, these being filtered out of it), and were due to his initiative. But about the end of 1890 there had appeared a little brochure by Dr. Burnett, entitled "Five years' experience in the new cure of Consumption by its own virus, illustrated by fifty-four cases." He reminded us that a "tuberculinum" was among the isopathic remedies brought forward some time ago by certain members of our school, and that some recoveries from tuberculosis had been reported from its use. It had the rather unsavoury origin of phthisical sputa; and he states that he had substituted for it a preparation of tubercle itself, triturated with spirit, which from the chemist who made it he would call "tuberculinum Heathii," or, more briefly—bacilli having been found in it—bacillinum.* With this substance he had, since 1885, been treating every presumed tuberculous case that came under his care, and with a very large measure of success. Dr. Burnett wrote *ad populum* rather than *ad clerum*, and his cases often fail to bear close analysis. Physical examination of the chest is rarely noted, microscopical investigation of the sputa never; and there is no record of temperature, pulse and respiration. He confesses (pp. 114, 184) that he has written *currente calamo*, and the book bears too strong evidence of it. Nevertheless, it is impossible to read his fifty-four narratives, and those additional from himself and others in the third edition which the book has now reached, without being impressed with the real curative properties of "bacillinum," and feeling that they far exceed those of other remedies reputed in phthisis.

All this, it must be confessed, is isopathic rather than strictly homœopathic treatment, though the two probably move on the same lines. Dr. Burnett's use of the nosode is frankly of this kind. Whenever he has reason to think a patient's illness to depend upon tubercle, present or threatening, or even far back in the past, he puts in his bacillinum; and whenever an outlying symptom, *e.g.*, ringworm, yields to bacillinum, he sets it down as of tubercular origin. There is, of course, a homœopathic action of tuberculin. Drs. Arnulphy and Mersch have made a beginning of this in respect of broncho-pneumonia, but its chief advocate and expositor is Dr. Cartier, of Paris. He would explain thus what it does in tubercular phthisis: "I consider," he writes (I quote from his excellent paper presented to the International Congress of 1896), "bacillinum a powerful moderator of the muco-purulent secretion of consumption.

* I have ascertained that this is a mistake of Dr. Burnett's. See Appendix to this lecture.

While diminishing the secretion it modifies the auscultation; there is less fluid sputum, the cavities are drier, the peri-tuberculous congestion less intense. The clinical symptoms follow those of the auscultation; as the patient expectorates less, he is less feeble, coughs less, gains strength and regains his spirits; but the tubercle remains untouched. It is as one may observe with the naked eye when Koch's lymph is employed in the amelioration of lupus. The peri-tuberculous inflammation disappears; the skin seems healthy; but the yellow tubercle remains as it was, and the patient is uncured. Such are the limits I assign to bacillinum in its action on consumption."

Pulmonary Syphilis is described as occurring in two forms. It may be a chronic bronchial irritation, 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 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 side, Behier and Peter report that the mortality among pleuritics in the Paris hospitals during the six years 1871-7 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 among 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 twenty-four or forty-eight 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—*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,

* See *M. H. R.*, xx., 671.

† Pharmacodynamics, *sub voce*.

‡ See *J. B. H. S.*, i., 93.—Dr. Jousset continues to rely on cantharis as the chief anti-pleuritic, and can adduce good proof of its efficacy (see *L'Art Médical*, Oct., 1892).

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 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 connexion 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

* For some cases illustrating the value of arsenicum here (whether album or iodatum), see *J. B. H. S.*, iii., 201.

† See *Ibid.*, ii., 259.

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.A., 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 these 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 inflammation 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 hiccup, which may be relieved (he says) by the same remedies, giving sulphate of atropine if belladonna, though indicated, fails. I suppose that hiccup 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, a neuralgia or a neuritis.

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

* Hiccup has yielded to zincum valerianicum 1, to sulphuric acid 1 and 2 (frequently), and to magnesia phosphorica 3 (*J. B. H. S.*, ii., 366; v., 204; viii., 82).

† See Dr. Dudgeon's case in vol. xxiv. of the *B. J. H.*, p. 160.

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.

4. It is not often that pleurodynia comes before us as a neuritis; but, should it do so, I would remind you of the remarkable effects of this kind observed in poisoning by sulphuric acid, and recorded in the first volume of the Cyclopædia of Drug Pathogenesy (p. 744).

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. 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.

APPENDIX TO LECTURE XLI.

I would add a few words as to the preparation of tuberculin we should employ. Two are at present in the field.

a. Koch's tuberculinum is "a glycerine extract from a pure cultivation of the tubercle bacillus." He found that its effects—tubercalisation of healthy animals, improvement even to recovery of those already tuberculous—followed equally whether the injected fluid contained living bacilli, or whether these had been previously killed by heat, cold, or chemical means. They were due, therefore, not to a multiplication of the bacilli in the system, but to some specific poison formed by them. Dissolving this in glycerine, and filtering out the dead bacilli, he obtained his pure solution,—using it in a strength about equivalent to our third centesimal attenuation. It was this, raised by trituration to a 6_x–12_x potency, which Dr. Arnulphy has employed.

Dr. Burnett, also, states that he has used it, in a 6th dilution, and has satisfied himself that it "is a good anti-tubercular remedy, but nothing like so good as bacillinum."

b. This, as I have told you, is the name he has given to what others have called tuberculinum Heathii, from the well-known homœopathic chemist of Ebury Street who first prepared it. Dr. Burnett tells us nothing more of this than that it is triturated in spirit, and that bacilli were proved to be in it by an expert in practical bacteriology. I therefore enquired of its maker, who kindly furnished me with the following statement: "In the Westminster Hospital in 1883 was a man in the last stage of phthisis. The substance I used was taken from this man, and consisted of a mass of grey and yellow tuberculous matter, containing the bacillus tuberculosis, pus, blood, ptomaines, &c. Patients in this stage of phthisis often bring up suddenly, without effort, almost solid lumps; such a lump was my tuberculin."

Now I think it will be agreed that the latter preparation possesses no advantage over that of Koch,* and that this is far superior to it in cleanliness and—the bacillary origin of tubercle being granted—scientific precision. It has the merit, moreover (in the eyes of most of us), that it need not be carried to unimaginable heights of attenuation to make it effective without being harmful.

* I am bound to say, however, that Dr. Heath considers his preparation superior to Koch's, as being the whole product of consumption,—not a selection of one element only; and I must admit that the facts about streptococci which have come to light in respect of the antitoxin treatment of diphtheria bear out the importance of these secondary factors of the disease.

LECTURE XLII.

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.

Our text-books—among which Dr. Goodno's may be given no mean place—devote large space to their consideration. We now have in addition, a careful study of some of the leading cardiac medicines from the pen of Dr. Meyhoffer, in a paper presented to the Paris Congress of 1878, which you will find translated in the thirty-eighth volume of the *British Journal of Homœopathy* (p. 158); and also, from this country and from America respectively, two monographs on the subject. Ours is from the pen of Dr. Clarke;* on the other side of the Atlantic the work has been done by Dr. E. M. Hale.† The latter, in the third edition to which his treatise has now attained, gives a full conspectus of the present-day literature of the subject, drawing alike from homœopathic and from old-school sources; and advocating a somewhat eclectic treatment. Dr. Clarke's book is rather a record of individual experience. It is apparently intended, like Dr. Burnett's similar publications, for the lay reader as well as the medical;

* "Diseases of the Heart and arteries," Gould & Son, 1895.

† "Lectures on Diseases of the Heart," 3rd ed., Boericke and Tafel, 1895.

but the way in which physical diagnosis is handled shows that we can depend upon his having had realities to deal with. I must only caution you about his quotations of symptoms under the heading of particular drugs. He tells us (p. 142) that these are to be understood as "taken direct from the Materia Medica"—that is, as Hahnemann and his disciples have always employed the term, the record of the effects of drugs on the healthy. Frequently, however, you will come across symptoms which are obviously clinical—such, that is, as have disappeared rather than appeared under the action of the drugs;* so that Dr. Clarke's must have been a Materia Medica Impura instead of the "Pura" which was Hahnemann's ideal.

With the circulatory, as with the respiratory organs, we will begin by considering some of their special remedies. The curative power of homœopathy depends partly on its fuller development of old medicines, partly on its addition of new. Among the former I would speak here of aconite and arsenic; among the latter of cactus and spigelia.

1. That we should employ aconite in all cases of over-activity of the heart may be thought natural, but hardly homœopathic, since it is supposed to be physiologically a cardiac depressant. I have shown in my Pharmacodynamics, however, that this supposition is unwarranted, based only upon the exhausting effects of poisonous doses, and contradicted by the results of gentler and more careful experimentation—both on men and the lower animals. Aconite *is* truly homœopathic, as I have said in "all diseases of the heart characterized by increased action, especially when the left side is chiefly involved"; and acts here in doses far too small for any physiological influence to be exerted. So witnesses Dr. Meyhoffer. "We find in aconite," he writes, "the remedy *par excellence* for palpitations of the heart in adolescents and plethoric adults: it is not less potent in insufficiency of the aortic valves, with a strong and abrupt pulse, throbbing of the peripheric arteries and dilatation of the capillary network. The transmitted diastolic bruit in the carotids, when existing, is sensibly diminished by it, becoming sometimes scarcely perceptible after the patient has taken three or four doses. By dose I mean one or two drops of the first or second decimal dilution."

One of the great recommendations of aconite in cardiac disorder—sometimes so painful and distressing—is the rapidity of its action. The way it once relieved for me a spasm of the heart was recalled by a narrative of Dr. Clarke's. A lady who had suffered from sciatica suddenly, one day, felt the pain cease in the limb, and strike to her heart. "Happening to be calling

* See, for instance, the last but one of iodide of potassium on p. 166.

at the very time of the attack," he writes, "I found her in a most perilous condition. She was cold and livid. The pain, which was of a stitching kind, was so intense, that she dared not take a breath, and was gasping when I found her. The heart's action was tumultuous and violent, with an extraordinary sharp clapping sound audible at several feet distant from the patient. She felt she was dying. I gave her a dose of aconite 3 immediately, and repeated it until she came round, which, happily, she did after one or two doses more." The attack proved to be the beginning of influenza.

But aconite does more than irritate the heart's action; it inflames its membranes. This has not been actually ascertained as regards the pericardium, though the analogy of the pleura and peritoneum—which it has so affected—raise a probability that it might so act. In the endocardium, however, and especially in those folds of it which constitute the mitral valve, inflammation was plainly manifest in four out of six rabbits slowly poisoned with it by Dr. Jousset.* This interprets the painful palpitation and præcordial anxiety, alternating with articular sufferings, experienced by one of the Austrian provers of the drug; and shows that in endocarditis aconite may be relied upon, not merely as an antipyretic and cardiac sedative, but as a specifically-acting local remedy. It may do something even for the generally fatal ulcerative form of this disease. Tessier and Jousset have gained unexpected successes from it in what they have considered "idiopathic pyæmia," but which probably depended on this then unknown lesion; and Dr. Byres Moir, giving it in the last of a series of five cases treated in our London hospital—the account of which you may read in the first volume of its "Reports," had decided success for a time, though the patient died four months later. Since then a real recovery has been recorded,† and here aconite played an important part in the treatment: so that Dr. Moir concludes that we may look to it as the remedy most likely to be of service. It must be given here, it seems, in the mother-tincture.

2. About arsenic as a heart-poison I do not think I have anything to add to what I have written in my Pharmacodynamics, basing myself on Dr. Imbert Gourbeyre's instructive treatise. I have summed up its action in the words of Trousseau and Pidoux: it "abolishes the heart's contractility and often inflames its tissue." In the former it is opposed to aconite, though the distress occasioned is very similar with the two drugs: it is thus indicated when the suffering organ is

* See Cycl. of Drug Pathogenesy, i., 116.

† *Lancet*, June 20, 1891.

feeble rather than over-active. "It is the remedy" writes Meyhoffer "for the incipience of the cardiac cachexy. The heart grows feeble, the pulse begins to show irregularities, the nights are troubled by oppression and anguish, œdema of the feet appears and disappears. The fear lest fatty degeneration should have begun to invade the heart is a further indication for the choice of this mineral. Arsenic, by its profound influence on nutrition, is capable for a long time of holding in check passive dilatation of the heart, and maintaining the equilibrium of the circulation." To the same effect writes Professor George Balfour, in his book on "The Senile Heart": "Most excellent results occasionally follow the prolonged use of almost infinitesimal doses. I well remember one old gentleman, exceedingly sensitive to the action of drugs, to whom the $\frac{1}{50}$th of a grain of arsenious acid was quite poisonous, but who could tolerate the $\frac{1}{100}$th without difficulty. After taking this minute dose daily for two or three weeks, and nothing else, for a dilated and hypertrophied heart beginning to fail, he said to me, 'I can go upstairs much easier than I used to do.'" As an irritant, it resembles aconite in inflaming the serous membranes, but does so after a slower manner. It thus takes the place of the other in pericarditis with copious serous effusion, and in chronic inflammations of the endocardium.

If the whole range of the usage of arsenic in the old school were not surprising—obvious similar as it is at every point—it would be curious to see how homœopathic is their employment of it here. Dilatation and valvular mischief are the conditions regarded as calling for it; and by the French clinicians it seems preferred in the form of arseniate of antimony. The reason for this is not very obvious; and Dr. Clarke seems to have better warrant for urging the claims of the iodide. It was in doing this that he first came forward* as a special student of cardiac disease, and in his present work he relates how he came to use the compound in question. Observing marked improvement in the heart symptoms of patients suffering from both pulmonary and cardiac disease, when he had been led to choose the medicine from the pulmonary symptoms alone, he went on to follow up its indications of the latter kind, and with most satisfactory results. "It seems" he says "to act on the heart muscle, arresting degeneration and restoring vitality." Dr. Clarke has of late years taken ground in what I have called the extreme left of our school, but his dosage of arsenicum iodatum remains at its old point—the 3rd decimal trituration or dilution.

* See *B. J. H.*, xlii., 383.

3. The use as a medicine of the night-blooming cereus, cactus grandiflorus, was initiated in 1862 by the late Dr. Rubini, then practising homœopathically at Naples. He proved it on himself and his wife in ten-drop doses of a tincture made from the flowers and tender branches. It produced such distress at the heart as in the female prover to cause weeping aloud and lively terror, and they had neither of them courage to push their experiments farther. Dr. and Madame Rubini must have been unusually susceptible to the drug's action, as it has since been proved in much larger doses without such results. In the quality of its effects, however, their experiences are well borne out. It has been found to act as a stimulant on the ganglionic centres in the cardiac walls (perhaps also on the sympathetic nerves going to the heart), causing prolonged and more energetic contractions, with raised arterial tension. Such an influence, in sensitive subjects, might well be felt as pain,—especially such pain as if the heart were constricted with an iron band, which was noted by both the provers, and has generally been found a valuable indication for the medicine in practice.

I make these remarks, because of a friendly controversy waged between Dr. Conrad Wesselhœft and myself in the *North American Journal of Homœopathy* for 1895. Dr. Wesselhœft had been testing our published pathogeneses for recurrence and congruence; and, tried by this test, found the cactus symptoms of the Rubinis untrustworthy. Unfortunately, however (as I pointed out), he took as material for his analysis the presentation of the drug in Allen's "Encyclopædia." Here the complete symptom-list originally published by Dr. Rubini is reproduced, clinical ones and all, although forty of them were very obviously of the latter character. If he had referred to the Cyclopædia of Drug Pathogenesy, he would have found in the appendix to the first volume a presentation of the truly pathogenetic part of Dr. Rubini's pamphlet, based on information supplied by the author himself, in which also Madame Rubini's symptoms are separated from her husband's, and those of either are arranged according to the time of their occurrence (when this is specified). In the body of the volume, moreover, besides the four other provings collated by Allen, we have given a later experience much more in harmony than these with the effects first ascribed to the drug.

Cactus has now been taken up by the other school; and experiments, pathogenetic and therapeutic, have been made with it upon a considerable scale. The whole literature bearing upon it has been collected by Dr. de Moor in the first two volumes of the *Journal Belge d' Homœopathie*; and there is a valuable store of information on the cactaceæ generally from

the pen of Dr. E. M. Hale, in the Transactions of the American Institute of Homœopathy for 1890 (p. 180). In ordinary practice it is of course used antipathically, as a "cardiac tonic"; and that it has virtues of this kind which *may* profitably be exercised appears from the experience of one of our own practitioners, Dr. Snader, of Philadelphia.* Giving the drug, as he does, in five-drop doses of the first decimal dilution or mother-tincture, he misses its homœopathic action; and accordingly notes that in two out of the only three cases in which he met with the "iron band" symptom he failed to remove the sensation with it. On the other hand he gets "tonic" effects from it. They are tardy and mild, he allows, as compared with those of digitalis, but there is less exhaustion of irritability, and no cumulative phenomena manifest themselves. It thus acts best in the incipiency of cardiac incompetence; and, not materially increasing arterial tension, may be safely given when sclerosis and atheroma are present in these vessels. Very different are the results obtained by Meyhoffer, for whom "one or two drops of the second decimal dilution" were a sufficient dose. It is when "exaggerated action" of the heart is the evil that he considered it indicated, and so in hypertrophy and excessive compensation. "Cactus does not," he writes, "augment the power of the heart, but it moderates and regulates its action, and thus economises its force. It produces no effect on an enfeebled heart." While the former action of the drug is available for us as for others, the latter is all our own; and is, I need not say, that which we should mainly cultivate.

4. The remaining one of the heart medicines I have mentioned not only was, but is, peculiar to us. That spigelia irritates the heart was a natural inference from the cardiac symptoms of Hahnemann's proving (which was an unusually heroic one),—these being great pressure on the chest, shooting pains through it and down the left arm, and violent palpitations. It was a bold step, however, on Fleischmann's part to rely on it in consequence in all rheumatic inflammations of the heart: yet his confidence was justified by the results. In 1855 he was able to report that he had treated fifty-seven of such cases with but one death; and spigelia was the only medicine employed.† Most of our later authorities agree as to the high, though not perhaps the sole, place it occupies here; and Dr. Goodno echoes their praise, at least as regards pericarditis. "Of all the medicines which have been recommended here," he writes, "spigelia has given me the most favourable results. I hasten to give it as soon as the diagnosis is clear, if another

* See *Hahnemannian Monthly*, Sept., 1895.

† See *B. J. H.*, xiv., 28.

medicine is not indicated. It is the remedy *par excellence* during the painful period, and until liquid effusion is pronounced."

In Dr. Clarke's book the sharp pain caused by spigelia in the heart is so emphasized, that the drug seems hardly regarded as indicated unless this is present. I cannot assent to such limitation; but this symptom, nevertheless, gives the remedy a place quite its own in the treatment of cardiac pain pure and simple, such as is often met with from the abuse of alcohol or tobacco or both, such as is incident to hearts damaged from rheumatism, and especially in angina pectoris. Whether this affection is always a neuralgia is still uncertain, but there can be no doubt that it is very often such; and, while we must not forget the claims of arsenicum and cuprum, spigelia should always be (as Jousset maintains) our first thought, and when its keen stabbing pains are present should have the preference over every other remedy.

Coming now to particular cardiac affections, I will, with Dr. Russell, 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 atropine in paralysing the vagi, and so allowing a rapid action of the heart, ought to be utilised in simple nervous palpitation; and perhaps muscarine, 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 muscarine.

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 relax 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*

* Chronic Diseases of Organs of Respiration, i., 352.

† *B. J. H.*, xii., 543.

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 condition. I suppose it to act dietetically, and to be a suitable adjunct to the nourishing regimen you will prescribe. Nor can I claim for homœopathy the action of the Nauheim waters, or the influence exerted upon the dilated heart by apocynum, according to the observations of Dr. Glinski.† I must do so, however, with regard to *digitalis*, so far as its so-called "tonic" action is concerned. In lecturing upon this plant, I have adduced good reason for believing it to be, pathogenetically, a direct paralyser of the muscular substance of the heart. Therapeutically, then, it should be a true tonic here; and any action it exerts in the 1st and 2nd decimal dilutions, and even in one to three drop doses of the tincture, must surely be of this kind.

As medicines promising, from their effects in health, to be serviceable here I may mention gelsemium, physostigma and tabacum. 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 co-exists. Two fresh cardiac remedies which have lately come to the fore seem to find their place here. One is the common white bean, phaseolus nanus, so much affected in Boston as an edible. Dr. Cushing, of Springfield, has found this to have a potent action upon the heart. Weakness and irregularity of beat; fluttering palpitation, with feeling as if the heart would stop—these are his indications for it. As it acts well in the medium dilutions it would seem to be homœopathic.‡ This can hardly be said of the other member of the pair now under consideration—the hawthorn, cratægus oxyacantha. It was introduced as a heart remedy by an Irish practitioner named Greene; and he gained a great success and reputation from its

* Pharmacodynamics, *sub voce*.

† *M. H. R.*, xxxix., 461.

‡ *J. B. H. S.*, v., 199, 289.

use. An American one, Dr. M. C. Jennings, communicated what he had learned of Greene's practice to the *New York Medical Journal* of October 10th, 1896, giving cases which showed it, in crude dosage, to have great power in restoring failing compensation. It soon made way in our school across the Atlantic, and numerous testimonies to its efficacy were borne.* It seems to do, in about five-drop doses of the tincture (which is made from the fresh berries), all that digitalis in much larger quantities can accomplish. The following case will illustrate its power:

"Dec. 3rd, 1899, I was called to visit Mr. H., æt. 38, who had been afflicted with heart disease for many years. I found patient cyanotic, his limbs enormously swollen; almost complete suppression of urine; a very rapid, intermittent, irregular, and at times almost imperceptible pulse. He was not able to raise himself in bed without immediate symptoms of collapse appearing; he spoke with great difficulty, and in fact presented a perfect picture of approaching dissolution from heart failure. An examination of the chest showed an enormously enlarged and dilated heart, with leakage regurgitation of aortic and mitral valves. It is just in such cases as these that I have seen cratægus exert its wonderful powers. The patient received it in the usual dose"—five drops of the tincture—"every three hours, night and day, for four days. At the end of this time he was sitting up in bed, dropsy having entirely disappeared, urinary secretion restored, and pulse fairly good." No relapse had occurred up to April.

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, phaseolus and iron 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 the former, being now known to be capable of setting up adipose degeneration in the heart and elsewhere, has a strong claim on our notice. Dr. H. C. Clapp, from an experience including thirty cases, has no doubt of the benefit it causes. It does not, of course, cure; but it stays the onward march of the process, and tones up the unchanged muscular fibres to greater strength and activity.† Still more potent is the action in this direction of *phosphorus*; and it seems likely to take the first place among the remedies for fatty change.

* See *J. B. H. S.*, vi., 299; vii., 325; viii., 78, 355; ix., 100. Also, for recognitions of its value on this side, see *M. H. R.*, xlv., 655.

† See *New Engl. Med. Gazette*, Dec., 1893.

Arnica is much recommended by Kafka and Liedbeck as giving relief to the dyspnœa attendant on fatty heart. It may even do more, so strengthening such a heart that diuresis is established and œdema removed.*

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 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 connexion 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 already cited of 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

* See *J. B. H. S.*, v., 192.

† The experience I spoke of in 1878 was with others; but since then I have had an attack of plastic pericarditis in my own person, and the effect of the treatment I have sketched above was most satisfactory.

‡ See also *J. B. H. S.*, vii., 200; and a case of hydropericardium in which it was equally successful in vol. iii., p. 453.

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, myocardial 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." The resolution in my own case was obviously aided by this remedy. 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 connexion 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. We have seen this of the former; 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.

Dr. Arnulphy would extend the action of *naja* in chronic endocarditis, of which I shall speak directly, to the acute affection. "It is not only in the later stages of mitral disease" he writes* "that naja does its work. In alternation with aconite, at the commencement of acute articular rheumatism, I have seen it speedily abort endocarditis which was developing. As a curiosity, I will quote a case of facial erysipelas in an elderly Sioux woman whom I had under my care at Hahnemann Hospital, Chicago, who exhibited at one stage alarming symptoms of malignant endocarditis with peripheral embolism. Naja and rhus acted promptly, and the old Indian made a complete recovery. I will mention also three cases of serious endocarditis supervening on acute non-articular rheumatism of gonorrhœal origin. It is well-known how rebellious such cases of endocarditis are, and how often they prove fatal. I am convinced that it is to naja I owe the recovery of these three patients."

These last two experiences would lead one to think that we may have in naja a remedy for the dreaded "ulcerative endocarditis," of the use of aconite in which I have already spoken. We want a supplementary medicine; and I had formerly suggested that this might be found among the serpent-poisons, though then giving to lachesis the preference. Dr. Byres Moir, in a later paper than that to which I previously referred,† reports two cases of recovery, and naja played some part in the treatment of both.

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

* See *M. H. R.*, xlv., 83.

† *J. B. H. S.*, vi., 336.

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. Arnulphy endorses these statements. 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's 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 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; and sometimes, especially when they take the form of "cardiac asthma," they find their best palliative (as Mr. Spencer Cox has well shown‡) in glonoin.

* *De l'action de l'Arsenic sur le cœur.* Paris. 1874.

† See *Annals*, iii., 539.

‡ *J. B. H. S.*, ii., 69.

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 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 recognised 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 recognise 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.

I need not tell you that in exerting this action upon the circulation, and so dispelling cardiac dropsy, digitalis does not stand alone. It is the type (though it is prince among them) of a number of plants, of which—besides the cactus which has already come before us—I may mention the adonis vernalis, the apocynum cannabinum, the convallaria majalis, the erythrophlæum guinense ("caoca"), the oleander and the strophanthus hispidus. The alkaloid of coffee, caffeine, has been found possessed of similar powers (Dr. Meyhoffer speaks warmly of it); and possibly this may be so with the theobromine we obtain from cocoa, as in the form of a salicylate it has become a patent medicine of some renown under the name of "diuretin." Certainly the cytisus scoparius, which as "broom-tea" is an antihydropic of old repute, has in a glucoside it contains, to which the same of spartein has been given, a substance of like action with the foregoing. Of all these Dr. Hale has given an account more or less full in his book,—to which we cannot do better than refer whenever a cardiac dropsy seems to require any other remedy than the fox-glove. Perhaps the most frequently chosen alternative is strophanthus. This is distinguished by having far less action on the arteries than digitalis. Now there are some cases in which arterial contraction is undesirable, and where trinitrine is used in conjunction with digitalis to obviate this effect of it. Strophanthus would here be a *tertium quid* which might well take the place of the two.*

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

* Exceptionally, of course, cardiac dropsy may subside under other medication, as from arsenicum iodatum 3x (*J. B. H. S.*, v., 192), and from lycopus virginicus ϕ. (*Ibid.*, viii., 357.)

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 *hydrocyanic 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 preference 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 inference thence resulting that we should prohibit tobacco where it is used by sufferers from this malady, or prescribe tabacum when otherwise indicated, to those not addicted to it.

The chief old-school advance which has been made since the foregoing was penned in 1878 has been along the lines of the use of amyl nitrite already mentioned. Its own action is too temporary to induce lasting changes; but trinitrine—under which name our glonoin has been introduced into ordinary therapeutics—while slower in giving palliation, is more effective towards cure, and not unfrequently (it is said) achieves one. As its action here must be acknowledged antipathic, we can but make our colleagues a present of it; and can the better afford to do so, as the cuprum I only casually mentioned formerly has become in our hands a more and more trusted resource.† You must think of cratægus, also, when the heart's action is weak and irregular.‡

APPENDIX TO LECTURE XLII.

As my explanation of the action of digitalis in cardiac dropsy, made in the foregoing lecture, hardly receives the general endorsement of my homœopathic colleagues, I put in an appendix a further development of the argument, with a reply to certain objections advanced against my position, which I contributed to the fifth volume of the *London Homœopathic Hospital Reports* (1895).

The Treatment of Cardiac Dropsy.

BY RICHARD HUGHES, L.R.C.P., M.R.C.S.

In the course of post-graduate lectures on Homœopathic Therapeutics which I lately delivered at the Hospital, I had to deal with "Homœopathy in Diseases of the Heart." I began by an account of what we can do here with four leading drugs—aconite and arsenic, cactus and spigelia; and then proceeded to speak thus:—

* *Annals*, i., 296. † See *J. B. H. S.*, iii., 374; *M. H. R.*, xl., 599.
‡ *J. B. H. S.*, vi., 299; viii., 78, 355.

"With these great medicines, then, aided here and there by others of lesser range but as true aim, we can treat with confidence most of the diseases to which the heart is liable. Were I to enumerate the latter, however, I should not include cardiac dropsy among them; and you may have noticed that digitalis has found no place in this lecture among the leading heart-remedies of homœopathy. It is, nevertheless, mainly by the use of the foxglove, in substantial doses, that our brethren of the old school can do so well here, that a leading man among them—Dr. Howship Dickinson—has lately written: 'There is nothing I like better to treat than cardiac dropsy.' Homœopathists, if confining themselves to their usual resources, would have to make a confession in precisely the opposite direction; as indeed Bähr and Jahr do explicitly, and Dr. Clarke—by his significant silence on the subject—implicitly. Jousset uses other language, but then he relies on digitalis.

"I know that some of us—and Dr. Jousset himself is among them—maintain that, in spite of its dosage, digitatis is homœopathic here. They point to the asystolia induced in poisoning by excessive or too prolonged administration of the drug, and ask whether it is not therefore a similar to such condition when occurring idiopathically, and allowing of engorgement of the venous system, depression of the action of the kidneys, and unabsorbed effusion of serum into the tissues. Dr. Piedvache is unable to follow his master in Paris when so arguing;* and I must continue, as I have always done, to side with him as against a corresponding contention here. I have, both in my Pharmacodynamics and my Therapeutics, gone fully into the action of digitalis, pathogenetic and curative. I have recognised, indeed maintained, that its direct influence on the heart-muscle in health is that, not of a 'tonic,' but of a poison; that it is therefore truly homœopathic to cardiac debility, and will benefit this in small doses; and that if by giving tone to the heart the kidneys could be induced to act and the dropsical fluid could be absorbed, we should not have to look farther. The dosage, however, which suffices for the one will not effect the other;† and when we raise it to the standard required, we are administering quantities capable of inducing an excitant influence on the nervous supply of the heart, both pneumogastric and sympathetic. Through the one the heart is retarded; but through the other it is stimulated to beat forcibly, and would beat fast if the inhibitory influence of the vagi would permit. Therewith (the excitation coming from the vaso-motor centre at the base of the brain) the whole arterial system is thrown into a state of tension, the vessels themselves are contracted,‡ and the blood-pressure raised. This is a condition pre-

* See *L'Art Médical* for June, 1895, and Dr. Jousset's reply in the July No.

† Balfour (Clinical Lectures) reckons the "tonic" dose of digitalis to be 1 grain of the leaves taken twice daily; whereas to remove dropsy the equivalent of 40 grains or more has usually to be (gradually but rapidly) given, and saturation to be effected.

‡ Dr. Snader, of Philadelphia, in the excellent article on cactus in the *Hahnemannian Monthly* for Sept., 1895, to which I have already referred, speaks of digitalis being given (in old-school treatment) "until the arteries are like pulsating cords of steel."

cisely opposite to that which obtains in cardiac dropsy; and if you give doses which can induce it, and on its induction find diuresis set in and œdema disappear, I think you must not claim your results for homœopathy. Nor should you wish to do so. What you are aiming at here is palliation, not cure. The valvular disease on which, ultimately, the dropsy depends remains untouched, and sooner or later the anasarca which dogs it is sure to recur. For such almost mechanical consequences of organic alteration homœopathy, whose aim is cure, has no remedies; but homœopathists may be thankful that medicine, in the larger sense of the term, is not without resources for the purpose. Though the disease may be incurable, the patient's life may be prolonged, and that in tolerable ease. Those of you who have read Dr. Kidd's 'Laws of Therapeutics' may remember a severe case of cardiac dropsy there related,* in which the primary attack and two relapses yielded to digitalis with certain adjuncts. This patient—in the care of whom I have had the pleasure of being associated with Dr. Kidd for a long time past—went for twenty years without another attack, in fair enjoyment and adornment of life; and when, in 1894, a fourth occurred, similar treatment restored her to practical health. It is because of such positive results, only to be in this manner obtained,† that I have, here and elsewhere, spent so much argument on the subject."

Since delivering the lecture, from which the foregoing is an extract, I have had the pleasure of reading the following recognition of the thesis for which I have contended from the pen of one of our American colleagues, Dr. W. A. Boericke, of San Francisco, Professor of Materia Medica and Therapeutics in the Hahnemann Hospital College of that city. "What physician," he asks, "will not avail himself at times of the direct action of digitalis? I am well aware of Hahnemann's special warning against it, and yet there are times when a heart-tonic and powerful stimulant of the pneumogastrics is needed. You do not expect to cure permanently that failing heart, with its frequent feeble pulse, its full veins, its insufficient diastole. It is an over-worked, over-worried, starving heart, whose career is soon to be ended; but a physiological dose of digitalis will work definite and remarkable and beneficent changes. It will quiet it, produce a long diastole and powerful systole; and a great wave of blood is sent through the arteries—cleansing, feeding, enlivening. You get the re-assuring full strong beat of the pulse; and the machinery, at least for the time being, is in better running order, and every individual function responds." ‡ Dr. Boericke's point of view is not quite the same as my own; but I welcome his support to what seems to him a self-evident

* At p. 180 of the second edition.

† I of course recognise (and in my lecture went on to speak of them) that there are other drugs—like adonis, apocynum, convallaria and strophanthus—which may in certain cases be substituted for digitalis. But their physiological action, with whatever minor variations, is essentially the same, and so—accordingly—must be their *modus operandi*.—I am glad to receive herein the support of Dr. Cowperthwaite.

‡ *Pacific Coast Journ. of Homœopathy*, Dec., 1895.

assumption—that the good digitalis does in incurable cardiac disease is derived from its direct, primary action, and can only therefore be obtained from physiological doses.

At a recent meeting, however, of the British Homœopathic Society Dr. Dyce Brown directly challenged the views I have expressed, both in my published works and in my hospital lecture (which he had heard) on this subject. He did not quarrel with my practical conclusion as to full dosage, but explained its necessity otherwise; and differed widely from me as to the *modus operandi* of the drug, both physiological and therapeutical. His paper appears in the fourth volume of the Society's *Journal*; and I trust I shall be found doing justice to its statements and arguments, even though (as I must do) I traverse them.

1. Dr. Brown accepts my view that digitalis acts on the heart through its pneumogastric and sympathetic nerve-supply, and thus also on the arteries. He questions, however, the direct influence on the cardiac muscle I postulate. He would explain all symptoms of debility of the heart-walls by nervous exhaustion consequent on over-stimulation; and reckons among these the slow pulse of the drug, noting that not uncommonly the heart's action is at first quickened. Dr. Brown surely forgets that slowness of pulse, if induced through the vagi, implies their stimulation, not their depression. The latter corresponds to their experimental division, and thereupon the heart starts off on a rapid course; it palpitates, and does not drag. Retardation is the effect rather of their excitation, as by galvanism. But what we have to do in unraveling the confessedly complex state brought about by digitalis, is to account for loss of power in the heart-muscle (as shown by the great quickening of the pulse on the assumption of the erect posture) while the retarded beat and raised arterial tension show that the nervous supply of the organ is still excited. If (as I have brought other evidence to prove) the drug is a muscular poison, affecting the heart earlier than any other muscle, the difficulty is solved. We can thus, moreover, best account for the faintness and even mortal syncope digitalis is apt to induce. I must stand to my point that no exhaustion of the nervous supply of the heart can bring this about, if the organ itself is healthy. Dr. Brown urges that "nervous shock, mental or physical, can and does kill from the heart, when there is no evidence of the heart itself being diseased." Yes; but surely in such cases the shock is of a stimulating rather than exhausting kind. It passes down the vagi from the emotional centre in the brain, and inhibits the heart's action, as a flash of lightning or a too strong galvanic current might do.*

2. So much for physiological; now for therapeutical action. In looking through the treatment of digitalis in the successive editions of my Pharmacodynamics, I am struck by seeing the gradual way in

* In such a case the heart would stop in diastole; whereas if it were directly poisoned by the drug it (or at any rate its left ventricle) might well be found in systole. Dr. Brown's own citations show that either alternative may obtain. But if his view of nervous exhaustion being the cause of death in digitalis-poisoning were correct, the heart ought always to be flaccid *post mortem*.

which thought and experience have brought me to my present position about it. At first, I tried to account for its usefulness in heart disease by supposing that it acted as a cardiac tonic here, being a depressant of the organ in health. I soon found, however, that this would not account either for the benefit obtained or for the dosage required; that the primary excitant action on the cardiac nerves had to be invoked; and that in cardiac dropsy this alone was effective. Dr. Brown is too good a practical physician to question the facts which have led me to this conclusion. He fully recognises that cardiac dropsy is "the effect of a low arterial tension and a dilated weak heart," and that digitalis removes it by strengthening the heart-beats and raising the tension of the vessels—as it does in health. But he maintains that this is to be called homœopathic action, not antipathic; because if such stimulation be too strong, or be carried on too long, it results in exhaustion. If then the secondary depressant effects of digitalis be taken as our guide, *similia similibus* would lead us to give it in analogous states of circulatory depression, in dosage sufficient to exert its stimulant effect and no more. "If by digitalis," he writes, "you produce a state of increase of power of the heart-movements, and develope a state of increased tension, short, be it observed, of over-stimulation, and by so doing you remove the dropsy, then, I maintain, it is unmistakeably homœopathic in its action." Again, as to dosage, he says,—"Whatever the size of the dose, be it drop-doses of mother-tincture, or 5 drops or even 10 drops of it, or one or two teaspoonsful of the infusion, provided we get the desired result of stimulation up to the normal point, or as near to it as possible, and provided that we do not develope the over-action, and so make the patient worse, that dose is homœopathic." If this is homœopathy, what is antipathy? I confess I do not know Hahnemann's method in Dr. Brown's putting of it. The master said, *similia similibus curentur*; and he bade us seek this similarity mainly in the primary effects of drugs. Dr. Brown would limit us to their secondary effects: it is here, he says, that we must find our parallels, and then by inducing the primary influence of the medicine we shall counteract the morbid condition present. On this mode of proceeding, strychnia would be homœopathic, not to tetanus but to spinal paresis; stramonium would be selected for dementia rather than for mania: and as induction of primary effects, opposite to the condition present, generally requires substantial dosage, infinitesimals would find little if any place in homœopathic practice.

And there is yet more to be said. I have explained why the antipathic action of digitalis has to be resorted to in cardiac dropsy: it is because palliation is all that can be aimed at, and *contraria contrariis* is generally our guide towards this end. It is no argument against such a view to point, as Dr. Brown does, to the twenty years for which—in a case instanced by me—the palliation (*i.e.*, the absence of the dropsy) lasted. Longer or shorter, the effect obtained by digitalis here is in essence palliative, because it is the removal (generally temporary) of the result of an incurable cause. It must be remembered that the cardiac weakness which leads to dropsy is not primary; it is secondary to valvular disease,—often, indeed, it is

insufficient compensation only, there is a left ventricle of ordinary power when we want an hypertrophied and forceful one. Simple debility of the heart, as in exhausting disease and in old age, may cause some œdema of the feet; but real dropsy does not occur from it.* Digitalis may remove such œdema homœopathically, by strengthening (as I conceive, by direct action) the organ it weakens in health; and for this purpose the ordinary dosage practised in our school will suffice. When, however, the thing we have to do is to assist nature in her effort to establish, or to restore, compensation, it is a stimulant rather than a tonic we want; we are seeking to exaggerate the heart's force that it may overcome an obstacle. Our aim is palliative; we seek a physiological effect, and must use physiological quantities. In my lecture I used these considerations to explain and justify our resort to the antipathic action and dosage of digitalis in cardiac dropsy. I now adduce them as supporting my contention that we *are* proceeding antipathically in so prescribing it.

Let us look at the practice as it is carried out by our old-school colleagues, who, in virtue of it, have "nothing they like better to treat than cardiac dropsy." I will take as a leading exponent of it Dr. Balfour, of Edinburgh, in the fourteenth of his "Clinical Lectures on Diseases of the Heart and Aorta" (2nd ed.). He describes digitalis as "a tonic and stimulant of the heart," and speaks of the "almost marvellous results which follow its bold and judicious employment." Its tonic dose equals about a grain of the leaves twice daily. But, he writes, "when we wish to remove dropsy, or contract a dilated heart, digitalis should be given at much shorter intervals, and the more urgent the case the shorter should be the intervals and the larger the dose. The equivalent of rather more than 40 grains may usually be given before saturation occurs, . . . but nothing but good will follow provided we stop the moment the urine falls, the pulse slows, or nausea occurs." "Marked results will not be usually found to occur till a certain amount of saturation is attained. From one to three days subsequently, in cases of dropsy, the full effects of the drug may be expected, the urine will rapidly rise to about 200 oz. in the day, and will in favourable cases continue to flow till all the cavities are emptied." "Digitalis is *facile princeps* in its own domain—the removal of serum accumulated in the body through defective mechanical power in the circulatory system."

How can such practice with any plausibility be described as homœopathy? Are we not prejudicing our appeal for a hearing on the part of the profession by so claiming it? So far as they have any method at all, they induce the physiological action of the drugs they use. If this be done in the part affected (affected, of course, in the opposite manner) the practice is antipathy, or enantiopathy; if elsewhere, it is allœopathy (now less correctly called allopathy). So Hahnemann taught, and I see no escape from the position. If we begin adopting the former, on the plea of its being homœopathic when the secondary effects of drugs only are taken into account,

* It was justly pointed out in the discussion on Dr. Brown's paper, that dropsy is unknown as an effect of poisoning by digitalis.

and proportion our dosage accordingly, our opponents in the other camp will have a potent weapon to use against us. We say,—you are taking our similar remedies, small dose and all, and refusing to acknowledge the law under which they act, using them empirically, or explaining away their apparent homœopathicity. They will say in return,—you are taking our contrary remedies, full dose and all, under a plea which to us at least is transparently futile.

We shall be weakening our case apologetically; and we shall be impairing the success of our practice when we have such cases to treat. If our students and beginners are assured that in using digitalis for cardiac dropsy they are practising homœopathically, they will naturally be led to do so with the dosage in which they are accustomed to see other similar remedies act. They may be told that the drug does best here in the mother-tincture; but they will suppose that this means in one or two drop doses of the same, beyond which they are rarely led to go. Now this is utterly insufficient, and will lead to failure and disappointment. They will run the risk of finding themselves superseded by a man who, knowing that he has to induce the physiological action of the drug, will push it in the Balfourian way, and will be rewarded by seeing the kidneys acting and the water-logged tissues clearing.* It is painful experience which has taught me this, and I would spare others the necessity of learning it in the same way;

"Non ignara mali, miseris succurrere disco."

It is because of these disastrous consequences—to our conception of homœopathy, to our attitude as before the profession, and to our conduct at the bedside, that I have felt the present question of so much importance. If it were one of theory only, interesting as it might be, I should not have entered the lists upon it, and still less when the champion against whom I must tilt is an esteemed friend. I can only ask his pardon for the buffets I have had to deal him with lance and sword, and leave the decision between us, when any counter-strokes of his have been displayed, to the spectators of the combat.

* "The ancient wisdom has said, with reason, that when we cannot cure we should relieve. A fact in my practice illustrates this. It was in 1856, when I was full of illusions, now wholly dispersed. I attended a patient the subject of asystolia, anasarcous, and with a dyspnœa which did not allow of his lying down. I prescribed persistently, but unsuccessfully. The patient got no better, but rather worse. He betook himself to the practitioners of the neighbourhood, who gave him an infusion of the leaves of digitalis. The urine flowed freely, the œdema disappeared, and some days after the sick man could sleep in his bed. Naturally I lost my patient, but I did not lose the lesson his case taught me" (Jousset, *Revue hom. Française*, March, 1900).

LECTURE XLIII.

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, once obscure pathologically, were still less known to therapeutics. These are the diseases of the blood-vessels; of the lymphatic and lacteal systems; and of the vascular glands. There is much more to be said about them now.

As diseases of the *arteries* I will consider arteritis, aneurysm 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 the disease, and cuprum for its attacks of dyspnœa. These were his therapeutics formerly. Now he seems to have followed Huchard in abandoning the arseniate of antimony for the iodide of sodium, of which he gives 20 centigrammes daily; and for the dyspnœa relies upon glonoin 1.* Dr. Goullon relates a case treated by correspondence, in which anginose symptoms had been diagnosed by a distinguished old-school physician as dependent on aortitis. He sent aurum 6x, which was continued for three months with progressive improvement; and at the end of this time all symptoms had disappeared, and the physician—ignorant of what had been taken—expressed his astonishment, and said there were merely some traces remaining of the lesion.† We have thus in aurum (the dyspnœa of

* See *J. B. H. S.*, ii., 364; iv., 334. † *Ibid.*, vii., 419.

which is very marked, and unaccountable for by pulmonary disorder) an alternative to arsenic and iodine in this disease; and an experience of Dr. Edmond Piedvache's shows that strophanthus may sometimes take the place of cuprum and glonoin.*

The second form in which endarteritis comes before us for treatment is as the morbid process in the arteries (usually of the lower extremities) which results in gangrene—symmetrical or senile. In the former the mischief hardly goes beyond spasm (this is what is called Raynaud's disease); in the second it is obstructive. In either instance *secale* is obviously homœopathic, and in the senile form Dr. Jousset has seen one and Dr. L. B. Wells† three cases recover under it. Symmetrical gangrene has been cured by ferrum phosphoricum 1 and by lachesis 6.‡

When writing in 1878 about

Aneurysm, beyond a passing good word for lycopodium the only hope I could hold out for the medicinal treatment of this affection lay in the direction of iodide of potassium, which, though sometimes useful in small doses (as in a case of my own mentioned in my Pharmacodynamics, p. 558), had—I was obliged to admit—generally to be given in large ones. We can now do better. In 1879 Dr. Flint, of Scarborough, published in the *Monthly Homœopathic Review* for June and the *Practitioner* for July a case of abdominal aortic aneurysm, where striking remedial effects, almost amounting to a cure, resulted from the administration of the chloride of barium (our baryta muriatica) in doses of one-fifth and two-fifths of a grain. He was led to try the drug by the evidence in Ziemssen's Cyclopædia of the great power of barium salts in increasing the blood-pressure, and of their analogy in this respect to iodide of potassium. His experience was not allowed to stand alone. In 1882 Dr. Torry Anderson treated a similar case at our London hospital, with most beneficial results, by three-grain doses of the 3_x trituration of the carbonate;§ and in 1884 Dr. Clarke had another—the record of which is given in his book—in which the same salt and in like strength was employed. Dr. Howitt, of Toronto, reported in 1885 another, where practical cure ensued under the 1_x dilution of the muriate.‖ Dr. Byres Moir, also, has reported favourable results.** These facts will suffice to show that in the baryta salts we have a probably homœopathic and certainly curative agent in this very serious disease—one, more-

* *Rev. Hom. Française*, April, 1900 (p. 445).

† *U. S. Med. Investigator*, Oct. 1, 1890.

‡ *J. B. H. S.*, vi., 110, 226.

§ *Annals*, x., 256.

‖ *M. H. R.*, xxix., 669.

** *J. B. H. S.*, iv., 216.

over, which will act in the small and non-perturbative doses we affect. In connexion with this I may call your attention to the mineral waters of Llangammarch in Wales as containing an appreciable though small quantity of barium chloride. One of the affections in which they have been found useful is dilatation of the heart.

While this affords our most favourable outlook in the direction of aneurysm, we must not forget lycopodium. In Dr. Majumdar's hands an enlargement of this kind in the right carotid disappeared under it, flatulence and acid eructations combining with the lesion to call for the remedy.* Sometimes, too, other mineral salts may help us. Dr. H. S. Fuller communicates two cases, both in the neck, in one of which (a boy of 15) complete disappearance of the growth took place under calcarea phosphorica 2x. In the other, where the patient was a woman of 45, calcarea fluorata 3x, but especially 12x and 30x, caused subsidence of the pains, which were severe, and a shrinkage of the tumour by one-half ; so that she became able to walk any distance and attend to her domestic duties.

As regards these pains, I suggested aconite,—which, and also glonoin, Dr. Lambert has found useful.† Dr. Molson exhibited on a "consultation day" at the Hospital a case of pulsating tumour in the right neck. It was improving under baryta carbonica ; but an interesting point was that the patient had applied for intense and constant pain in the right shoulder, going down the arm, which had lasted for six months, and that this had been completely removed by kalmia 1x.

Arterial Degeneration used to be ranked as atheroma, but is now known also under the form of sclerosis. In either case it often depends on a chronic endarteritis, in which case I should think plumbum eminently suited to it. Dr. Arnulphy, however, considers this medicine more effective in true atheroma, which is a primary fatty degeneration ; and follows Huchard in preferring the iodides in sclerosis.‡

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 sub-acute, "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

* *J. B. H. S.*, iv., 231. † *Ibid.*, p. 217.

‡ *Ibid.*, vi., 107, 301.

in prescribing pulsatilla at the outset, and substituting hamamelis if its effects are not so rapid as you could desire. Where burning pain is very marked, Dr. Cartier prefers arsenicum. 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. For the painful thromboses which occur in the course of a vein after phlebitis Dr. Ord recommends arnica 1x.*

In chronic phlebitis pulsatilla (best, I think, in the dilutions from the 6th upwards) is of eminent service.† Dr. Espanet alternates mercurius with it, and finds these two remedies sufficient for all phlegmasiæ of a venous character (such as chilblains) occurring in organs on which they have an elective action. He gives the 6th dilution of each.‡

In

Varicosis, ordinary practice has for its sole resource mechanical and too often surgical measures. It will be of no small comfort to patients, and surely some honour to the art of Medicine, if homœopathy can teach us to cure it in a more excellent way. I think it can do so, and mainly by means of two potent medicines—hamamelis and fluoric acid.

1. The story of *hamamelis*, as I have told it in my Pharmacodynamics, is a very interesting one. You see the drug gradually creeping on in our knowledge—at first an empirical and local remedy, then found to act in like manner internally, then proved a similar to the condition it relieved, then ascertained to remedy morbid states of other veins than those of the rectum; finally standing out as our great venous medicine, good for phlebitis, varicosis, piles (especially bleeding ones) and passive hæmorrhages. All this was effected some forty years ago, but to this day hamamelis reigns supreme in homœopathic practice wherever veins are inflamed or painful or dilated or giving way under the blood-pressure.

2. Of *fluoric acid* I said in the first edition of my book (1867) that under it, among other things, "varicose veins have shrunk to half their size." I derived my information from a clinical symptom inserted in a pathogenesis of the drug published by Constantine Hering in the first volume of the Transactions of the American Institute of Homœopathy. The statement I made about it has twice fallen as seed in good ground. Dr.

* *M. H. R.*, xli., 527. † See *B. J. H.*, xxiv., 496.
‡ See *Bull. de la Soc. Méd. hom. de France*, vol. xix.

Burnett, who has devoted another of his little books to Diseases of Veins, tells us how his mind was exercised by the claim put forward; how he tested it in a by no means favourable case; and how, finding it fully verified, he went forward with confidence in the medicinal treatment of other venous affections, to his great satisfaction. I can heartily commend this *brochure* of his, as containing much practical information, and exhibiting actions of ferrum and rhus (among other medicines) on the veins which are not generally recognized. Later, Dr. Washington Epps, moved by the same statement, was led to give fluoric acid a wider testing in the varicose veins and ulcers which throng the out-patient rooms of our hospital, as they do those of similar institutions elsewhere. You will find his results in a valuable paper contained in the third volume of the *Journal of the British Homœopathic Society*—a paper which has been widely copied and translated, and is indeed most instructive and encouraging. The acid has rarely been used below the 6th dilution, and Dr. Epps gets his best results from the 12th and 30th; so that infinitesimals come in for some of the credit its successful use has won.

If you have to look farther, I may mention that we hear from America that carduus marianus is "as near a specific for varicose veins as one could wish." The deeper-seated, and the more knotted and twisted they are, the better.*

Staphisagria is recommended by Bähr, and Dr. Cartier praises zincum 6 where the veins are painful.

Of the diseases of the *lacteals* nothing is known, but we have something to say about the *lymphatics*. Leaving the scrofulous affections of the mesenteric, bronchial and cervical glands till we come to the diseases of children, I shall speak here of lymphangeitis and lymphadenoma.

Lymphangeitis, in its most familiar form, is such as we see when the lpmphatics of the arm inflame after a poisoned wound, and the axillary glands follow suit. *Belladonna* and *mercurius* cover the whole mischief here, if it has not gone too far, and if the general system is unaffected. Jousset considers their alternate use to constitute *the* internal treatment of the malady. Where there is fever with great restlessness, *rhus* may be better, as is proved in two cases of Dr. Waszili's.† When the local symptoms are of a vicious character, and there is constitutional depression, *lachesis* would supersede one and all.

Bähr describes a peculiar form of lymphangeitis as occurring more particularly in the case of women, and about the head.

* *J.B.H.S.*, viii., 355; see also ix., 282.

† *Ibid.*, iv., 497.

"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 multiple, spontaneous and painless enlargement of the lymphatic glands which, from the physician who first described it fully, is known as "Hodgkin's disease." "Of its internal remedies," writes Sir William Gowers in Quain's Dictionary, "arsenic is incomparably the most potent. It should be pushed to the largest doses the patient can bear, such as fifteen minims of the liquor arsenicalis three times daily. It often causes some pain in the glands, followed by their diminution in size, and even, in a few recorded cases, by their complete disappearance." This dosage is curious, as the drug seems homœopathic to the disease, miners with it getting sarcoma of the bronchial glands; and prolonged medicinal use having caused a similar condition of those of both chest and abdomen.* I should think the iodide a better preparation, and should try this in smaller doses. In the only successful experience with the disease I know of in homœopathic literature, this drug, with the iodides of barium and iron, was curative.† Dr. Galley Blackley records three cases in the sixth volume of the *London Homœopathic Hospital Reports* (p. 19) which he ascribes to this disease, but in none of them was there any improvement under treatment. I once had a case in which a number of the cervical glands enlarged after influenza. Glandular medicines, like conium and iodine, did nothing; but under constitutional treatment with calcarea and thuja they slowly subsided. I cannot say whether this was the beginning of lymphadenoma.

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* has hitherto come before us therapeutically, almost entirely in the form of the hypertrophy ("ague-callo") which follows intermittent fever, and may also develop in the inhabitants of malarious districts where no ague-paroxysms have occurred. It is then generally associated with a corresponding enlargement of the liver, and the two hypertrophies form part

* Cycl. of Drug Pathogenesy, *sub voce* (ii., 73 and note).

† *Clinique*, Jan., 1897.

of the malarious cachexia. This must then be treated as a whole, by such remedies as calcarea arsenica, ferrum arsenicosum and natrum muriaticum, according to the indications given elsewhere ; and the splenic enlargement will subside with the other symptoms. Where it stands by itself, however, it requires its own organ-remedies; and until lately we have not known of any drugs having the relation to the spleen, which, for instance, chelidonium bears to the liver. We seem to have found one now in the *ceanothus americanus*. I have told in my Pharmacodynamics how in the third edition of his "New Remedies" Dr. Hale cited an old-school testimony to its value in inflammation and enlargement of the organ ; and called attention to the statement made by its employer that "in chronic cases, where the organ is no longer tender, under the use of the tincture it soon becomes tender and painful, and then sinks rapidly to its normal size." This was sufficient to suggest its homœopathicity, and led Dr. Burnett to give it in some cases of splenic disease which happened to come under his notice, and with most satisfactory results. Since that time (1881) our knowledge of the remedy has undergone considerable enlargement. On the one side Dr. Fahnestock has proved it upon himself, and found it cause sticking pain in the spleen followed by enlargement of the organ. The pain was worse on motion, and there was inability to lie on the affected side. Following this came similar symptoms in the liver. On the other hand confirmations of the therapeutic value of the drug have been repeatedly furnished to our journals, and ceanothus has taken quite the chief place in our practice for enlargements of the spleen, both malarial and non-malarial ; as also for splenitis and splenalgia.* In 1887, moreover, Dr. Burnett collected his own experience with the drug into one of his little volumes,† adding a good deal of interesting talk about the spleen, its diseases and remedies. Should you meet with any case in which ceanothus disappoints you, you cannot do better than consult his treatise. This remedy itself he recommends whenever there is complaint of deep-seated pain in the left side, even when no tenderness or enlargement of the spleen can be made out ; and he has found consentaneous affections, such as leucorrhœa, disappear under its use with the pain itself. This has been verified, as regards leucorrhœa, by Dr. Fahnestock.‡

In connexion with the spleen I will speak of leucocythæmia, or—as it is at present generally but less correctly called—

* See *J. B. H. S.*, iii., 207 ; iv., 131, 349 ; v., 194 ; *H. W.*, xxxv., 437.

† "Diseases of the Spleen." London : James Epps and Co.

‡ *J. B. H. S.*, ix., 282.

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 lymphatic 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 Grauvogl demand attentive consideration. This profound scholar and thinker 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 recognized it only as an infection of the system by the virus of gonorrhœa and its accompanying condyloma. 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

* Dr. E. R. Johnson, encountering a case of the anæmia pseudo-leucæmica infantum, so constantly fatal, treated it with ferrum picricum 3x, five grains *per diem*, and was rewarded by complete recovery (*N. Eng. Med. Gaz.*, Nov 1900).

† See "Text-Book of Homœopathy," § 295-300, 329-339.

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 characterizing.

Dr. Lilienthal, in a study of leucæmia in the twenty-fifth volume of the *North American Journal of Homœopathy*, and Dr. Goullon in his prize-essay on thuja therein translated, go largely into this subject in 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.

I have little to add to the foregoing deliverance on the subject, which dates from 1878. Two additional points only I would make.

1st. No use for myrrh has yet been found in homœopathic therapy. Now that it has been ascertained, however, that its use may quadruple the number of white corpuscles in the blood, it ought to find employment in the form of leucocythæmia which seems primarily hæmatic, herein reinforcing picric acid.

2nd. The good which has resulted, in the splenic form, from reducing the size of the organ, especially by voltaic electricity, suggests that the power ceanothus undoubtedly has in this direction might hopefully be invoked here.

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

* Greenhow: Croonian Lectures on Addison's Disease. 1875.

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 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. Later experience has brought us little further aid here. Dr. T. E. Gilman reports a case, apparently of this malady, in the *Clinique* of July, 1898, in which recovery set in, when the patient was at a very low ebb, after a critical and most offensive exhalation from the surface. This supervened on the administration of hydrocyanic acid. Arsenicum iodatum and some of Schüssler's salts were later of value. Dr. Beclère presented to the Société Médicale des Hôpitaux, an undoubted case of Addison's disease, in which a definitive cure of three years' standing had been effected by hypodermic injection of a fluid extract of the supra-renal capsules themselves. Ingestion of these as fresh food had been previously tried without success.†

As diseases of the *thyroid* I shall speak of the simple hypertrophy which we call bronchocele, and of the results of insufficient or excessive action of the gland—myxœdema and exophthalmic goitre.

And first of

Bronchocele.—By this name, I say (as by its equivalents goitre and Derbyshire neck), I understand simple hypertrophy of this thyroid, excluding all cystic and other growths within it, which latter are in 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 question of its relation to thyroid

* Translated in vol. xviii. of the *N. A. J. H.*

† See *L'Art Médical*, March, 1898, p. 216.

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. Dr. Midgley Cash reports a case where iodine, locally and internally, seemed rather to irritate, but spongia 3 cured in two 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 Médical* 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.

A new and enhanced interest in thyroid disease has been awakened during the last decade. Gull and Ord have described, under the name of "myxœdema," a previously unrecognized form of disease in which a mucous exudation invades the body, causing a pseudo-anasarca of the surface, clogging the muscles and dulling the mental faculties. It was soon ascertained that in these cases the thyroid gland was greatly atrophied or completely absent; and experiment proved that a similar condition could be induced in animals by ablation of the organ. Myxœdema was a cachexia strumipriva. Then occurred the happy thought of treating the subjects of the disease by administering healthy thyroids taken from animals, whether as medicine or as food. This was done with brilliant success. The large doses, however, in which the glandular substance was at first administered were found to produce evils of their own, and the morbid state

* *M. H. R.*, xxxix., 73.

induced was essentially that present in Graves's (or Basedow's) disease, where—as its present name "exophthalmic goitre" indicates—the thyroid is enlarged and presumably over-active.

I must not follow up the bye-paths, physiological and pharmacological, into which these facts invite us, but must confine myself to their therapeutic bearing. For

Myxœdema we probably have no remedy which can take the place of thyroid feeding as a rapid restorative of healthy function. It acts like lemon-juice in scurvy and iron in anæmia. Nevertheless it is a continuous palliative rather than a curative agent; and our aim should be to awaken the dormant activity of the patient's own thyroid, and not leave him for the rest of his life dependent on that of animals. That this can sometimes be done Dr. Clarke has shown us by his case recovering under arsenicum;* and where any such deep-acting medicine is indicated by the symptoms, as this was here, we may surely prescribe it with advantage. In connexion with this I may recall Dr. Guggenbühl's experience with cretinism—a morbid state closely allied to myxœdema, and like that connected with obstruction or atrophy of the thyroid gland. When to the hygienic advantages he at first afforded the subjects of this disease he added homœopathic medication, he found a perceptible acceleration of their improvement.† I am not sure, moreover, that the last word has been spoken about thyroid medication as distinct from alimentation. A series of experiments were made on eight subjects of mental disease, each taking from one to three five-grain doses daily of the fresh gland. The experimenter observed emaciation, tachycardia, cardiac weakness and mental or motor excitement in all; but two presented also a generalised infiltration analogous to myxœdema. Conversely, Dr. Mersch had a case where the symptoms of exophthalmic goitre were accompanied with myxœdema of the lower extremities. Lower triturations of thyroidin aggravated the cardiac and nervous symptoms; but when higher dilutions were given, not only did the tachycardia subside, but the myxœdema disappeared also.‡

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

* *H. W.*, 1892, p. 443.

† See *B. J. H.*, xii., 696.

‡ *Journal Belge d'Homœopathie*, March—April, 1898.

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 *Practitioner* 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.

Later experience with this disease has mainly affirmed the recommendations now given,—belladonna, iodine and lycopus being the remedies most frequently used, the two former in the medium dilutions, the latter in the lowest or the mother-tincture.‡ Thyroidin itself (the extract of sheep's thyroid) has been sometimes used with success. The remedy would be one of the isopathic order ; but if the dosage be small enough should not on that account be put out of court.

* *B.J.H.*, xxv., 187.

† *N.A.J.H.*, xxv., 380.

‡ *J.B.H.S.*, i., 91 ; iv., 347 ; vi., 305, 308, 399 ; vii., 222.

LECTURE XLIV.

DISEASES OF THE URINARY ORGANS.

The Kidneys.

In the present lecture 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 was for some time accustomed to use the nomenclature of renal diseases which I learnt from Dr. George Johnson. Now so far as this recognizes 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 then 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 one of the latest and best writers 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 only occasionally appeared in an acute form, of which, in his book on the subject,* he gives three instances. He does not connect it with the acute nephritis of scarlatina or from cold. 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.

* On Diseases of the Kidney. 1852.

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 recognize 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" thus dropped out of my nosology. 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, 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

* On Albuminuria. 1868.

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 develops primarily under the influence of

* Generally in the direction of scantiness, and twice at least with resultant anasarca (see Goodfellow's "Diseases of the Kidneys," p. 44, and s. 172 of Allen's Pathogenesis).

† They did so with the utmost advantage in two cases treated by Dr. Wolston, of Edinburgh (*Annals*, viii., 550).

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, Yeldham and Cartier of Lyons 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 (*op. 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 the Spanish fly has never caused the œdema characteristic of Bright's disease, it 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. Dickinson's recognition of its similarity and Dr. Ringer's of its usefulness here. Cornil has since corroborated the one, and Dessan the other.† 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 chronic 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

* See also three good cases of Dr. Pfander's in *J. B. H. S.*, iv., 339.

† See *M. H. R.*, xl., 124.

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 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

* Besides the reference in my Pharmacodynamics, see *B. J. H.*, xxxiv., 702; *L. H. H. R.*, iv., 149; and *J. B. H. S.*, i., 187; viii., 76. In the last case the iodide was employed.

† Dr. Galley Blackley has communicated to the *M. H. R.* for February, 1894, three cases of acute nephritis treated in the London Homœopathic Hospital. All had arsenicum 3x during the acute stage, but two of them required plumbum carbonicum 3x later on. A good recovery was made in every instance.

‡ See *United States Med. Investigator*, 1875, vol. ii., p. 414.

unknown. It is a favourite remedy with many practitioners in post-scarlatinal dropsy, and in the nephritis of pregnancy. The presence of great œdema is the main indication for it, as in the following case reported by Dr. Wingfield:

Mrs. W., æt. 40, had been ill for five years under "regular" treatment, and gradually growing worse, with increasing anasarca. When first seen the whole body was enormously œdematous, face so much swollen that features could not be recognised, abdomen greatly distended with fluid, and legs twice their natural size. Albumen was one-half. She had been delirious on and off for five days, and was given up as hopeless by her friends. As a forlorn hope apis 3x, gtt. ij. every two hours, was tried. The effect was immediate and astonishing; large quantities of urine began to pass and anasarca rapidly decreased. Improvement was steadily maintained. After some weeks arsenicum 3x was given. Patient rapidly recovered, and all symptoms disappeared, leaving only a trace of albumen in the urine. Patient has now been able to attend to ordinary household duties, and has had no relapse for three years.*

Dr. Goldsbrough reports a similar case occurring in a child.† This was in a discussion on the subject at the British Homœopathic Society; and several members concurred in his assignment of a place to apis in the transition from acute to chronic Bright's disease when there is much œdema present.

Aurum muriaticum cured a severe case of Bright's 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.

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 imflammation 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

* *M. H. R.*, xxxix., 17. † *J. B. H. S.*, viii., 109.
‡ *B. J. H.*, xvi., 500.

fibrinous casts which appear in the urine are, I believe, simply coagulated albumen: they vary in number directly with its amount.

Mercurius corrosivus sets up, as a poison, decided albuminous nephritis; and ever since Ludlam first recommended it it has been our mainstay in this condition when occurring in pregnancy.

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 stages 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. One may even go farther. Dr. Searle, of Brooklyn, who has had large and special experience in Bright's disease, has summed up the results of this in the *Hahnemannian Monthly* for February, 1894, and May, 1895. He is "confident that it can frequently be cured—always, when taken in time." He depends chiefly on arsenicum, apis (the "business end" of the bee in trituration) and mercurius corrosivus. But he writes—"In this, as well as in many other chronic forms of disease, I have derived inestimable benefit from a combination of the milk, rest and water cures. Indeed, it is amazing to see what can be accomplished by these alone,

while, without them, drugs may be set aside as of little use in chronic Bright's disease."

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. Dr. Samuel Jones 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. But the improvement was not permanent. The patient passed into the hands of another physician, and died in about a year.* Dr. Searle thinks he has seen good results from mercurius corrosivus; Bartholow and Hale commend aurum muriaticum; and Dr. Pritchard speaks highly of ferrum muriaticum, in the ordinary tincture, of which he gives 1-5 drops three times a day. "It causes," he writes, "the specific gravity to creep up, the digestion to become better, the pale cheeks to take on colour, the albumin to become less and less, the casts to grow fewer and finally to disappear, until only a few epithelial masses are observed."

While, however, we should give our patients the advantage of the continued use of one of these medicines—which, if beneficial at all, must be radically so—we shall probably help them best by endeavouring to meet the complications of the disease. Of these perhaps the most annoying and injurious is the dyspepsia, with its accompanying vomiting. Dr. Jousset

* See *J. B. H. S.*, iii., 112; but also vol. i., p. 90, where several cures are spoken of.

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 *kali iodatum*. 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; and Dr. Marcy has seen excellent effects from cannabis indica. Still more general testimony is borne to *cuprum*. Dr. Kidd has found the acetate useful in relieving the cramps of the later stage of the disease; but Drs. George Schmid and Buchner commend it in uræmic eclampsia and coma. Dr. Goodno prefers it in the form of the arsenite, which he gives in the 2x or 3x trituration. Even when renal disease is advanced, he says, and without accessory measures, it is capable of clearing away the coma, provided convulsions are present; and it exerts a favourable action on the subsequent course of the nephritis.* I would also 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; as by hypodermic injection of about gr. ⅛th of pilocarpine.

* *North Amer. Journ. of Hom.*, June, 1896.

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 than the acid I have suggested.

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. George 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 connexion 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 connexion 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*, well 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. When, as sometimes happens, a drain of albumen continues after all other symptoms of nephritis have subsided, plumbum is curiously effective. I have mentioned Lewald's results of this kind in my Pharmacodynamics. Dr. Edward Blake relates* a case of post-diphtheritic albuminuria, in which the 6th trituration of the carbonate was the curative remedy. He mentions, also, an observation of Dr. Galley Blackley's, in which, while the inmates of a house showed various symptoms of saturnism from drinking water impregnated with lead, one of them, the subject of post-scarlatinal albuminuria, lost his complaint and steadily improved in health.

* *M. H. R.*, xxxiv., 348.

LECTURE XLV.

DISEASES OF THE URINARY ORGANS.

The Kidneys (continued).

In my last lecture 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 the 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 diet, 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 volume of the *British Journal of Homœopathy* for 1866, I endeavoured to estimate our resources for effecting this end. I found traditional medicine giving us nothing but opium and kreasote, 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 and Silver's in Quain's Dictionary, 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; and on the other certain complete or proximate cures with medicines presumably homœopathic to the essential lesion. Of these I would fix your attention here on phosphoric acid and the salts of uranium.

Acidum phosphoricum stood at that time unquestionably in the highest place among the remedies for diabetes. The first notice of it I can find is contained in the sixteenth volume of the *British Journal of Homœopathy*. Three very interesting cases are there recorded by 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 six ounces 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 specific gravity 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 those recorded by myself in the thirty-first volume of the *British Journal* (p. 369), and by Dr. Dudgeon in the thirty-seventh (p. 371).

As to the rationale of this unquestionable influence of phosphoric acid over diabetes, I have suggested in my paper that it is of a homœopathic nature,—the drug having aggravated the symptoms of the disease in man and actually induced it in animals. Dr. Black, in the valuable study of diabetes he has contributed to the thirty-seventh volume of the *British Journal*, analyses the observations I have referred to with

unfavourable results, and I am quite ready to regard the question an open one. Perhaps the frequent origin of diabetes in nervous strain or depression is the main reason why phosphoric acid should do it good; and it would be when such antecedents were traceable that we should preferably resort to it. But of this I will say more when I have considered the claims of the other chief remedy we have for the malady.

This is the new and rare metal *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 *Médecine 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).

This was the state of our knowledge up to 1881. From 1888, however, experimentation on animals with uranium salts was instituted by fresh hands, and abundant confirmation as to its power of causing glycosuria was supplied. In that year Chittenden tested the drug on rabbits, confirming Blake's results as regards albuminuria, and showing this to depend upon a parenchymatous nephritis; but adding glycosuria, which appeared in seven out of the nine animals experimented on. Woroseilski, in 1889, in his trials used mainly a tartrate of uranium and sodium; and had similar results, including the ulcerations observed by Blake. In 1891 our own Dr. Cartier published his "Glycosuries Toxiques." In his chapter on uranium, he summarises and discusses all foregoing experimentation, and adds further work done by himself on one dog and ten rabbits. Glycosuria, albuminuria, phosphaturia, diminution of salts and urea, oxaluria, acetonuria—these are the phenomena noted by him as occurring in the urinary sphere. He discusses the rationale of the first; rejects the hypothesis that the action of the drug on the liver (though undoubted) will account for it; thinks that of sub-oxidation, impairing the combustion of sugar, insufficient to do so; and concludes that the drug acts by increasing sugar-formation through the nervous centres.

In 1895, Dr. Samuel West brought before the meeting of the British Medical Association three cases which, he maintained "pointed to the conclusion that we possess in uranium a drug which has a powerful effect upon diabetes." Much comment ensued in our journals, and in the November number of the *Monthly Homœopathic Review* for that year I published a chronological history of the use of the metal in medicine, —showing that its application to diabetes was both an obvious inference from the rule *similia similibus*, and one actually made with considerable success for a length of time. The difficulty Dr. West expressed with regard to the dosage seemingly required and actually followed in his cases was seen to disappear on a wider survey of the facts. Very much smaller, even infinitesimal, quantities had often sufficed to produce as good results. I summed up by saying: "What shall be the exact place of uranium in the treatment of diabetes, to what forms and varieties will it prove specific, are as yet open questions. As far as we can see at present, it corresponds to the definite symptom—glycosuria, and thus to all the other

symptoms due to the drain of sugar by the kidneys. But diabetes may be—perhaps we may already say is—a larger thing than mere glycosuria, just as Bright's disease is more than albuminuria; and forms of it may occur in which the general symptoms are more important as guides to the selection of the remedy than the changes in the urine. The unquestionable efficacy of phosphoric acid and syzygium jambolanum in its treatment points in this direction; for with the former there is very slight, with the latter there is no evidence of any power of inducing a glycosuric condition. We must wait and watch; and perhaps ere long we shall be able so to differentiate between our anti-diabetics as we are between our anti-pneumonics and our anti-choleraics, that our success with them may be yet further enhanced."

We have made no nearer approach to such goal since I wrote; and the only further experience with uranium appearing in old-school literature has been that of Dr. C. H. Bond in 1896. Reading a paper on "The Relation of Diabetes and Glycosuria to Insanity" before the Medico-Psychological Association, he mentioned that in all the cases in which this complication was observed, by the administration of uranium nitrate the excretion of sugar in the urine could be entirely stopped. In our own school, perhaps most interest has been aroused in the drug I have just mentioned—the *syzygium jambolanum*. This Indian plant is in some native repute; and Dr. Dudgeon, reading of this, was led to obtain the seeds from that country, and prepare a tincture from them. His experience with it is narrated in the third volume of the *London Homœopathic Hospital Reports*. In some cases it was without effect; but in two ladies it so reduced the amount of sugar as to eliminate the pruritus which is one of its most distressing effects, and in a gentleman of 56 it completely removed the disease. Dr. Dudgeon refers to some favourable experience with the drug in the ordinary medical journals. In our own Dr. C. H. Viehe reports a cure. He appears to have given the tincture, in 8 to 10 drop doses; but Dr. Moffat found that in such quantity the drug caused much intestinal irritation. He thenceforward attenuated it gradually, and now reports the 12th dilution as giving the best results.*

An interesting experience is that of Dr. Stiegele. He found that syzygium diminished the quantity of sugar in the urine, but had no effect on the general health, whilst arsenicum improved the general health without diminishing the quantity of sugar. He therefore combined arsenicum 6 with syzygium 3x as a double medicine and gave it in six cases without change of diet

* *J. B. H. S.*, iii., 211, 330; viii., 356.

except deprivation of sweets, with curative results, complete or closely approximate, in every instance. This brings us to *arsenicum* as an anti-diabetic. It is obviously indicated when cachexia is present, especially when the alimentary mucous membrane is red and irritable. But it has yet more cogent claims on our notice here.* Yeldham, Grauvogl, Crepel and Dodge each report a cure from it:—Crepel giving it alternately with uranium nitricum and Dodge with terebinthina.† Elb relates two cases in which it proved curative single-handed: in one he gave the 30th, in the other the 3x.‡ To complete the evidence of its suitableness to diabetes, we have a case of Dr. Edward Blake's observation, in which all the classic symptoms of the disease supervened on a long-continued medical use of arsenic, and cleared away rapidly on its suspension.§

But for Dr. Moffat's experience, we might unhesitatingly follow the absence of pathogenetic evidence, and set down syzygium as antipathic to glycosuria—reducing it by exerting a physiological action only. In the case of another substance we have evidence for an opposite conclusion. *Phloridzin*, a glucoside obtained from the bark of several fruit-trees, has a unique power of inducing saccharine urine, more constant than that of uranium, and obtaining in the absence of sugar-forming food, and when the liver is deprived of glycogen or even extirpated. Our late colleague Dr. Gibbs Blake gave an account of this substance in the fortieth volume of the *Monthly Homœopathic Review*; and spoke of having obtained therapeutic results with it which in some cases were very satisfactory. Another of our practitioners, Dr. Platt, has argued that there is an essentially renal glycosuria, and that it is this which phloridzin causes;‖ and Dr. Paillon, adopting the same view, relates three cases treated by the drug, in two of which it showed decided curative action.

In Dr. Paillon's third case phloridzin failed to influence the malady, and improvement only set in when pancreatic extract was given in its place. This bit of "opo-therapy" is warranted by the reasoning and experience of the Drs. Jousset, *père et fils*; the former advocating the origin of the disease in pancreatic inaction rather than hepatic over-action, and both relating cases of cure.** It is especially when the patient is thin that the pancreatic preparations prove effective. They might be reinforced by a medicine like *iris*, which in two recorded cases showed

* See, for old-school experience, *Ind. Med. Record*, Aug. 14, 1901.

† *J. B. H. S.*, iii., 214, 333. ‡ *Ibid.*, ix., 98, 181.

§ *M. H. R.*, xxxviii., 410. ‖ *Hahn. Monthly*, Jan., 1897.

** *L'Art Médical*, June and Dec., 1895.

considerable anti-diabetic power.* Also, where the patients are not emaciated, it is possible that the liver *is* the starting-point of the morbid process; and, looking for a suitable medicine in such cases, we should remember that Dr. Sharp has published two cases in which chamomilla, in the first dilution, proved effective, without any great restriction of diet.†

Again, we sometimes meet with diabetes pursuing an extremely rapid course, and threatening life in a few weeks or less (*d. acutus* and *acutissimus*). Here, I think, we should invoke the aid of those neurotic medicines which 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.‡ I made this suggestion in 1878. I do not know whether it has been acted on after this specific manner; but Dr. Burkhard, of Berlin, has lately advocated the use of curare in diabetes generally. He relates three cases in which sugar disappeared from the urine under the administration of the 4x trituration. In one of these no alteration whatever was made in the diet.§

What, finally, are we to 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 dynamic remedy is likely to avail us here, and that—as in uræmia—we should do most by setting the skin to work. In addition to this transfusion with the normal salt solution might be tried; and I believe that some good results have been obtained from copious draughts of a solution of bicarbonate of soda.

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 similar cases with equally good results.

Besides the ordinary diuretics, medicines like argentum and murex purpurea have sometimes proved curative. The remedies

* *J. B. H. S.*, vi., 396; ix., 181.
† Essays on Medicine, p. 791.
‡ *London Medical Record*, i., 725.
§ *J. B. H. S.*, v., 293.

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 tropical and sub-tropical regions. It is natural to suppose it dependent upon some leakage from the chyle-vessels into the urinary passages; and though it is admitted that no such communication has ever been traced, it is still believed in. Of late, moreover, the presence of the parasite filaria sanguinis hominum nocturna, which had formerly been reckoned incidental to the disease, has come to be regarded as its essential cause.

If this be so, there is little hope from dynamic medication; and we must think of such parasiticides as thymol. As, however, there have been instances of the disease occurring in England,* there is just a possibility of its having a constitutional origin, and we may think what drugs would be likely to benefit it. The most promising seems to be *phosphoric acid*. Dr. Chapman, mentioning the value of the remedy in nutritive derangements of children associated with a milky state of the urine, suggested its use in the chyluria of the West Indies.† If now you will read in the *British Medical Journal* for 1860, p. 772, Dr. Lionel Beale's account of the constitutional symptoms of the disease, as observed by him in several cases, you cannot fail to see the homœopathicity of the medicine, and to be encouraged to try it. Should you have to look farther, I can refer you to two cases reported by Dr. Partridge, observed in residents at Barbadoes,‡ where great benefit was obtained from uva ursi; and to a statement that a Cuban physician has found kali bichromicum very beneficial in the form of the disease known as "hæmatochyluria."§

Azoturia—*i.e.*, excess of urea in the renal secretion—has been either more frequent, or more frequently observed, of late years than formerly; but the only reference I can give you to our literature on the subject is to a paper read by Dr. Gibbs Blake before our Congress of 1888 and the discussion which followed. Dr. Blake, having found excessive passing of urea a not uncommon cause of debility, low spirits, loss of flesh, and so forth, collected the observations made as to its causation by drugs, and presented his results at the meeting. Calcarea muriatica and euonymus were the members of the group which had served him best in practice—the former

* Quain's Dictionary, 2nd ed., *sub voce*.
† *B. J. H.*, vii., 391.
‡ *Ibid.*, iv., 420.
§ *J. B. H. S.*, ii., 485.

mainly in children. In the discussion Dr. Drysdale reminded us of the increase of the solids of the urine caused by *senna*, and which had led him to a good cure, as recorded in the twenty-fifth volume of the *British Journal*. He gave four-drop doses of the tincture twice a day. I mentioned the experience I had had with the affection, leading me to trace it to one of two causes—excessive ingestion or imperfect assimilation of nitrogenous food on the one hand, nervous exhaustion and waste on the other. In both forms hygiene and regimen played the chief ameliorative part; but in the latter I could speak well of *causticum* as a medicine,—which I continue to do.

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

* *B. J. H.*, xxi., 43.

neuralgic, the presence of abundant lithates leads me to *quinine*. I give you this as a bit of experience; but it is amply borne out by Noack's proving. 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 neutralised: 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 both from the nitric and the muriatic; and that its action is specific and dynamic, *i.e.* homœopathic. When I wrote this in my Therapeutics, I could only suspect; but now I can maintain. When the Homœopathic College was first established in the University of Michigan, a professor from the other side said to one of the homœopathic students: "According to your law nitro-muriatic acid, which is so effective in oxaluria, ought to produce it in a healthy person." Dr. Samuel Jones, who then filled the chair of Materia Medica in the Homœopathic College, got this student to prove the acid on his own person. As a result, the presence of oxalates in the urine was demonstrated on two occasions, to the chagrin of the challenger. Even without this evidence, I should have advised your employment of the remedy; but I do so now with yet more confidence.

I would add that—upon the analogy of the usefulness of phosphoric acid in the phosphatic diathesis—I have given oxalic acid itself, in the 12th dilution, to a case of oxaluria, and with very satisfactory results. I am glad to have my experience confirmed by such good observers as Dr. Bernard Arnulphy* and Dr. Clifford Mitchell.† Dr. Allen states that Dr. Heermann, of Paris, has had remarkable success from kali sulphuricum, considering it almost a specific in this condition; and he adds that he has himself "repeatedly verified the generalisation."‡

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

* *Clinique*, Jan., 1887. † *Hahn. Monthly*, May, 1898.
‡ *N. A. J. H.*, Feb., 1895, p. 121.

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.

I can since add that calcarea carbonica itself has been found effective in nephritic as well as hepatic colic; and in as high or higher dilution. Such was the testimony borne by Dr. Sands Mills in an essay presented to our Paris Congress of 1900, and substantiated by five illustrative cases, which you may read in the Transactions or in *L'Art Médical* for September in that year. Sarsa is an analogue of berberis: its pain is characteristically *after* urination. Ocimum canum is a Brazilian plant bearing a similar relation to pareira brava. It was introduced into our Materia Medica by Dr. Mure, upon clinical evidence solely; but more recent experience has seemed to show it effective in the dilutions.†

* See his paper translated from the *Bibliothèque Homœopathique* for 1875 in the thirty-third volume of the *British Journal of Homœopathy*.

† See *J. B. H. S.*, iii., 208; iv., 336. Also iv., 77, compared with *M. H. R.*, xl., 133.

LECTURE XLVI.

DISEASES OF THE GENITO-URINARY ORGANS.

The Kidneys (concluded), *Bladder and Urethra, and the Male Sexual Organs.*

I have hitherto been speaking of disorders in which renal mischief is but one element, however important; but I must now tell what we can do when the kidney itself is primarily and solely affected.

Renal congestion, of active character and recent occurrence, is recognized 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 cantharis, as 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.

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.

* Ziemssen's Cyclopædia (Engl. transl.), xv., 196 (note).

† *Annals*, i., 386.

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 lack of evidence for its efficacy. On the other hand, when exposure to cold or rough weather can be ascertained, aconite is of undoubted efficacy.*

If hæmaturia is a part of general purpura, you will of course treat it on the principles laid down when we were speaking of that disease. But you will every now and then meet with cases which do not seem to come under any of the categories just mentioned, or do not yield to the remedies indicated; and you will wish to know where you can look for further help. You may find this from cantharis, which is certainly homœopathically indicated, though it seems to require more than the usual homœopathic dosage.† You may get it from arsenicum hydrogenisatum, the hæmorrhagic action of which is so well marked in poisoning by it. Dr. Majumdar relates two cases in which the sixth dilution was promptly curative. They were painless, but much prostration was present.‡ Or you may dip into the bag of pure empiricism, and try the thlaspi bursa pastoris—the shepherd's purse of popular language. This is in all probability the "angioitico" of Mattei's list of specifics, and is described as "easily arresting hæmorrhage in general." The thlaspi had this repute of old, as may be seen from Gerarde's "Herball" of 1636; and its power as a hæmostatic has been vouched for in our own school by Jousset, Rafinesque and Harper, and also by several old-school (especially Rademacherian) practitioners.§ This remedy, like cantharis, has to be given in the mother-tincture.

The endemic hæmaturia of Egypt, Mauritius and other semi-tropical countries seems to depend upon the presence of a parasite, the "bilharzia hæmatobia." Whether under these circumstances our remedies can check the loss of blood must remain a question. If they cannot, there seems no other resource; as all known parasiticides are said to have failed to do so.

Hæmoglobinuria must be mentioned here, though the seat of the morbid process in it lies behind the kidneys in the blood

* See *J. B. H. S.*, ii., 91.

† See *M. H. R.*, xlii., 629.

‡ *J. B. H. S.*, iv., 128.

§ See *Bull. de la Soc. Méd. Hom. de France*, vi., 721; xiv., 160; *M. H. R.* xxxii., 614; xxxiv., 735; *L'Art Médical*, July, 1888; *J. B. H. S.*, i., 182.

itself. Its interest to us is enhanced by its having followed upon the introduction into the system of several poisons, among which I may name chlorate and bichromate of potash, arseniuretted hydrogen and carbolic acid. We should naturally expect to find among these remedial agents for the malady when occurring idiopathically. We are most likely to do this when it constitutes the "black-water fever" of malarious countries, or occurs paroxysmally. In the former case certainly, in the latter probably, the *arsenicum hydrogenisatum* would be the best of the group to choose; while the others remain in reserve for unusual or obstinate cases. The only case I know of in homœopathic literature is one of the paroxysmal form furnished by Dr. Galley Blackley to the second volume of the *London Homœopathic Hospital Medical Reports*. Chininum arsenicosum and anilin were the medicines tried; both had some effect in postponing the attacks, but neither could be said to have proved curative.

I will now speak of

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. In cases threatening to be chronic, *hepar sulphuris* 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

* See case in *J. B. H. S.*, iii., 336. It is headed "Pyelitis," but it is difficult to draw the line between these two affections, especially in the absence of microscopical examination of the urine.

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*; and some chemical influence seems exerted by the peroxide of hydrogen, which may be conveniently given in the form of Marchand's "glycozone."

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 sub-acute 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, at least when the deposit is mucous rather than purulent.†

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, lycopodium, terebinthina, copaiba, mercurius or pulsatilla; and if no definite indications for either are 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.

The following case so well illustrates what may be done in these chronic cases that I give it *verbatim*:—

* See *J. B. H. S.*, iii., 442; iv., 224.

† See *Ibid.*, ii., 219.

C., æt. 80, consulted me on September 11th on account of extensive chronic catarrh of the bladder, which he had had for six months. For some time previously he had suffered from difficulty of urinating, and the urine then appeared a greasy muco-purulent fluid mixed with blood, and was discharged by drops every half-hour or oftener, with great pain in urethra and glans penis, and much straining—which was often ineffectual. He complained also of painful evacuation of scanty, slimy fæces. The calls to pass urine tormented him also at night, until he fell asleep from exhaustion, during which he passed his urine unconsciously, and woke in the morning with his bed soaked. His general health was indifferent, but his strength was fairly maintained. Examination showed hypertrophy of the prostate, but it was not particularly painful. I gave merc. sol. 2 every three hours alternately with canth. 3. On October 1st he came again. A few days after commencing the medicine amendment commenced. He now felt quite well; he had fewer calls to pass urine—only twice in the night; he had no pain, though the bladder was only emptied slowly. No more enuresis. The urine was nearly clear, with slight slimy sediment. Stool nearly normal; no pain in anus, urethra or glans. The prostate, though still enlarged, was not more so than is common with old men. (Gross, in *Allg. hom. Zeitung*, cxxxiii., 178.)

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 retiring 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

* See *Annals*, v., 399.

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. I may also mention petroselinum for this trouble. Dr. Bukk Carleton reports a case of enuresis in a child of $2\frac{1}{2}$, characterized by sudden irresistible desire to urinate both day and night. The 3x dilution cured in a week this trouble of six months' standing.*

An acute form of irritable bladder is described by Bähr as cystospasmus, by Jousset as "tenesme vésical"; 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*, *capsicum*,‡ and again petroselinum.§

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

* *N. A. J. H.*, Oct., 1896, p. 660.

† See Pharmacodynamics, *sub voce*.

‡ See a striking case in *Rev. hom. Française*, Oct., 1895.

§ *J. B. H. S.*, viii., 80.

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 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 connexion 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 *gelsemium* or *conium*† useful for it, and still more frequently *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 thlaspi. There is a form of morbid growth here, however, hitherto known as "villous cancer," but which ought—Sir Henry Thompson says—to be accounted simple papilloma. Here the power of thuja over papillary growths generally might be brought into play, and better results still obtained than in Dr. Ord's case related in Lecture xxii. At present, however, we have no reports of its use; but Dr. Mason, having three or four times seen multiple papillomata of the surface disappear under the action of arsenic, was led to try it in a case of papilloma of the bladder, revealed by the usual hæmorrhage and villous tufts. He gave Fowler's solution twice daily, and complete cure resulted.‡

Tubercle of the urinary tract is little known; but I may mention a case of Dr. Hawkes', so designated on good authority, in which entire recovery took place under calcarea carbonica 6, continued for some months.§

Passing now from the bladder to the *urethra*, I have to tell you what homœopathy can do in the treatment of

Stricture.—You may think that I am here presuming upon

* *Op. cit.* (4th ed.), p. 101.
† *J. B. H. S.*, ix., 100.
‡ *M. H. R.*, Aug., 1899.
§ *Ibid.*, June, 1893.

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. Arnica may be preferable where there has been much mechanical difficulty.*

I pass on to the consideration of the maladies affecting the male sexual organs, including those of the testicle, the spermatic cord, the prostate gland, and the penus 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

* See *J. B. H. S.*, iii., 418.

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 and 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. Its reputation has recently leaked out among the ranks of traditional medicine, and numerous testimonies have been borne to its efficiency. But I cannot ignore the warm commendations given by such excellent authorities as Drs. Ludlam and Franklin to hamamelis; and 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 sub-acute 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 especially *aurum*. The first two seem to act mainly on the tunica vaginalis (of cord and gland); the last—though Dr. Yeldham advises it when neuralgic pains affect chiefly the cord, and when this is palpably enlarged—has a potent influence on the testicle itself. In Dr. Clokey's hands it cured a chronic case of epididymitis, showing an enlargement almost as hard as bone, with pains shooting up the cord. The whole trouble disappeared after six weeks of the 3x trituration.* In another case a man had a hard enlarged testicle on the right side, painful, particularly to touch. Clematis 1x aggravated. The 6x dilution of the same drug, and iodine 3x had no effect; and castration was recommended. Aurum metallicum, in the 15th trituration, was now given three times daily: the testicle gradually assumed its normal size and became softer, and in six weeks the patient was discharged cured.† It is probably the most active remedy we have in simple sarcocele; and I 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 I should have suggested, as heretofore, that a general anti-scrofulous treatment, medicinal and hygienic, would probably give the best results. Dr. Wassily, however, has shown that by calling *tuberculin* to the aid of our silica and calcarea we can do more than could have otherwise been expected.‡

3. Of syphilitic sarcocele we have spoken when discussing anti-syphilitic treatment generally. Aurum plays here also a prominent part, though mercurius biniodatus has Yeldham's weighty commendation.

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.

* *N. A. J. H.*, Nov., 1892.

† *Ibid.*, April, 1893 (p. 249).

‡ *J. B. H. S.*, v., 396. See also a cure with teucrium scorodonia in *Ibid.*, iv., 134.

When it cannot be 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.† A case is related in the *Clinique* for September, 1899, as cured by oxalic acid 6x, the indication for the remedy being that the pain returned whenever the patient thought of it.

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 can be discovered, the former when the derangement seems 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* (fairly high) 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 alcohol and coffee, the latter in young persons of feminine constitution and temperament. Here, too, origanum, is to be thought of.‡

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 oxaluria; 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 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

* See Pharmacodynamics, *sub voce*.

† See *M. H. R.*, xii., 733.

‡ See *J. B. H. S.*, v., 96.

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 as the symptoms are erethistic or atonic, 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.

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

* 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?

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 (as before) 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, following it where required with phosphorus and calcarea. Dr. Olivé, of Barcelona, relates a series of cases in which dioscorea (from the 3rd upwards) has proved helpful after china; and Dr. C. W. Roberts gets good results from substantial doses of the mother-tincture of thuja.*

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 medicines which have done 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 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.

* *J. B. H. S.*, v., 210, 291.

† Pharmacodynamics, *sub voce* iodium.

The disorders of the *spermatic cord* which come before us for treatment are varicocele and retraction of the testicles.

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)."

It is only lately that we have been enabled to speak of affections of the *seminal vesicles*. Mr. Dudley Wright has made our own the information that has been acquired regarding

Seminal Vesiculitis, and has enriched it from his own experience.† He finds oxalic and phosphoric acids the most useful medicines, according as oxalates or phosphates are observed in the urine; but attaches most importance to emptying the distended sacs *per rectum* in a way he fully describes.

When now we come to the *prostate*, 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 power to reduce this; but Mr. Dudley Wright has here again helped us, by showing how much may be done by ferrum picricum, in the 2x and 3x dilutions, to relieve the symptoms which accompany this enlargement, and even to check its onward progress.‡ Contenting myself with a reference to this, I will speak of the treatment of inflammation of the gland.

* See an illustrative case in *J. B. H. S.*, iv., 141.

† *M. H. R.*, xliii., 589.

‡ *Ibid.*, xlii., 414. Later, Mr. Wright has had equal or better results from picric acid itself (*J. B. H. S.*, viii., 154).

Prostatitis is rarely seen save as a complication of gonorrhœa or gleet. When so occurring, as a recent thing, opinion seems divided as to the superior value of *mercurius* and *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,* or again (according to Jahr) by nitric acid; but it finds a still more efficient remedy in *thuja*, on which—in varying dilutions—its subject should be kept for a long time.†

A fresh candidate for honour in chronic prostatitis has lately appeared in the saw palmetto, *sabal serrulata*. Dr. E. M. Hale's pamphlet on the drug sets forth its claims to confidence, and a discussion in the British Homœopathic Society, which you will find in the eighth volume of its *Journal*, shows how these have been received and tested by practitioners in this country. It seems to act much as Mr. Wright has found ferrum picricum to do, relieving symptoms of irritation without altering the fundamental evil.

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. 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*. We have already discussed gonorrhœa, but have yet to speak of

Chancroid.—Soft chancre, with its suppurating bubo, is now generally recognized as a local, though specific and contagious affection. 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 upon 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 effective ally to it; and the two medicines often come in usefully to reinforce one another's action when it is flagging.

The bubo which accompanies chancroid calls for no change in medication when mercurius is being employed, and Yeldham

* See *M. H. R.*, xxxix., 632. † See *B. J. H.*, xxiv., 499.

and Bähr concur in recommending persistence with it. *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 had so frequently seen it disperse without breaking that he latterly gave it a longer chance of doing so. Jahr and Caspari have had corresponding good results from carbo animalis.

Balanitis is not a very serious matter; but any one will thank you for telling him how promptly it may be subdued by mercurius solubilis or cinnabar.* In neglected cases the local use of calendula (as advised by Yeldham) is most helpful.

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. In a case of erysipelas appearing in the abdominal parietes, and involving the scrotum, the latter was found enormously swollen, dark, and superficially ulcerated. Delirium, high fever, rigors and dry blackish tongue were present. Arsenicum 3x arrested the gangrenous process, and completed the cure in four weeks.†

* See *J. B. H. S.*, vi., 299.

† *N. A. J. H.*, Nov., 1892, p. 656.

LECTURE XLVII.

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, Hale 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 physician was a leading advocate, and for this purpose may constantly be consulted; but it is hardly to be read continuously. Dr. Leadam published some forty years ago a volume entitled "The Diseases of Women, homœopathically treated"; and a second edition of 1874 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 experi-

* More fully, "The Application of the principles and practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and young Children."

ence several of his useful treatises. Dr. Hale, in his "Diseases of Women," of which the second edition dates from 1880, deals mainly with dystocia and sterility. I shall also have to refer you to other 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 first speak 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 ovaritis: "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.

The foregoing is what I wrote on the subject in 1878. Since then Dr. Fralich has shown what a bolder use of palladium may do. In a case of chronic ovaritis and salpingitis, of many years' standing, the 3x trituration effected in three months a nearly complete cure. The mischief was on the right side.‡ In an equally good case, left-sided, with leucorrhœa, thick, white and acrid, iodine, given because of some concomitant symptoms, effected complete recovery. The dilution is not stated.§

Sabal serrulata also must be considered in this connexion. Its provings upon women show a marked irritant action on the ovaries; and Dr. Mullins, who conducted one of them, reports much success with it in diseases of the uterus and its appendages. He gives the third and sixth dilutions.‖

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). When it is so (as suggested by the presence, in addition to the

* See *B. J. H.*, xxv., 157.

† See *Ibid.*, xxxi., 183.

‡ *N. A. J. H.*, Oct., 1896, p. 660.

§ *J. B. H. S.*, iv., 226.

‖ *Ibid.*, v., 199.

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. Apis, also, may prove a useful alternative here.* 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*, in the 3rd trituration at the time of attack, and of *zincum*, in the form of the 3_x trituration of the valerianate, 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; and the undoubted action on the ovaries of sabal serrulata may be utilised in this place also.

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

* See *J. B. H. S.*, vi., 312.

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.

Since writing the foregoing, a good deal of evidence has accumulated as to the occasional efficacy of remedies—especially of apis and kali bromatum in ovarian tumours. The question is such an important one, that I must state the case in favour of it in some detail.

First, as regards apis. Besides the American reports previously mentioned, we have had the following:—

1. Dr. Craig, of Bedford, has given details of two cases in which, after a primary tapping, apis 3 was given thrice daily for a considerable time. In one, an unmarried lady of 24, there was no reaccumulation of fluid for two years, when six quarts of fluid were withdrawn. There was no further recurrence. The second patient was a lady, also single, of 72, with a left ovarian tumour. She died six years after the single tapping, and a post-mortem examination revealed a shrivelled cyst of the size of a walnut attached by a pedicle to the ovary.†

2. Dr. Percy Wilde has recorded two well-marked cases of unilocular ovarian cyst, both of which were rapidly cured by apis 3x. In one four years, in the other two, had elapsed since the recovery, and in neither had there been any re-filling of the cyst.‡

3. Dr. Hallock reports a case in which what seemed a fibro-cystic ovarian growth, consequent on a kick in the region, disappeared under apis 3, though an operation had been recommended.§

* See Pharmacodynamics, *sub voce*.

† *M. H. R.*, xxxix., 570.

‡ *Ibid.*, xxxiii., 337.

§ *N. A. J. H.*, Dec., 1893, p. 802.

4. Dr. Weidner was consulted about a right ovarian cyst, so diagnosed by a specialist, and condemned to operation. It was about the size of an apple, and dated from a confinement nine months previously. Soreness and pain were felt on much walking. Patient had lost flesh and become anæmic. Apis 3x was prescribed, and afterwards apisin 6, with rest and freedom from worry. Improvement began from the first, and in four months she had gained nine pounds in weight, and the tumour had quite disappeared.*

5. Dr. Bourzutschky reports two cases. The first was preceded by ovarian dysmenorrhœa dating from the first appearance of the menses; patient was now 18. Gradual abdominal swelling had supervened, beginning on the right side, where were all the physical signs of a cyst. She got apisin, 5x trituration, three times a day, with dry food and firm abdominal bandaging. Speedy subsidence set in, and in six months the patient was perfectly well. The second case was that of a woman of 45, who had been operated upon for a right ovarian cyst two years previously. For several months another cyst on the left side had appeared and enlarged rapidly. The same treatment was instituted, and cured in three months.†

And now for kali bromatum. The three cases of cure given in my Pharmacodynamics owed their happy issue to somewhat material doses; and it has been so with the two I have now to add to them,—in the one two grains twice daily, in the other ten grains three times, having been given. You will find these cases in the third volume of the *Journal of the British Homœopathic Society*, and *àpropos* of them a discussion initiated by Dr. Burford as to the possibilities of medication in these growths. Dr. Burford himself would encourage such hopes in glandular growths and parovarian cysts; but would as strongly discourage them, and advocate early surgical interference, in dermoid cysts and malignant tumours.

Two cases on record in which arsenicum and apocynum respectively proved curative‡ might well have been instances of these parovarian cysts, or cysts of the broad ligament as they are sometimes called. Two cases, so diagnosed by good authority, have in past times been reported as recovering under bovista.§

From the ovaries we pass to the *fallopian tubes*, which have of late years become a centre of pathological interest. This arises from the frequent extension of endometritis, of puerperal

* *J. B. H. S.*, v., 295.

† *Ibid.*, vi., 312. See also ix., 175.

‡ *Ibid.*, iii., 440; ix., 97.

§ *M. H. R.*, xxv., 474.

or gonorrhœal origin, along the mucous membrane which lines them. We will speak here, then, of

Salpingitis.—For a discussion of this disease and its treatment I would refer you to papers by Dr. Dyce Brown and Dr. Burford in the first volume of the *Journal of the British Homœopathic Society*, and by Dr. Neatby in the forty-third volume of the *Monthly Homœopathic Review*. Dr. Neatby rightly quotes me as saying that arsenicum is the only drug which has been known to produce salpingitis (though I should add mercurius corrosivus now). He says that he has used the drug between the attacks of peritonitis which are apt to occur in chronic cases, and in some instances the attacks have become less frequent and less severe, finally ceasing. "During mild peritonitic attacks," he writes, "colocynth answers well;" and Dr. Southwick has found it, when indicated by the pains, actually curative of the salpingitis itself.* In pyo-salpinx mercurius corrosivus is homœopathic, and hepar asserts its usual powers.† Dr. Hawkes commends eupion to our notice;‡ and sabal serrulata must not be forgotten.§

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 and 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 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 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.

* *J. B. H. S.*, viii., 259. † *Ibid.*, i., 376.
‡ *M. H. R.*, xlv., 663. § *J. B. H. S.*, v., 199.
‖ See *B. J. H.*, xx., 52.

The remedies for menorrhagia are, in the first rank, crocus, sabina and ipecacuanha; in the second, arsenicum, belladonna, calcarea, chamomilla, china, ferrum, 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

* See Hahnemann. Mat. Med., Part I., p. 18 (Arsenic). Conversely, Mr. Hunt noticed menorrhagia, with pelvic tenderness and pressure, occurring in a young woman taking arsenic for alopecia, and ceasing on its discontinuance.

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 menorrhagia 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.

Ferrum, not too low, is a most homœopathic and useful remedy in young subjects, of sanguine temperament, and liable to nose-bleeding.

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 characterized by Dr.

* See Teste, *sub vocc.*

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. Otherwise he relies upon arsenicum.* 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 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. Dr. Hawkes relates a case cured, after many failures, with trillium.†

A fresh accession to our therapeutic means for menorrhagia has been furnished of late years in the shape of *hydrastis*; and though the medicine is ours, its application to this trouble is of old-school origin. You will find a full account of the matter in the *London Homœopathic Hospital Reports* for 1892. Of the two alkaloids which the golden seal contains, berberin and hydrastin, the latter is found to monopolise the curative virtues of the root. It has itself been split up into two constituents, hydrastinin and opianic acid; and it is this hydrastinin, differing in some points of its physiological action from hydrastin, that has been mainly used in the ranks of traditional medicine. Dr. Burford and his colleagues find that, as regards uterine hæmorrhage, there is little difference between them; and hydrastin on the whole seems more available for practice—two to five drops of a 1 in 350 alcoholic solution, representing at the utmost one seventieth of a grain, being a sufficient dose. Hydrastinin has to be given in the 1x dilution during the loss, in the 2x or 3x during the intervals. "Given in this way" Dr. Burford writes "there are few non-parturient uterine hemorrhages that it will not immediately control, and few contingent uterine conditions that its continued use will not more or less benefit." The rationale of its action is not yet manifest.

* See *L'Art Médical*, Dec., 1894. † *M. H. R.*, xlv., 674.

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. As a rule, I get the best results from the 6th. Helleborus (when the system seems overcharged for want of the relief, the head is heavy, and the epigastrium distended), 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 lecturing 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

* See *J. B. H. S.*, v., 98.

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 have made 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 with-

out 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 *gelsemium* (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. Gelsemium, 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 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

* See *Annals*, viii., 252.

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. It is good also for intermenstrual pain, which is pretty surely ovarian. 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 indigenous 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 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's 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 when the flow is arrested during the pains.

So I wrote in my Therapeutics, practically breaking ground on the subject. It has frequently been treated of since, and I must give you an account of how some of our writers have dealt with it.

1. In the *Monthly Homœopathic Review* of 1881 Dr. Dyce Brown published a lecture on Dysmenorrhœa, and entirely

* See *B. J. H.*, xxix., 746.—In a case recorded in the *Medical Century* of August, 1898, the cure was effected by the 6x trituration. The fear of downward motion characteristic of the drug was present here.

confirms from his experience what I had written about the place and value in this trouble of gelsemium, caulophyllum, actæa and xanthoxylum. He adds *cocculus*, when general abdominal disturbance co-exists. All these are for the paroxysm. During the intervals he would give sulphur, sepia, pulsatilla or platina, according to their indications; and here, too, he thinks with me, comes in the place of collinsonia.

2. Eighteen years later, Dr. Neatby brought the subject before the British Homœopathic Society, as you may read in the seventh volume of its *Journal*. He, too, lays most stress on prescribing for the patients during the intervals; but at the time gets good results from secale in the spasmodic, sabina in the congestive form—both given in medium potencies. In the discussion which followed Drs. Burford and Madden regarded gelsemium, viburnum and xanthoxylum as palliatives only, but attached real curative virtues in the spasmodic form to caulophyllum—3x in the intervals, 1x in the attack.

3. Xanthoxylum has in other hands approved itself of more permanent value than these colleagues will allow. Dr. Barrow has recorded a striking instance of its efficacy. A lady of 27 had for years suffered so much at the period that life had become almost unbearable. She had had all kinds of treatment, including dilatation of the cervix, without result. Two years after the operation, worn to a skeleton with suffering, she came under Dr. Barrow's care. He prescribed xanthoxylin 1x three times a day for a fortnight before the menstrual period. At the next recurrence of the period there was very little pain. The remedy was continued for some time, and when left off the patient was completely cured, and had remained so for three years when the report was made.* An Indian colleague, Dr. Ghose, writes: "I have treated nearly ninety cases of dysmenorrhœa with complete success, and the majority of these yielded to the almost magical influence of xanthoxylum." He relates several cases. The drug was used, he says, "indiscriminately," but the majority had the discharge profuse. The pain was excruciating, and felt down the thighs anteriorly. The remedy acted most promptly on women of spare habit, nervous temperament, and delicate organization.†

4. Viburnum is another medicine which has come much to the front of late. Its proving on the female subject has shown it to be homœopathic to spasmodic uterine pain, and it is perhaps more frequently used now-a-days in such dysmenorrhœa than any other remedy.‡ Dr. Jousset is warm in its praise. He gives the mother-tincture in about half-drop doses.

* *M. H. R.*, xl., 751. † *N. A. J. H.*, Dec., 1899.

‡ See *N. Engl. Med. Gazette*, April, 1900 (p. 199).

LECTURE XLVIII.

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 inflammation 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 depression or 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 endo-metritis; 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. You will find an elaborate paper from him to this effect 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. For this see vol. xi. of the same journal, p. 638. He finally told us* 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 thirty years' experience—concluded 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.

* *Annals*, v., 129.

† In his paper on Uterine Therapeutics, read at the British Homœopathic Congress of 1875 (see *M. H. R.*, xix., 673).

‡ See *B. J. H.*, xxxvi., 194.

If, however, we are to dispense with these potent measures, we must all the more carefully select our 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 connexion 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.

The foregoing, about inflammation of the uterus and its cervix, I have brought before you in the words of my Therapeutics of 1878. It represents the pathology of that time, while anticipating a revulsion from the strong measures then

adopted for coercing the cervix to health, and healing the "ulcers" to which it was supposed to be so unaccountably subject. The article on diseases of the womb in Quain's Dictionary of 1894, written by Dr. Playfair, shows that this revulsion has occurred; but unfortunately it has been made on pathological rather than therapeutical grounds. The "red, strawberry-like abrasions round the os, which, under the name of ulceration, have formed so fruitful a subject of controversy in uterine disease . . . in no sense of the word constitute an ulceration, since the epithelium is the only structure destroyed. Their detection is of much importance from a diagnostic point of view, but chiefly as leading to a knowledge of the more deep-seated changes which have produced it as a secondary result, which are themselves beyond the sphere of observation, but which are truly at the root of the evil." This is good, and shows that in dealing with the condition so revealed by internal remedies and nothing but soothing applications we have been on the right tack. But the therapeutic violence which I so earnestly deprecated when it assailed the cervix has only transferred itself to the lining membrane of the uterine body. The mildest agents of intra-uterine medication are strong solutions of carbolic acid and iodine; then comes nitrate of silver in similar form or in the solid stick; and barbarity is carried to its utmost in the applications (recommended by the Dublin physicians) of fuming nitric acid, the cervix having been first dilated with tents. I cannot protest too strongly against thus breaking into the house of life. Is the uterine mucous membrane so different from that which lines other tracts that it should be assaulted in this rude manner?

Homœopathy shows us a more excellent way. By observation and experiment it finds what drugs can, when taken otherwise into the system, inflame the lining of the womb; and it administers these by similar channels when endo-metritis is already set up, knowing that they will by elective affinity seek out the irritated surface, and gently, harmlessly, peaceably exert upon it the alterative influence desired. Are we not, in so acting, already in the van as regards endo-uterine therapeutics, as we were when I formerly wrote in respect of cervical ulceration?

Let us now see what advance or modification the progress of years has brought in the recommendations I have already made.

1. To what I have said on the treatment of chronic metritis I have little to add, save to emphasize the recommendation of aurum. If you will read the section "Sexual Organs" of

Dr. Washington Epps's excellent monograph on "Aurum; its pathogenesy and therapeutics" in the Transactions of the International Homœopathic Congress of 1896, you will find abundant evidence of its virtues in this sphere. You will notice, also, that it seems to act best here in one of the double salts it forms either with sodium or potassium.

2. I have mentioned arsenicum alone among remedies for endo-metritis where the body of the uterus is the seat of the catarrh; and you will rarely require anything else. Dr. Deschere, however, contributes an alternative which may be useful when the kind of leucorrhœa he mentions is present. "Carbolic acid," he writes,* "has proved serviceable in several cases of displacement of the womb, with a co-existing catarrh of the utero-vaginal mucous membrane. Discharge from this, if present, is always offensive. The symptoms first relieved are the agonizing back-ache across the loins, with dragging sensation down the buttocks and into the thighs. The improvement of the local symptoms, except the displacement, follows gradually but surely." He uses the 30th dilution.

3. The question of dynamic medication as against caustics in the so-called "ulceration" of the cervix you will find threshed out in the papers presented and the discussions on them held at the International Homœopathic Congress of 1881. My sympathies were with Drs. Dyce Brown and Matheson against their opponents, and I think that the trend of later experience has been in their direction. Dr. Brown gives very full and clearly marked indications for our chief medicines suitable to this condition, which you cannot do better than consult when you have it to treat.

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 connexion 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.

* *N. A. J. H.*, Sept., 1896, p. 596.

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 arterial or venous congestion of the womb. Accordingly, *sabina* and *sepia* are our chief remedies; 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 Tyler Smith. Accordingly, when the remedies I have already mentioned have been fairly tried, but without success, or when from the symptoms or a specular examination you diagnose endo-cervicitis, you must resort to more deeply-acting medicines. If the discharge is white and milky, but profuse, *calcarea carbonica* is generally remedial. Some time ago a trituration of roasted egg-shells was recommended in America for this trouble, in place of the preparation of oyster-shells we ordinarily employ; and, as Constantine Hering used to call the latter calcarea ostrearum, the former might be named calcarea ovorum.* I have frequently verified the suggestion, giving the second and third triturations. When the discharge degenerates into an acrid and offensive fluid, *kreasote*, from the 2nd to the 6th, is an excellent remedy.† In cases having no special features, you may bethink yourselves of the experience of an old-school physician, which is cited in the third volume of the *Journal of the British Homœopathic Society*. He recommends the persistent use of *cantharis* in this trouble occurring in young unmarried women, where local examination is undesirable. His dose is very small, and no strangury or other unpleasant symptoms are produced. "The action of the drug," he says, "has been uniformly satisfactory."

Dr. Southwick, who is well known as a gynæcologist, has lately written on the therapeutics of leucorrhœa. His remedies are much the same as those already mentioned, viz., calcarea phosphorica, helonin, kreasote, sepia. He also commends stannum for profuse discharge of yellowish or white mucus, with great debility and aching in the back.

Of vaginal leucorrhœa I shall speak when I come to the affections of that canal. I will only mention here that it is in this form of the flux that borax exerts its really great powers.

As to vaginal injections in leucorrhœa, my own experience is decidedly in their favour. Free irrigation of the os and cervix

* It was introduced as "ova testa," evidently a misprint for "ova tosta"; but the error has been perpetuated ever since.

† See *J. B. H. S.*, v., 106.

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, still more of caustics, 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 weak- 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 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,

* *Amer. Hom. Review*, v., 321.

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 into the hypogastrium and thighs. There are also some cases of prolapsus on record cured by secale;* and Dr. Preston communicates† 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 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 after reposition) 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; *lappa major* and *helonias* of which—in atonic cases—the same may be said;‡ and *lilium tigrinum*.§ Dr. Guernsey gives indications for some fifty drugs, which you may consult if you have a troublesome case to manage.

* See *B. J. H.*, i., 407.

† See *Ibid.*, xxv., 49.

‡ See *J. B. H. S.*, i., 280; viii., 253.

§ *Ibid.*, vii., 336.

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 has hitherto been 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, has been 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 where profuse muco-purulent excoriating leucorrhœa exists, and the biniodide in cases characterized by a stony hardness of the tumour without much excoriation. Both are to be given in low potency. The cases he relates, 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, 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.

Since these writers handled the subject, however, some solid contributions have been made to the medicinal treatment of fibroids.

1. The late Dr. Alfred Beebe, of Chicago, has from time to time communicated favourable results obtained from *calcarea iodata*. A paper in the *Medical Era* of February, 1892, summarises his experience and gives references to his previous deliverances on the subject. He gave about gr. $\frac{1}{60}$th for a dose, repeating two, three or four times a day. He never failed, he

said, to control the hæmorrhage by this means, and often accomplished a notable reduction in the size of the tumours. I have had a similar experience in a well-marked case. Dr. E. A. Sears relates one,* where the menorrhagia had made the patient quite anæmic. Ten grains were dissolved in a pint of water, and a teaspoonful taken after each meal. When last seen she had lost all anæmic look, had gained flesh, and was bright and cheerful. The periods had become quite natural, though the tumour had not perceptibly diminished in size. In two cases, one interstitial, one sub-serous, great reduction in size was observed by Dr. Sarah J. Millsop under the use of the 2x dilution.† Dr. Neatby, who in the *London Homœopathic Hospital Reports* for 1894 and 1895 relates the history of thirty-four cases which had come under his notice up to that time, in 1898 brought the subject before the British Homœopathic Society,‡ and summed up the therapeutics by saying that his sheet-anchor, for reducing both hæmorrhage and size, had become the iodide of lime. "I give" he writes "the American preparation which contains 12·5 per cent. of free iodine, about one-fifth of a grain for a dose four times a day."

2. There is thus good prospect of help in this direction; and another in which we may look is toward the curious virtues of thyroidin. In a deeply interesting paper, embodying a large experience in the extra-surgical treatment of fibroids, Dr. E. S. Bailey relates nine cases in full and refers to others. Among them are contained several showing good effects—sometimes of a striking character—from thyroidin. He finds it act well, if not even best, in the triturations up to the 3x, so that it is not its physiological action which is exerted. Dr. Bailey's communication appears in the *Clinique* for January, 1898. In the same journal for February, 1899, you may see the results of a large testing of the remedy on the part of his colleagues. They show an undoubted power on the part of this substance (usually in the 1x trituration) to relieve the symptoms and often to reduce the size of these growths.

3. Baumann has been able to extract the active principle of the thyroid gland, and finds it to be an organic compound of *iodine*. That this drug is the pre-potent element in the calcarea iodata has already sufficiently appeared; and Dr. Gaudy has reported some cases of fibroid, where in the form of kali iodatum, as weak as the 3x dilution, it has produced remarkable effects. Large doses had generally been given first, but had been without influence save for evil.§

* *J. B. H. S.*, ii., 94. † *Ibid.*, i., 375. ‡ *Ibid.*, vi., 30.

§ *Journal Belge d'Homœopathie*, March—April, 1899.

It is thus to iodic preparations that we must look for control over uterine fibroids. I come now to

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 in favour of removal at first and subsequent homœopathic medication to obviate recurrence.

And now, of

Uterine Cancer.—There are three main 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 so diagnosed 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. An old-school physician—Dr. Welsch, of Augsburg—has

* *Memoire sur la sycose*, in Cretin's edition of his collected writings.

lately written of the drug: "Very good results have been observed from its application in erosions and ulcerations of the vaginal portion of the womb. I have seen better and more rapid cures of cases suspiciously like cancer from thuja than from any other remedy." * Jahr, with Wahle and Kurtz, has much confidence in *kreasote* in these cases; and it certainly bears some homœopathic relationship to them. Dr. Daudet reports a case in which digital examination, together with the constitutional state and appearance of the patient, led him to the diagnosis of epithelioma of the cervix. He prescribed hydrastis 12, a dose three times a day. Two days later, a copious, fœtid, blackish hæmorrhage set in; and in three or four days more the morbid growth came away in blackish masses having a sickening odour. All local symptoms disappeared, and the patient became quite well.†

3. The third form of uterine cancer of which I would speak is sarcoma. I have hitherto suggested silica for this growth;‡ but Dr. Helmuth's experience would point to thuja here also, and the persistent brownish leucorrhœa which characterizes it to kreasote. We have no experience of its treatment on record.

This is all I can tell or suggest as to curative treatment of uterine cancer; and it would seem to leave the knife a surer resort. Where, however, from any cause this is not employed, though we may not be able to cure we can do much by way of palliation, prescribing according to the symptoms. Your patients with uterine cancer may be thus led in comparative ease down the path of decline till death closes the scene.

* *J. B. H. S.*, i., 284.

† *Revue hom. Française*, July, 1893, p. 291.

‡ See Pharmacodynamics, p. 705; Therapeutics, p. 309.

LECTURE XLIX.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

Metrorrhagia—the peri-uterus, vagina, vulva and mammæ.—The Critical Age.

An accident which may occur in connexion with any of the uterine affections hitherto 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. 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. Drs. Claude and Amermann endorse his experience.*

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

* *J. B. H. S.*, i., 85.

and argentum of most value in that which accompanies uterine fibroids. This writer also signalises an empirical remedy, the thlaspi bursa pastoris, as one that has frequently rendered him good service in obstinate cases. He gives the mother-tincture.

Since I wrote the foregoing in my Therapeutics, several fresh contributions have been made to our knowledge of the therapeutics of menorrhagia.

1. As a hæmostatic at the time Dr. Ludlam has had good results from cocaine. He puts about gr. $\frac{1}{12}$th in half a tumbler-ful of water, and gives a teaspoonful frequently till the flow diminishes.* Mr. R. K. Ghosh sends a similar experience from India, saying that the remedy often acts like a charm.†

2. When metrorrhagia is fœtid, kreasote is as effective as when a similar condition obtains in leucorrhœa. Drs. Aldrich and Sybel concur in testifying to its efficacy here.‡

3. The shepherd's purse, which I mentioned as recommended by Dr. Jousset in metrorrhagia, has come quite to the front of late as an anti-hæmorrhagic, as I have told you when speaking of hæmaturia. Dr. Julia Button relates a curious experience with the drug. She gave it in a climacteric case—fifteen drops of the tincture to half a glass of water, a teaspoonful every hour. It controlled the hæmorrhage, but caused a severe constrictive headache; the patient said it seemed as though her skull would crack if she did not move her head with great care. Glonoin relieved this, but the hæmorrhage returned. Finally the 1_x dilution was substituted. This controlled bleeding without producing headache; and the trouble had not returned for six months when the report was made.§ Dr. Mason records a case following on a miscarriage, in which, after not medicines only but operative procedures had failed, thlaspi cured. The drug was given in infusion, and its too long continuance seemed to cause a recurrence of the hæmorrhage, for the latter quickly ceased on suspending it.‖

4. I would add to the remedies I have already mentioned two others. One is a rarely-used herb—the lesser periwinkle, *vinca minor*. I have found it, acting on the suggestion of Dr. Henry Madden, excellent for checking hæmorrhage recurring some years after the climacteric, and making one fear that malignant disease was impending. The other is *trillium*. Drs. Burford and Neatby concur in esteeming this drug the most effective hæmostatic we have where fibroid growths cause the

* *J. B. H. S.*, iii., 336.
† *Ibid.*, iv., 132.
‡ *Ibid.*, iii., 215.
§ *Ibid.*, i., 379.
‖ *Ibid.*, iii., 105.

loss;* and Dr. Hawkes has lately told us of a cure with it of menorrhagia degenerating into metrorrhagia in a young subject.†

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 subsided under sepia.‡ For the second Dr. Guernsey recommends bromine, phosphoric acid and lycopodium; but Dr. Ludlam relates a case brought on by worry and fatigue after parturition, where belladonna proved curative.

Before leaving the uterus, I must speak of some affections which belong to its surroundings and connexions. These are perimetritis and pelvic hæmatocele; pelvic cellulitis and abscess.

By

Perimetritis 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 will be considered in its proper place.

The only one of our authors who mentions perimetritis is 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.

And now of

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

* Dr. Royal reports a case in which, not only did the menorrhagia abate, but the fibroid withered (*M. H. R.*, xxxviii., 688).

† *M. H. R.*, xlv., 674.

‡ *North Am. Journ. of Hom.*, iii., 89.

§ See *B. J. H.*, xxxiv., 99.

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.

Pelvic cellulitis most frequently occurs in the puerperal state, and we shall discuss its treatment there under the head of puerperal fever. As it does supervene, however, upon other traumatic incitements, a word must be given to it here.

Apis and *rhus* are the main remedies for areolar inflammation, and the former would be most appropriate to the non-puerperal, the latter to the puerperal form of pelvic cellulitis. If fever run high, there is reason to think that *veratrum viride* will do more for it than aconite or belladonna. Should suppuration occur, the case resolves itself into one of

Pelvic abscess, which may of course arise from other morbid processes, as tubercle and hæmatocele. However it originate, *hepar sulphuris* and *silica* are its main remedies, and under these—especially the former, quite extensive collections of pus have been known to undergo absorption. If the effusion have not yet undergone a purulent transformation we may bethink ourselves of palladium. In a case of Dr. von der Goltz's, as a sequel of pelvic inflammation following an abortion three years previously, the uterus was retroflected, painfully sensitive and immovable; and both parametria were a compact mass, filling out the lower pelvis. After two courses of three doses each of palladium 30, at three weeks' interval, the patient returned to report herself pregnant. On examination, nearly all inflammation was found to have subsided.*

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 recommended *sepia*. In simple acute vaginitis, as from cold, aconite may be followed by *mercurius*, as advised by Bähr. In diphtheritic vaginitis, 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.

* *J. B. H. S.*, v., 289.

2. Chronic vaginal catarrh is the basis of vaginal as distinguished from uterine leucorrhœa. Mercurius and sepia are here also 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. Of late years I have always begun the treatment of vaginal leucorrhœa with *borax*, in the 2x or 1x trituration, and have rarely found it to fail. When ulceration has occurred, nitric acid might be useful.*

And now, of

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 vaginismus 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. Dr. Villers also has recorded a case which recovered under *belladonna*.§

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 benefited by *stannum*.

* See *J. B. H. S.*, viii., 75.
† See *Practitioner*, i., 381.
‡ *The Organon*, i., 76.
§ *J. B. H. S.*, ii., 93.

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 circumscribed variety, generally, if not always, an inflammation of the vulvo-vaginal glands) 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.† Mr. R. K. Ghosh tells a remarkable story of nymphomania occurring in a young Hindoo bride, to the distress of her husband, who found himself quite unequal to the tasks imposed upon him. Platina caused only temporary relief, but coca, in the 1x dilution and mother-tincture, effected a steady and fairly rapid cure.‡

* See *B. J. H.*, vii., 494.

† See *N. A. J. H.*, xv., 62.

‡ *J. B. H. S.*, iv., 139.

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, the late Dr. Woodbury, of Boston, U.S.A., professed 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. I have twice verified the recommendation of borax.

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 the inflammations and the tumours which occur during the dormant intervals of the breast's existence.

1. There are two inflammatory states to which the mammæ are liable. The first is rather hyperæsthetic congestion; it is that which in some women occurs at every menstrual period. The second is what used to be called "irritable mammary tumour"; and which I have hitherto described under that name, likening it to ovarian neuralgia and irritable testicle. Mr. Birkett, in Quain's Dictionary, adduces good reason for believing it to be a chronic lobular mastitis.

Now for these inflammatory conditions we have three prime remedies in *conium*, *belladonna* and *phytolacca*. It is difficult to distinguish between them; but conium (of which in "irritable mammary tumour" Sir Astley Cooper had so high an estimate)

has seemed to me most useful when painful glandular enlargements have followed blows upon the breast. It is, however, effective enough in the catamenial form.* Belladonna would be the better indicated the more obvious was the inflammatory condition; Dr. Wingfield gives a case in the thirty-ninth volume of the *Monthly Homœopathic Review* (p. 143) where a tumour of six months' standing, suspiciously like cancer, disappeared in a fortnight under the 1x dilution. Phytolacca has been used successfully by Dr. E. M. Hale for the tendency of the breasts to grow tender and painful at the monthly period.† Jousset praises murex for the pains of these cases, calling it nearly infallible; 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 mammary 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's 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

* *J. B. H. S.*, iii., 207. † *B. J. H.*, xxi., 205.

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 ʒij 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. Dr. Dudgeon records a case where hydrastis aggravated but cundurango cured an apparently malignant mammary tumour.†

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 practice, 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.

* See a striking case by Dr. Kidd, in his *Laws of Therapeutics*, (p. 230).

† *H. W.*, xxiv., 543.

LECTURE L.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

Pregnancy, Parturition and the Puerperal State.

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 latter 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 sympathize 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 characterized 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 mentioned 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. Toothache, salivation, vomiting, heartburn, constipation—are well-known troubles of pregnancy. Let me give you some hints as to their treatment.

The toothache 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 its compound with fluorine.

* In a case where it occurred during a *post-partum* albuminuria, picric acid 12 proved curative both of cause and of consequence. *J. B. H. S.*, i., 274.

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. The newer medicine, *jaborandi*, may prove more effective. I have myself hardly found it so; but others have reported more favourably of it.* 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 reputed 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 in my experience best alternated with nux vomica. Apomorphia should be considered in obstinate cases; also cuprum aceticum and arsenicum.†

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*

* See *J. B. H. S.*, ii., 99.

† *Ibid.*, i., 177; viii., 155.

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*.

An abdominal trouble connected—in the mind, at any rate—with pregnancy is its simulacrum, pseudo-cyesis. When it is the movements of the child that are simulated, crocus may be, as it has been,* effective to remove the sensations.

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, ferrum and cantharis are possible alternatives, and smelling at camphor will often give temporary relief. Once, in an obstinate case, staphisagria 6 proved curative in my hands. 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

* *J. B. H. S.*, i., 176.

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 of eclampsia involved in her reaching the time of parturition with albumen still passing in her urine.

Dr. Burford has shown* that simple renal inadequacy, without inflammation, may be the condition induced by pregnancy; but hitherto no remedies have restored the lacking function.

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*, *calladium* 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: in which case you will think of *borax*.

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. Two cases are mentioned in the *North American Journal of Homœopathy* for February, 1896, in which this sympton was removed by opium—not given as a narcotic, but in the sixth dilution.

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.

* *J. B. H. S.*, viii., 128.

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 while 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

* See *M. H. R.*, xxiv., 603.

† See *Ibid.*, xlii., 323, and *J. B. H. S.*, vi., 397, for confirmation from both schools as to secale.

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. They were few when I wrote thus in 1878. But the Homœopathic Journal of Obstetrics, Gynæcology and Pedology, now in the twenty-fourth year of its existence, shows that America at least has not failed to attend to this department of our art; and the papers read by Mr. Rean before the British Homœopathic Society,* by Dr. Roberson Day before the Congress of 1891,† and by Dr. S. P. Alexander before the Western Counties Therapeutical Society,‡ show, both in themselves and in the discussions they evoked, warm interest in the subject.

There is an ante-partum opportunity for medicine here. Can we do anything to approximate the labours of civilised women to those of their Indian sisters, who will drop out of a march to produce their babies in a convenient wood, and rejoin the column ere it has gone too far? Mr. Rean says we can with *arnica*, and Dr. Day reports like results (which many have had before him§) with *actæa* and *caulophyllum*—all in the 1x dilution. Dr. Alexander confirms the experience of the two last medicines, but suggests that they should be chosen, not in a routine manner, but on the strength of the symptoms present at the time of administration, or dreaded thereafter.

* *Annals*, x., 413. † *M. H. R.*, xxxv., 578. ‡ *Ibid.*, xxxvii., 76.

§ See *J. B. H. S.*, ii., 481; iii., 200, 324; iv., 494; vi., 218.

The earliest object for which you may have to administer medicines to an actually 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 the sixth volume 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 6 to 30, and wait a while for a chance of a favourable change. Dr. J. S. Ayres has reported two cases in which the 6th dilution seems quite unmistakably to have effected such purpose.*

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 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, gelsemium and lobelia. I should have thought that the last two could only have acted antipathically. Mr. Rean has verified Dr. Hale's experience, but not Dr. Leadam's, and of Dr. Guernsey's medicines can only speak well of aconite. Dr. Higbee commends belladonna when the os is really rigid, gelsemium when it is simply inapt to dilate. The uterus may seem to contract the wrong way.‡

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

* *J. B. H. S.*, ii., 99. † *M. H. R.*, xii., 657.

‡ *J. B. H. S.*, iii., 337.

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 can confirm the praises of pulsatilla, though in lower dilution; but 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. Where there is entire inertia, the patient making no effort, Dr. M. E. Douglass speaks highly of causticum.† Should the 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." It is said that the tendency to adherent placenta may be combated by hydrastis.‡

Once again a dose of arnica may be given before the patient is left, as a prophylactic against after-pains. Of these more

* To anticipate an obvious criticism, let me say that such a case should properly have been one for the forceps.

† *J. B. H. S.*, ix., 177.

‡ *Ibid.*, v., 91.

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 should sympathize with you in this objection, so far as the primary importance of such measures as the application of cold (or strong heat) 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-school 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 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 homœopathic 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. Mr. Rean finds it far superior. 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."

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. *Gelsemium*, 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, but not badly enough to require stitching up, 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. Should the tendency to retention persist, try *equisetum* 1x.† 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. Hamamelis locally, in the form of Pond's extract, is a useful adjunct.

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; and Dr. Ludlam has found good effects from secale of the same strength. In sub-involution itself, following parturition, Dr. Burford has been led to potassium, especially in the form of the bromide, as the most helpful medicine in recent cases, and to aurum in those more advanced. He has had a double bromide of gold and potassium prepared, from which he gets excellent results.§ (You will remember the value of the double chloride of gold and sodium in uterine enlargements otherwise occurring.)

A few words upon the management of the bowels 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. Tyler

* See *B. J. H.*, xxvii., 360.

† *M. H. R.*, xli., 286.

‡ *B. J. H.*, xxviii., 241.

§ *M. H. R.*, xl., 94.

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 seem to 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 have hitherto thought that for 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. I still think that such a classification stands good. But there must be subdivision under the second head, according as the infection, which seems always its cause, travels by the lymph-channels or by the veins; according therefore as we have puerperal septicæmia or puerperal pyæmia to deal with. Let us consider its treatment under these headings.

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

* See his essay on Puerperal Fever in the New Sydenham Society's edition of his works.

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 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, so as to present 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, and we have 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, and pelvic cellulitis is before us, *rhus* is the medicine most likely to avert suppuration; if this is inevitable, hepar sulphuris should be administered to favour the completion of the process. I have spoken more in detail of this inflammation in my last lecture.

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 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 *rhus* or *lachesis*; and to these general consent gives *hyoscyamus* as a valuable auxiliary. Dr. Custis regards rhus as the main remedy here. "I never saw a case," he says, "where it was not called for sooner or later. So constant has been this experience, that I anticipate the condition by giving it in the absence of other directly indicated remedies, or when the temperature remains stationary, not improving under the medicines previously prescribed."

So far I have been speaking of puerperal septicæmia. Should the mischief begin by uterine phlebitis or present itself from the

first under the pyæmic form, the remedies for that condition indicated in lecture xliii. must be brought into play.

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 constitutional 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*, or in the event of its failure, *sabal serrulata*, is 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. I have often seen it act most rapidly. *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

* See *B. J. H.*, ii., 417, and *J. B. H. S.*, vii., 83.

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. These recommendations as to bryonia, belladonna and phosphorus I owe to a paper on the subject from the pen of Dr. Mercy Jackson in the twenty-fourth volume of the *British Journal of Homœopathy*. 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 (for which we have no such medicines) 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. The present view seems in favour of its being a cellulitis, starting from the parametrium, in which case apis or rhus should be the best medicines for it.

* See *M. H. R.*, xl., 410.

LECTURE LI.

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 1877, 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 could, however, claim mainly for homœopathy in the essential meaning of the term, a book that was once a classic in the old school—Mr. Hunt's "Guide to the Treatment of Diseases of the Skin";* at least that portion of it, quite seven-eighths of the whole, which deals with the use of arsenic. As such a claim may cause surprise, and as arsenic is now employed (if at all) in cutaneous therapeutics simply as a "nerve-tonic," I must make my assertion good before we go farther.

Mr. Hunt undoubtedly belonged to the traditional school of medicine; but homœopathy resides not in the name so much as the thing. When a medical practitioner publishes a work containing the results of a vast experience in the treatment of the diseases of a particular organ by a single drug specifically related to that organ, we hail at once a contribution towards the development of that essential truth of which the system called "homœopathy" is the embodiment. Homœopathic treatment involves an elective affinity of the drug for the part affected; its capacity for affecting such part in a manner resembling the disease; its power, if given in too large dosage, of aggravating the morbid condition; and its superior efficacy when administered singly. Well, Mr. Hunt, maintaining that arsenic is an almost unfailing remedy in cutaneous diseases not syphilitic or tuberculous in nature, regards this remedial power as dependent on a specific action of the drug upon the skin (p. 160), and mentions the supervention of mild forms of pityriasis and lichen under its medicinal use (pp. 24, 25). He advocates its administration in doses too small to disturb the system generally (p. 17), in one case giving as little as $\frac{1}{480}$th of

* My references are to the fifth edition, dated 1861.

a grain of arsenious acid (p. 73); and states that larger doses often aggravate cutaneous diseases, which will nevertheless yield to smaller ones. He further urges that arsenic should always be administered singly, and says that "if there be any medicine more dangerous and unmanageable than another, it is the villanous compound of arsenic, iodine and mercury known by the name of "Donovan's solution" (p. 28). By his own testimony, then, the arsenic Mr. Hunt has employed so successfully in skin disease is a homœopathic remedy. He admits this explicitly in reference to the irritation of the gastro-intestinal mucous membrane which not unfrequently complicates disorder of the skin. "It is not generally known," he says, "that arsenic, which in large doses irritates the bowels, in small doses soothes them, and is of eminent utility in checking the chronic diarrhœa and gastric irritation" of cutaneous cases (p. 22). Fortunately, this fact *is* generally known among homœopathic practitioners, and was proclaimed by them many years before Mr. Hunt's first edition appeared. His words, in a note appended to his statement, might fairly proceed from the mouth of every contributor to homœopathic literature:— "this assertion has been treated with ridicule, but I venture, after twelve years' further observation, to repeat it."

But some of my hearers, who have imbibed the prevalent "nerve-tonic" theory of the cutaneous action of arsenic, may ask for further evidence than Mr. Hunt's of its specific action on the skin. I would ask such to read the section devoted to the subject in my Pharmacodynamics (p. 250), and § 24–44 of the poisonings by the drug presented in the Cyclopædia of Drug Pathogenesy. You will there find examples of wellnigh every form of altered nutrition, of inflammation, and of neurosis from which the skin suffers idiopathically to have been caused by it as a toxic agent; and we are thus entitled to claim for the method of Hahnemann whatever good has resulted from it in this sphere as a remedy. We who avowedly practise according to such method may resemble the present dermatologists rather than Mr. Hunt as to the frequency with which we use it, but this is only because we have other remedies which seem to us more appropriate. When we do use it, we know and acknowledge that we are homœopathizing.

There is another point in which Mr. Hunt's cutaneous therapeutics is essentially that of homœopathy, viz., that it seeks to cure skin diseases 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 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. Dr. Burnett has devoted one of his little books * to working out this thesis and has done it very effectively.

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; but I shall fill in the outlines from Mr. Malcolm Morris's excellent manual.†

In the order *Exanthemata* we shall have to consider (erysipelas having already come before us as a general disease) erythema and urticaria.

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 the erythema nodosum is the type. 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—it is called by Hardy "rheumatic purpura." It differs anatomically from simple erythema in that some localised effusion has occurred. The benefit obtained from *quinine* in old-school practice is so great, and its power of causing an exanthem (mostly erythematous) 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. *Rhus* is indicated on like grounds. Dr.

* "Diseases of the Skin from the organismic standpoint." London, 1886.

† "Diseases of the Skin," 3rd ed., 1894.

Hansen reports a case in which the patient—a woman of 42—had for eighteen years never been free from it save for the three summer months. There were shooting pains in the legs having the modalities of rhus, and causing much restlessness. The venenata variety was given, 5 drops of the 3x three times a day, and a complete cure was effected. Apis and arnica also may have to be considered.

Several kinds of erythema—formerly distinguished as papulatum, tuberculatum, annulare, circinatum, marginatum, and so forth, according to the shape of the patches—are now classed together as "erythema multiforme." They follow the "nodosum" variety in being ordinarily associated with pyrexia, and quinine and rhus would be indicated for these as for that. The latter would be preferable in "erythema iris," on account of its tendency to form vesicles and bullæ. The *copaiba* rash also frequently simulates erythema multiforme. Of lupus erythematosus I shall speak when I come to lupus itself, and of rosacea under acne.

And now, of

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 (which I have twice had 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 Erasmus Wilson states their natural duration to be seven. Apis, I may add, is the better indicated as the urticaria approaches the œdematous form; and a preparation of the sting of the wasp—vespa, it might be called—would be as well if not better indicated.

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, Burnett and

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 (in the 1x trituration) a single and sufficient substitute. In one case which bid it defiance I succeeded with antipyrin.

One species of the order *Papulæ*—strophulus—belongs to the maladies of children. The other two are lichen and prurigo.

For the simple form of

Lichen 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.

Lichen has been almost analysed away by Mr. Morris. According to him, the "simplex" and the "agrius" varieties are forms of eczema; the "urticatus" is one of urticaria itself, and "prickly heat" is miliaria in a tropical degree. Nothing is left but Hebra's "ruber"—Erasmus Wilson's "planus"—and while arsenic is a specific for it, such large and long-continued doses are necessary that the practitioner has to be warned against medicinal poisoning. We must see if we can show a more excellent way, and perhaps we may do it by giving our arsenic in the form of the iodide. Dr. Mackechnie narrates a case of a month's standing, which went on increasing for ten weeks under sulphur, apis and graphites, but yielded in three or four weeks when arsenicum iodatum, in the 3x trituration was substituted.*

Prurigo, when occurring in its "mitis" form, will generally yield to *sulphur*, and if you like to apply this substance locally also in the form of baths there is little fear of "throwing in" the eruption. Prurigo ferox is a tenacious and distressing affection. Here, too, you need not debar your patient from any relief which bran-baths, or those of alkaline, borated and sulphurated nature, may afford; but you will not be limited to such resources, as the old-school dermatologists of the present day appear to be. They have given up arsenic, which in Mr. Hunt's hands had, with perseverance, done marvels; and have nothing to supply its place. We should not follow them in such neglect, and should use *arsenicum* as the fundamental medicine, whatever vegetable drugs we may alternate or intercalate with it. Of these we have hitherto depended mainly on the rhoes—*rhus toxicodendron* and *venenata*. Some striking cures by these plants, given from the 3rd to the 5th dilution, are recorded in the *New England Medical Gazette* for March, 1875, by Dr.

* *M. H. R.*, xlii., 51.

Conrad Wesselhœft. I have myself mainly depended in these cases on *mezereum*; of whose action on the skin I have spoken fully in my Pharmacodynamics. Morphia and chloral cause great itching of the skin; and Dr. Burkhard commends the former, in the 3rd dilution, alternated with terebinthina, in recent prurigo. A new candidate for our favour has lately appeared in the cowhage—mucuna, or, as Linnæus names it, *dolichos pruriens*. The adjective indicates its power, like the nettle, of irritating the skin by local contact; and though we have not, as in the other plant provings, evidence of the power of doing the same by elective affinity when introduced into the system, clinical experience points in that direction. It was first tested by Dr. Mifflin, of Brooklyn, and Dr. Jean de Wée, of Brussels, in the itching which is apt to accompany jaundice.* Dr. Cartier then employed it in other forms of pruritus, and with excellent effect.† "It almost always relieves," he says, "even in the most rebellious cases. The dose," he adds, "is a matter of experiment. I now begin with two drops of the mother-tincture a day, and increase the dose by one drop every other day. I have seen the itching stop with two, five and ten drops a day, and have given as much as fifty drops in an extremely difficult case of senile prurigo." This is the general experience as to dose; but Dr. de Wée in one of his cases found the 3x dilution sufficient.

It is right to say that "prurigo senilis" is not at the present day recognized as a true instance of the papular eruption, but a generalised pruritus only. The genuine disease, it is maintained, always begins, if not congenital, in childhood. I would call attention, moreover, to Mr. Hunt's experience of the frequent necessity of antiphogistic measures in the course of prurigo. In his day they often included blood-letting; in ours, the fact may give us a hint as to the possible need of *aconite*, with a cooling diet and regimen, in addition to our armamentarium hitherto described.

I now pass to the order *vesiculæ*, which is headed by one of the most frequent and important of skin affections—

Eczema.—In simple recent 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.

* *J. B. H. S.*, i., 177, 278.

† *Ibid.*, ii., 219; *N. A. J. H.*, May, 1896, and Sept., 1899.

I have found it, especially 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 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 an 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 forms 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, besides graphites, *hepar sulphuris* is excellent. Dr. Cooper commends calcarea carbonica, in low trituration,* and Drs. Royal and Bourjutschky petroleum—the latter having caused the affection in the healthy subject.† When occurring behind the ears, eczema is a very troublesome disorder, and often needs local measures; oleander, however, has cured it.‡ Eczema pudendi is especially amenable to croton§; and when occurring on the face, to carbolic acid.‖ Sulphur and its iodide may be thought of in obstinate cases.**

Herpes, when occurring on the face, should it need treatment at all, would probably get it best from natrum muriaticum, which has caused it. In its preputial form mercurius solubilis is equally homœopathic and curative. But the three most common and important forms of herpes are shingles, herpes circinatus, and dermatitis herpetiformis.

1. Shingles (from *cingulum*, in allusion to its generally girdling the waist)—herpes zoster, zona—is a common and interesting

* *J. B. H. S.*, i., 189.

† *Ibid.*, ii., 361; x.

‡ *Ibid.*, iv., 133.

§ See *B. J. H.*, xvi., 420.

‖ *J. B. H. S.*, ii., 102; iii., 322.

** *Ibid.*, iii., 330; iv., 134.

disease. It has been treated homœopathically by many remedies,* but I hardly think we need go far afield. When occurring in young or middle-aged persons, I have always given *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 herpes zoster, and the latter is forcibly suggested by the vesicular eruption, burning pain and neuralgia which constitute the affection. Bazin and Trousseau recommend it, as well as Imbert-Gourbeyre.

The neuralgic pains which remain behind after shingles are sometimes very obstinate; but all the remedies above mentioned have been found useful for them, as also the dolichos pruriens, which would cover the pruritus also.

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 Dr. 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. Garth Wilkinson speaks highly of a cantharis lotion locally.

2. Herpes circinatus (which must of course not be confounded with tinea circinata) 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 therewith.

3. Dermatitis herpetiformis has now been adopted as a generic title under which various vesicular inflammations of the skin, accompanied with great pruritus, may be classed. Papers upon it have recently appeared from two of our London colleagues, Drs. Washington Epps and Goldsbrough, which give the clinical history of the malady, besides exhibiting in full detail two histories of cases.‡ In one antimonium tartaricum, in the other arsenicum and sulphur, seem to have been the curative medicines. We want more experience here, and must pass on now to the third great member of the order vesiculæ—

* See *B. J. H.*, xx., 492.

† *Ibid.*, x., 605.

‡ See *J. B. H. S.*, ii., 242, and *M. H. R.*, xxxviii., 324.

Pemphigus.—"No specific remedy," say the writers of the article on the disease in Quain's Dictionary, "for pemphigus has yet been discovered; the nearest approach to one is *arsenic*, which in some cases of relapsing pemphigus, especially in early life, exerts a marvellous action on the disease, not only removing all traces of it for the time, but restraining its further invasion during long periods." This statement is made on the authority of Mr. Jonathan Hutchinson. If you wish to know on what principle arsenic acts in exerting this curative power, I may refer you to case 33 of the poisonings by the drug collected in the Cyclopædia of Drug Pathogenesy, where you will find a general pemphigoid state, involving also the mucous membranes, set up by it. I should prefer *rhus* in the rare pemphigus acutus, of which I have had a case exhibiting its virtues; and in the pemphigus foliaceus should feel disposed to rely rather on *mercurius*. Dr. Hansen has reported a case of the ordinary kind in a man of 37, in which arsenic did nothing but relieve accompanying pain. As he complained of night-sweats, and expectorated much mucus, mercurius solubilis 1 was given, and a mercurial salve applied to ulcers that had formed. In a month he was well. He denied syphilis.*

The order *Pustulæ*, to which we should next come, has since Willan's day been wellnigh refined from the face of the earth. Rupia may indeed be relegated to the class of cutaneous syphilides, and porrigo capitis, with crusta lactea and serpiginosa, are doubtless primarily eczematous. I do not, however, feel disposed to give up impetigo as a distinct clinical entity, or ecthyma as an important variety of it.

Impetigo is chiefly interesting now-a-days in its contagious form, where it seems to be caused by inoculation of pus cocci. Parasiticide applications are in order here, especially of a mercurial kind; the white precipitate ointment is the most innocuous. Duhring and Kaposi, however, describe non-contagious forms of impetigo, and from my own experience I believe them to be right. Antimony is here the leading remedy, because the truest simile, as arsenic is in other cutaneous inflammations. The Cyclopædia of Drug Pathogenesy displays this also, especially in Nos. 15–22 of its poisonings by tartar emetic; and herein, I may remark, shows that pustulation of the skin may proceed from internal causes, and is not a mere local irritation—as Dr. Liveing maintains.

* *Hahn. Monthly*, May, 1895. Cases are referred to in which ranunculus bulbosus proved curative, and arum triphyllum where the fluid is acrid (*Ibid.*, Oct., 1901).

Impetigo comes before us not unfrequently as a disfiguring eruption on the face. Tartar emetic has removed this*; but the best antimonial preparation for it seems to be the golden sulphide (antimonium sulphuratum aureum). The black sulphide, antimonium crudum, answers best—as a rule—for impetigo of the general surface.† Kali bichromicum is a possible alternative to antimony here and viola tricolor in recent impetigo of the face.

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.

And now of the *Squamæ*, which are pityriasis, psoriasis, and icthyosis.

Pityriasis is, in its simple form, the most frequent among the cutaneous changes induced by *arsenic*, and pityriasis 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. Sometimes the iodide will be found more effective than the oxide.‡

Psoriasis, 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. Sepia is another drug which has been commended; it would be specially suitable to women with uterine ill-health. I have myself had very good results with mercurius solubilis in recent cases. Carbolic acid and manganum have found favourers in France.

So I wrote in 1878, adding that the affection formerly called "lepra" seemed now to be recognized as merely a circinate form of psoriasis; and that where, in a case I once treated, the constitutional symptoms led me, after mercurius, to iodine, a speedy and permanent cure rewarded my choice. The whole subject, however, in the light of later observation, needs considering afresh.

1. I am not so clear as I was about the homœopathicity of arsenic to psoriasis as such. When I said that it had been caused by the drug, I was basing my statement on a case cited by Stillé, in his "Therapeutics and Materia Medica."§ Reading

* See *B. J. H.*, xxiv., 311; xxix., 405.

† *Ibid.*, xxiv., 312; xxxii., 241.

‡ See *J. B. H. S.*, vii., 229, 324.

§ Page 823 of vol. ii. (4th ed.).

it again now, it seems to me rather referable to pityriasis rubra (in that severe form which has been called "dermatitis exoliativa") than to psoriasis. I had noted in my Pharmacodynamics that in Dr. Imbert-Gourbeyre's exhaustive list of cutaneous phenomena induced by arsenic, squamous eruptions were not found. That pityriasis is simulated by it, there is abundant evidence; but can it produce the dry insensitive scaly patches of true psoriasis?

Therapeutic experience lends more countenance to the belief in the homœopathicity of the drug, but is not decisive. I have mentioned Mr. Hunt's curative experience with gr. $\frac{1}{480}$th doses; and Dr. C. E. Wheeler has had similar results from the 6th dilution.* Both these were cases of psoriasis guttata; but in psoriasis generally Dr. Wheeler says he has done much better with the 6th dilution than with the 3_x trituration or Fowler's solution. Dr. C. H. Evans relates a case where a patch on the leg had lasted for seventeen years, during which the patient had suffered many things of divers physicians. The one subjective symptom was that the spot burned night and day, and on the strength of this arsenicum 6 was given, four doses daily. By the end of the third week the heat was reduced by one-half, by that of the fourth it had gone. A week later the scales began to fall off, and a perfect cure soon followed. After seven years there had been no recurrence of the affection.† Dr. Arcularius reports two cases actually cured by the 30th dilution. On the other hand, the testimony of old-school dermatologists is unanimous as to the ordinary necessity of large and long-continued doses. From three to ten minims of Fowler's solution, or one to ten or twelve of the pilulæ asiaticæ, are to be given three times daily for months. There is general agreement in deprecating its use in acute forms of the disease, where hyperæmia is marked, and in alleging that its first effect is to render the skin redder and more inflamed. "It is of no value" also (so writes Mr. Morris) in the prevention of recurrence.

The facts now brought before you bring me to the same negative conclusion as that arrived at by Dr. Galley Blackley, in a paper which you may read in the thirty-fourth volume of the *British Journal of Homœopathy*. Any scaly appearances observed as the effect of arsenic are secondary to inflammation, not—as in true psoriasis—primary; and in old-school therapeutics it acts simply as an irritant. I have been unable to verify his positive hypothesis, that it is where the output of urea is notably reduced that arsenic acts beneficially in psoriasis;

* *M. H. R.*, xli., 352.

† *Clinique*, April, 1893.

and would rather rely on symptomatic indications. It is where the surface is hyperæmic and irritable, where burning or itching is much felt—in the very instances, that is, in which traditional medicine forbids its use, that homœopathy directs it.

2. The recent use of *borax* internally for epilepsy has revealed an elective affinity on its part for the skin, and Sir William Gowers has three times observed it cause psoriasis.* Dr. McClatchey reported most favourably of its use in the idiopathic disease;† and I have many times verified his experience. I give the 2x trituration, in three-grain doses.

3. Carbolic acid (as I have mentioned), cuprum, kali sulphuricum and thuja have all received favourable mention from writers of our school.‡ But the most promising candidate for honours in this field lately arisen is *thyroidin*. Noting the "intense desquamation of the skin" occurring in myxœdematous patients under treatment with thyroid extract, Dr. Byrom Bramwell drew the curiously homœopathic inference that the remedy might be suitable for psoriasis, and found it so, to a high degree. He gave it in ordinary small doses. Dr. Halbert, however, reports equally good results from the dilutions from the 3x upwards—"the proportion of cures being," he writes, "beyond my most sanguine expectations."§ Dr. C. D. Collins also cured a psoriasis diffusa with the 2x trituration in six weeks.‖

This last experience may be useful in the third of the squamæ,

Icthyosis.—Of this happily rare disease, generally congenital or at any rate inherited, I have hitherto said that it seems little amenable to treatment, even with arsenic; and have contented myself with suggesting hydrocotyle as a possible remedy for it. *Thyroidin* now bids fair to do more for it than could have been expected. Dr. Swift, in communicating (from Australia) his experience with this drug in cutaneous disease, writes that the class of cases that has derived the greatest amount of benefit has been that of icthyosis and the allied conditions of xerodermia and sclerodermia. He has had twelve cases of icthyosis and two of xerodermia under his care, and in only one instance (xerodermia) has the treatment failed to produce a most beneficial effect on the skin, all the harsh, dry and withered scales being removed, and the skin beneath rendered soft, supple and elastic. He generally begins by giving one five-grain tabloid twice a day to adults, and gradually increases the dose. In

* *Lancet*, Sept. 24, 1881. † *Hahn. Monthly*, Feb., 1883.

‡ *J. B. H. S.*, ii., 368; iii., 455; v., 108; vii., 328; *B. J. H.*, xxxv., 380.

§ *Clinique*, Feb., 1897. ‖ *Ibid.*, July, 1899.

young children he commences with half-a-tabloid *per diem*. When recovery is well advanced it is wise to lessen the dose gradually, and to give only sufficient to keep up the effect.*

In view of the one exception noted here, I may mention that Dr. Burkhardt, of Berlin, has cured, in a girl of 17, a case of icthyosis dating from birth with sulphur and graphites.

I have now discussed the recognized "orders" of cutaneous disease, and must reserve its remaining varieties for another lecture.

* *Brit. Med. Journ.*, Oct. 3, 1896.

LECTURE LII.

DISEASES OF THE SKIN (*concluded*).

I will now speak of the affections of the several constituents of the skin.

The only disease of the *papillæ* which can come before us is **Verruca,** the wart, including under this name corns, callosities and horns. When a single wart presents itself for treatment, it is usually cauterised with acetic acid or caustic potash. You may, however, cause its withering away more painlessly, if less rapidly, by touching it daily with the mother-tincture of *thuja*. It is, however, when crops of warts appear that this medicine shows its specific power over them; but it is then administered internally. The medium dilutions have generally been employed; but Dr. Orrin Smith gives a case, and refers to another and to his general experience, as showing that it acts well in drop doses of the tincture.* 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; though Jahr adds natrum carbonicum and causticum as remedies frequently effective; and the first of the two has several times proved curative in the hands of Dr. Turrel.‡

A recent case which defied both thuja and calcarea led me to look further afield, and my search was rewarded by seeing the excrescences disappear under small doses of liquor arsenicalis, as recommended by Erasmus Wilson. Dr. Cooper finds ferrum picricum very effectual. He seems to use the 3x dilution; but three cases are reported in the *Homœopathic Recorder* for August, 1898, in which the action of the 6th was all that could be desired.

It is more especially in "corns" that this last medicine has won repute. You may smile at treating such formations by internal remedies, deeming them the mere effects of ill-distributed pressure; but, like warts, they too often occur in crops, and are too idiosyncratic altogether in their behaviour to be so considered. Dr. Cooper related a case in the *Homœo-*

* *J. B. H. S.*, vii., 225. † *Ibid.*, vi., 314; vii., 321.

‡ *Bibliothèque Hom.*, Nov., 1876.

pathic World of June, 1887, in which quite a bevy of these indurations disappeared rapidly under a 2 per cent. solution of the salt. Referring to this case at our International Congress of 1896,* he adduced two others exhibiting the same result. When the thickening of the skin of the soles is so extensive as to be called a "callosity" rather than a corn, you will do well to consider the facts, pathogenetic and curative, I have brought forward in my Pharmacodynamics when speaking of *antimonium crudum*.† The subject of cutaneous "horns" was brought before us at the same gathering I have just mentioned by Dr. Samuel van den Berghe. The case he alleged, in which the excrescence came away while the patient was taking causticum 30, was not very convincing; but the discussion tended to show that when such growths were real papillary hypertrophies, and not mere accumulations at the mouth of a sebaceous gland, they might disappear under *thuja* as warts do.

I come now to the glandular apparatus of the skin. The affections of the *sebaceous glands* are seborrhœa, molluscum and acne.

Seborrhœa I place provisionally here, though I am aware of Unna's argument in favour of referring it rather to the sweat-glands. There is an excellent article upon it by Dr. Washington Epps in the fourth volume of the *London Homœopathic Hospital Reports*. While, however, it encourages us in the result of treatment, it does not throw much light on what remedies are likely to be most effective. In the six cases related as many medicines were given, with two to the last. They were graphites, sepia, hepar sulphuris, sulphur and its iodide, thuja and staphisagria. General hygiene and mild local antiseptics played a large part in the treatment.

The form in which seborrhœa most frequently comes before us in ordinary practice is that in which it affects the scalp, causing dandruff. Kafka is the only one of our authorities who mentions it; he recommends various medicines, especially natrum muriaticum. I would suggest iodine as of promise. The improvement in the beauty of the hair and the 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. An obstinate dandruff cured by a sulphur lotion may be read of in the third volume of the *Journal of the British Homœopathic Society* (p. 452).

The sole fact about the treatment of

Molluscum which I can find in homœopathic literature is a case mentioned by Dr. Dudgeon in Part I. of the "Hahnemann

* See its Transactions, iii., 224.

† See also *J. B. H. S.*, iv., 235 (palms and soles).

Materia Medica."* In this, he states, the tumours were disappearing under the influence mainly of silica and lycopodium. As I suppose, however, that a wen is a simple molluscum, it seems to the point when I refer you to a case of Dr. Belcher's in the twenty-seventh volume of the *British Journal of Homœopathy*, in which a crop of these excrescences on the scalp disappeared under the action of *kali iodatum*. In connexion with this it is interesting to note that Mr. Morris writes of iodic eruptions—"From the elementary lesions various more complex forms of eruption—ecthymatous, condylomatoid, *molluscoid*, &c. —may arise."

The simple form of

Acne, as it occurs in young people, may, if recent, be often 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 indispensable,† or *hepar sulphuris* if suppuration has occurred; and local application of one or the other is helpful and harmless. I have no experience of the lycopodium (15) so warmly commended by Dr. C. D. Collins.‡ When acne indurata is present, or when acne vulgaris resists sulphureous medication, *kali bromatum* is indicated by its well-known pathogenetic effects. It must be given low. "One of the prettiest, and at the same time most striking, illustrations of the homœopathic law," writes Dr. Deschere, "is the curative action of certain bromides in various forms of acne. Potassium bromide rarely fails me in simple acne of the face and upper part of the body. The 1st or 2nd decimal dilution, or one grain of the crude salt, given three times daily for a week, will remove every trace of the eruption, especially in nervous hyperæsthetic females, without reference to puberty." Dr. Cushing speaks as warmly of the arsenicum bromatum, which he gives as high as the 4_x.§

Acne rosacea is now accounted a form of erythema, and classified under its second name—the adjective being made into a substantive. Its treatment, however, moves upon the lines of acne. Sulphur and arsenic (best in their iodides or the bromide of the latter) and carbo animalis have done most in its medicinal treatment. Dr. Salzer recommends *hydrocotyle*, and from my own experience I should be disposed to endorse his choice. Bähr, both here and in acne simplex, thinks most

* Page 50 of article on kali bichromicum.

† See *J. B. H. S.*, iv., 230; viii., 157.

‡ *Clinique*, March, 1899.

§ *J. B. H. S.*, iii., 97, 210.

of sulphur locally,—as by a wash of two drachms of sulphur lotum to two ounces of water.

A word further as to the recommendations of our other authors in acne. Jousset advises kali iodatum and tartar emetic. Kafka praises phosphorus in obstinate cases, and hepar sulphuris when the disease assumes a pustular form. Dr. Arcularius, in the latter case, has most confidence in cicuta. Dr. Washington Epps, in an interesting post-graduate lecture on the disease,* expresses his conviction that an excess of both sugar and common salt in the diet will aggravate acne if it will not actually cause the acneiform condition, and places natrum muriaticum at the head of its medicinal remedies.

Coming now to the *sweat glands*, we have to consider excessive and morbid perspiration.

Hyperidrosis, as a general affection, comes before us chiefly as a concomitant of exhausting diseases like phthisis. Of the sweats of this malady I have spoken when upon it. I will only add here, to the iodine, stannum, phosphoric acid and jaborandi there specified, *silica*. Dr. Snader has recently called our attention to this remedy. Of 62 cases in which sweating was a predominant feature in pulmonary affections treated by him in the Hahnemann Hospital of Philadelphia, in 43 the perspirations were stopped, and in 13 they were lessened. The dilutions used were from the 3rd to the 30th, and Dr. Snader thinks that the higher potencies as a rule acted best.†

Another malady in which sweat is apt to be excessive is acute rheumatism. Its presence, especially when malodorous, always conducts us to *mercurius*, and this generally suffices for the syndrome as well as the whole morbid state. Dr. Fröhling, however, reports a case in which the perspiration persisted and had continued for weeks when *jaborandi*, in the 4th trituration, was administered. This acted quickly; after the first few doses the sweats ceased entirely, and the patient made a rapid recovery.‡

I find jaborandi also very useful, when the flushings of the menopause are accompanied with undue perspiration. When this last is brought on too readily by exertion, phosphoric acid is very effectual.

So much for general sweating, though its occurrence as a symptom of opium-poisoning must not be forgotten, and Dr. F. H. Pritchard's statement that his experience with checking exhausting and colliquative perspiration was unsatisfactory until he was led to give opium for it.§ Sambucus, however, must

* *M. H. R.*, xlii., 92.
† *Hahn. Monthly*, Nov., 1896.
‡ *J. B. H. S.*, v., 92.
§ *Hahn. Monthly*, Feb., 1896.

be remembered—especially in the sweats of child-bed. Local hyperidrosis, as in the axilla, perinæum and feet, is mostly bromidrosis, and will be considered under that heading. In an inoffensive way, however, it is apt to occur in the hands, where fluoric acid has chased it from the palms and phosphorus from the fingers.* Unilateral sweating has been checked, in Dr. Ringer's hands, by small doses of pilocarpin.†

Bromidrosis is most frequently met with, and here in connexion with hyperidrosis, in the feet. The usual treatment for this trouble—especially common, in my experience, among domestic servants—consists of repressive local applications. Dr. Gallavardin has shown, by copious evidence, that such practice is injurious; his cases also exhibit *silica* as invaluable in first restoring the suppressed secretion, and then bringing it to normal quantity and quality from within. It may also cure in the first instance.‡ I early had a hint from Dr. Henry Madden that *petroleum* 2 or 3 would cure this malady, and I have often verified the recommendation. Thuja and nitric acid have also proved curative.§ When the odour comes from the axilla ("sudor hystericus"), sepia is said to be curative. When it seems to emanate from the entire body, including the secretions, we might be driven to that very dubious and unsavoury medicament "psorinum,"‖ but a case recorded by Dr. George F. Dunham shows that we may have an alternative in nitric acid. The patient had been troubled by foul-smelling sweat for five years; stool and urine also being extremely offensive. Ten drops of the 3_x dilution were mixed with four ounces of water, and a teaspoonful taken four times a day. Two prescriptions completed a cure. No external applications were used.**

Under the head of affections of the *hair-follicles* I have to speak of mentagra and alopecia.

Mentagra is more 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. Dr. Stens relates a case cured by Fowler's solution, after arsenicum in the potencies had had little effect.††

Alopecia includes as its simplest form the "falling of the hair" which results from local or general debility. *Phosphoric acid* is

* *N. A. J. H.*, April, 1898.
† See *Practitioner*, Dec., 1876.
‡ See *J. B. H. S.*, v., 204.
§ *Ibid.*, iii., 451; iv., 492.
‖ See *Ibid.*, ii., 223.
** *N. A. J. H.*, Sept., 1896, p. 595.
†† *J. B. H. S.*, ii., 352.

often very serviceable in these cases. If the baldness be complete, whether general or in patches, you will of course first inquire 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. Vinca minor has cured a case where there was great itching of the scalp;† and thallium must be borne in mind.‡

I will now treat of a number of miscellaneous affections of the skin and the subcutaneous cellular tissue, which I will take as I find them in our official nomenclature.

Among general diseases are ranked lupus, rodent ulcer and true leprosy.

Lupus occurs in two forms, the "erythematosus" and the "vulgaris"—these fairly corresponding with what used to be called the "non-exedens" and "exedens" variety respectively. Though these affections are specifically distinct, they have been so mixed up in time past that much confusion has been caused as to the results of treatment. The article in my own Therapeutics is vitiated thereby, and I must cancel it in favour of what I shall now say.

1. Lupus erythematosus is named by Mr. Morris "erythema atrophicans"—a term that well expresses its characters. Unlike its fellow, it is non-tubercular and does not ulcerate,—the only point of contact being that its favourite habitat is the face, where, spreading over the nose from either cheek, it form the well-known "bat's-wing" patch. Of all the cases of lupus I can find in our literature, two only seem to me to belong to this category. They were reported by Dr. Wingfield in the forty-first volume of the *Monthly Homœopathic Review* (p. 30). In the first, a solution of hydrocotyle in glycerine was used as a paint, and kali bichromicum 3x given internally. Complete cure resulted in a month, though the disease had lasted for eleven years. In the second case the same local application was made, but the hydrocotyle was also given internally in the 1x dilution. Great improvement resulted in a fortnight, when the patient had to leave the city, and passed from observation. In addition to these medicines phosphorus has been commended,§ and I would suggest thyroidin for consideration.

2. In regard of lupus vulgaris, our old-school authorities are diametrically opposed about treatment. "In healthy subjects,"

* See Cycl. of Drug Path., ii., 42.

† *J. B. H. S.*, i., 89.

‡ *Ibid.*, x., 116.

§ *Ibid.*, iii., 329.

writes Mr. Hunt, "arsenic internally administered is a specific. No local treatment is required." On the other hand, Mr. Morris declares that "arsenic, the administration of which is a kind of ceremonial observance which some practitioners consider indispensable in all cases of skin disease, is useless"; and his therapeutics of the disease consists in a series of destructive local proceedings, which are as painful as they are formidable. I need not say on which side our sympathies lie, and our own recorded experience corroborates that of Mr. Hunt. "Arsenic," writes one of our Belgian colleagues from large dispensary experience, "does not act on lupus erythematosus only. It seems to be nearly specific in lupus of the face, and especially when this is tuberculous. The lower triturations (2x to 6x) have given me the best results, producing a primary aggravation with rapid formation of an ulcer. This soon heals after the discontinuance of the medicine or its administration in higher dilutions."* Dr. George Clifton exhibited lately on "consultation-day" at the London Homœopathic Hospital a case cured, though with many a scar, by arsenicum iodatum 3x to 6x with a weak arsenical paste locally.† But we are not limited in our treatment to arsenical preparations. The hydrocotyle and kali bichromicum we have already mentioned as benefiting the erythematous form are useful also here. Dr. Andouit, the introducer of the former into European practice, reports a case of lupus exedens cured by it,‡ and Dr. James Jones has contributed another.§ Of the power of the latter Dr. Edward Blake has recorded two instructive cases: he found the 5x dilution more effective than the 3x.‖ Dr. Hansen finds it necessary in most cases to supplement arsenic with kali iodatum, in what he calls its "original dilution," but tells of a case cured by this medicine alone in the first centesimal.** Bähr commends aurum muriaticum, whose elective affinity for the nose would operate favourably here; and Jousset hydrastis. With this drug, he writes, internally and externally used, he has achieved several cures in cases very far advanced. Dr. Veit Meyer long ago communicated to the second volume of the *Annals of the British Homœopathic Society* a case in which the disease, commencing in the left lower eyelid, completely disappeared thence under apis 4, but showed its virulence by recurring in the ala nasi of the same side.

At this point Dr. Meyer's narrative stops; and we are reminded that lupus is unquestionably a tuberculosis of the

* *Journ. Belge d'Hom.*, March—April, 1900.
† *M. H. R.*, xli., 35.
‡ *B. J. H.*, xvi., 585.
§ *M. H. R.*, xx., 509.
‖ *B. J. H.*, xxxii., 643.
** *Hom. World*, xxvii., 301.

skin, and, whether treated topically or by medicines acting in virtue of local affinities, tends to recur. In view of this, we are led to enquire whether tuberculin will do something for us here. On its introduction into general practice, one of its chief applications was to lupus; and at first it was thought to be a specific. The hopes awakened soon died down; but Mr. Morris is satisfied that while it does not of itself cure, it prevents recurrence when the disease has been destroyed by other means. This is significant; and perhaps here, as in pulmonary tuberculosis, our infinitesimal doses may enable us to give it with results unattainable by the ordinary fractional ones, even though administered *per os* like other medicines.

Rodent ulcer seems to be a deep-seated—or at least deep-burrowing—epithelioma of the face. We have no homœopathic experience in its treatment; but this would be a suitable case in which to try Dr. Mitchell's plan of using *arsenicum* in trituration internally and locally.

Leprosy is of course no disease of the skin merely, but it is in this tissue that the ravages of one form of it—the lepra tuberculata—are mainly displayed. This terrible scourge of the past seems to be exhibiting signs of recrudescence in our day, and we ought to be equipped for dealing with it should it come under our notice. You may be questioning in your mind whether any medicinal treatment can avail here; but indeed there is more evidence in its favour than might be expected. Dr. Nureing, who has treated 40 cases, can speak of two complete recoveries, and of apparent benefit in the majority, from two tropical plants, the gynocardia odorata and the dipterocarpus turbinatus. The "chautmoogra" and "gurjun" oils derived from these respectively have in his hands and those of others been the main instruments of these benefits, and small doses only seem required. We are thus encouraged to believe what has appeared in our own literature about *hydrocotyle* and *anacardium*. Of these drugs I have told the story in my Pharmacodynamics. The usefulness of hydrocotyle in lupus tells in its favour; and the hyperæsthesia of the trigeminus displayed in its provings suggests the first stage of lepra anæsthetica. Anacardium, also, has a double action on the nervous system and the skin, and the tradition as to its leprosy-producing power in those who handle it is not to be hastily rejected.

"Arsenic," too, "is sometimes of marked use, especially in the skin variety." So writes Mr. Morris; and the cutaneous condition induced by over-use of the drug shows sufficient homœopathicity to what we have in lepra tuberculata. Further, as lepra anæsthetica is essentially a neuritis, there is no reason

why arsenic, which is pre-eminent of the poisons that induce this inflammation, should not benefit it here.

Lastly, Dr. Jousset says that he has obtained a brilliant success in a leper of 16, in the ulcerative period of the disease, from hydrastis, given internally in the mother-tincture, and the same applied locally to the sores, diluted to one-tenth or one-fifth with water.

I hope that those of our faith who practise in India and other tropical climates will give us their experience in the disease. The only contribution of the kind known to me is a brochure issued by Dr. S. C. Durand, of Harda, Central Provinces, India, who says he has had considerable experience with leprosy. He finds that secale cornutum, one part of the tincture to two of alcohol and three of water, a teaspoonful once daily, will make some very marked cures. It is certain that some features of ergotism strongly resemble especially the anæsthetic form of leprosy, and there is no reason why secale should not play a prominent part in the treatment of the idiopathic disease.

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, —the "blind boil" of popular language,—it may almost always be blighted by repeated doses of the first dilution of *belladonna*. Whether this will act better than the local application of the same drug, or that of tincture of iodine—as advised by Mr. Morris; or than the arnica compresses of Dr. Clotar Müller or the lime-water of Dr. Wyld, I cannot say. They present alternatives for your consideration. Even later, I learnt from Dr. Madden that progress may be arrested by the third trituration of *silica*. Further, when boils, like sorrows,

> "Come not single spies
> But in battalions"

—if they recur again and again, the tendency may nearly always be checked by a course of *sulphur* 12.

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. Dr. Salzer advises both for boil

and simple carbuncle the administration throughout of apis.* 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.

I confess that none of these medicines has seemed to me to exert any real control over the progress of carbuncle; and I hailed the American recommendation of *tarentula cubensis*—the bite of this spider setting up a localised phlegmonous inflammation very like that of our present disease. I have been able repeatedly to verify the experience, and this remedy has become my first and last one in the treatment of carbuncle. To control the suppuration I rely upon calendula locally. Dr. S. G. A. Brown has lately related a case that well illustrates its powers. After operation by crucial incision the mischief went on spreading till a solution of the succus, 1 in 6, was applied. "The effect was marvellous. Pus began to disappear rapidly, the inflammatory extension ceased instantly, and temperature dropped." ‡

For checking the recurrence of carbuncular inflammation the place of sulphur is taken by arsenic, which I think acts best in drop-doses of Fowler's solution.

The *nails*, as appendages of the skin, must come in here; and there are three of their affections which need therapeutical consideration.

1. Mal-nutrition of the nails may show itself in hypertrophy, when Dr. Hirsch's successful use of graphites locally§ may be

* See *J. B. H. S.*, vi., 97.

† Dr. Lippincott writes to corroborate this experience of Jahr's, but gets his results from the tincture instead of his predecessor's 30th (*J. B. H. S.*, iii., 324).

‡ *Hahn. Monthly*, March, 1898.

§ *B. J. H.*, xxiii., 330.

followed ; in softening, in which case von Grauvogl's thuja or Dr. Babault's plumbum may cure * ; or in dryness and brittleness, for which at present we have no known remedy, though mercury and arsenic are worth consideration.

2. Onychia is happily very rare, for here also we have no clinical experience and are without even pathogenetic suggestion. The sprinkling with powdered nitrate of lead, mentioned by Dr. Helmuth in his "Surgery," appears to be very helpful. Dr. McLachlan commends fluoric acid. †

3. Paronychia, "whitlow," is much more common, and is well under the control of our remedies. Silica and fluoric acid have been hitherto our main remedies for it. Dr. McLachlan says that the latter is indicated when there is relief from cold and aggravation from heat, while with the former it is the other way. If we needed any confirmation of the influence of silica, we might obtain it from the excellent case of the late Dr. Kafka's which you may read in the fifth volume of the British Homœopathic Society's *Journal* (p. 110). Here the trouble had lasted three months, and removal of the nail had been advised ; but I have found the drug no less effective in blighting cases in their incipience. Of late, much commendation has been given to the myristica sebifera, of Brazil (which must not be confounded with the myrica cerifera), in this malady.‡ Dr. Lippincott finds his bryonia ϕ as useful here as in carbuncle.§

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 or succus 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 to heal, apply *kali bichromicum*, a grain to eight or twelve ounces of water, in the same manner. These applications are tolerably efficacious even by themselves ; but they are much

* *J. B. H. S.*, i., 187. † *Hahn. Monthly*, Oct., 1898, p. 668.
‡ *J. B. H. S.*, iii., 208 ; iv., 335 ; vii., 86. § *Ibid.*, iii., 324.
‖ *B. J. H.*, xvii.

aided by the well-understood management which includes rest and support.

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 in Dr. Yeldham's time 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. Dr. Windelband recommends carduus marianus for this ulcer, and Dr. Jousset clematis vitalba.†

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 is his "Surgery," 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 Pharmacodynamics 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

* See *Annals*, v., 356, and *M. H. R.*, xi., 520.

† *J. B. H. S.*, i., 286.

‡ *Ibid.*, iv., 141.

§ *B. J. H.*, xxxii., 237.

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." * 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 in 1863, 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 called this "chloasma" in my Therapeutics. That name, however, had better be reserved for the non-parasitic "liver-spots" not unfrequently met with, and generally disappearing under sepia or caulophyllum.

Recent pathology has added two other diseases, phenomenally cutaneous, to the category of parasitic infections. These are elephantiasis and actino-mycosis.

Elephantiasis is surnamed "Arabum" by Mr. Morris,—I suppose to distinguish it from elephantiasis Græca, which is true leprosy. "It is characterized," he writes, "by chronic hypertrophy of the skin and subcutaneous tissue, giving rise to enormous enlargement of a particular part of the body, generally one, and in rare cases both, of the lower limbs; sometimes it is the scrotum or one of the labia that is affected. The face is occasionally the seat of the disease. It is often ushered in by febrile disturbance ('elephantoid fever')." In the tropical climates in which it is ordinarily seen, it is found to be due to obstruction of the lymph-stream by the filaria sanguinis hominis; but it is admitted that simple inflammation of the lymphatic ducts may cause it. In such cases our remedies may do something for it, and it is worth mentioning that in a case of "Barbadoes leg," acquired in the island so named, I obtained great benefit from hydrocotyle.

Under the title of "elephantiasis nostras" Dr. Burkhardt has described a chronic œdema and hypertrophy of the leg, a sequel of phlebitis and varicosis; and finds carduus marianus and hamamelis its remedial agents.

Actino-mycosis is an infection from a fungus chiefly haunting straw and hay. I mention it mainly because Mr. Morris, who in the edition of his treatise dated 1894 relegated its treatment entirely to surgery, in 1896 declared that iodide of potassium was "almost as certain a specific here as in tertiary syphilis."* The interesting thing is that the iodide produces when overused just such "tumours and nodosities" of the skin as are displayed in actino-mycosis, and of which it "causes rapid subsidence." I have had an interesting case presenting all the features of this malady, though the actino-myces could never be found. No medicine did good but kali iodatum, and on raising this from the 1x dilution to two-grain doses a final cure was effected.

I have last to speak of

Pruritus.—This malady is so often dependent on phthiriasis, that inquiry 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 circum-

* *Lancet*, June 6.

stances 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 (such as the dolichos I have mentioned when speaking of prurigo) 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 inquiry into their causes. Sulphur, lycopodium and petroleum* 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.

* See *J. B. H. S.*, ix., 76.

LECTURE LIII.

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 until lately our practitioners have been 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. I have not seen the "Cyclopædia of Surgery," edited by Dr. C. E. Fisher, but doubt not that it is thoroughly worthy of consultation.

As the organs of locomotion I shall class the Muscles, Bones, and Joints; and on the present occasion will bring forward 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," with belladonna, mercurius and hepar sulphuris according to the stage of the inflammation. Chronic indurating myositis is generally of syphilitic origin, and I have nothing to suggest for it in preference to iodide of potassium.

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. Henry 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. *Gelsemium*, 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; and *bellis*, the daisy, has played a large part in Dr. Burnett's hands for more chronic cases of this kind.

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 has its "rheumatic" form, though lumbago and torticollis may—as I have said with regard to 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 from 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 fascia.

Bähr prefers *tartar emetic* even to rhus and arnica in lumbago. He gives the second or third decimal trituration. Jousset agrees with his late 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. In lingering cases you may think of æsculus.†

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 twenty-eighth

* "Applied Homœopathy," *sub voce*.

† *J. B. H. S.*, ii., 216.

lecture. I see that Dr. Jousset has obtained frequent success from the belladonna I there suggested, giving it in low attenuation or mother-tincture.

Another frequent seat of muscular rheumatism is the deltoid, where it constitutes

Omodynia.—Of ordinary rheumatic medicines, perhaps phytolacca suits this best.* It has more frequently yielded, however, to ferrum.†

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 under rheumatism. 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 its superior in efficacy. 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 the action of which in such cases I think that homœopathy has little to do. I will again refer you to the discussion of the rationale of its influence by Dr. Henry Madden in the twenty-sixth volume of the *British Journal of Homœopathy*. You will see that, if he is right, there is no reason for expecting its virtues to be displayed in infinitesimal doses.

I do not know that calcarea carbonica has found any employment in homœopathic practice for periostitis. It is worth noting, however, that "mother-of-pearl" workers are subject to

* *J. B. H. S.*, i., 88.

† *Ibid.*, ii., 357.

a very painful swelling of the bones of the extremities, accompanied by fever, continuing for weeks and even months, but rarely leading to suppuration. The substance in question, the dust of which they are constantly breathing, consists of 95 per cent. of carbonate of lime and 5 per cent. of an organic substance called concholine.*

It will be understood that in thus speaking of periostitis, whether diffuse or circumscribed, I have in view its simple form, and not the acute infective inflammation which Dr. Charles Hayward brought before the British Homœopathic Society in 1895.† This is what we used to call acute necrosis; and from my experience with that inflammation—of which I have treated two well-marked cases—I can support his thesis that surgery must here come to the aid of medicine. Treated with the latter only, one of my patients nearly died; and in neither could I trace any decided benefit to the medicines employed.

Osteitis, in the acute form, is secondary either to periostitis or to osteo-myelitis. 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.

There is a chronic inflammation of bone described by Sir James Paget as "osteitis deformans," and said to be unamenable to any treatment. Dr. Savall, of Barcelona, has reported a case occurring in a boy of 10 (which is unusual), where entire recovery occurred under calcarea phosphorica 3x, with staphisagria for the pains.‡

Chronic scrofulous osteitis is nearly, if not quite always, caries; of which I shall now speak.

* See *M. H. R.*, xlii., 242.

† See *J. B. H. S.*, iii., 379.

‡ *Ibid.*, v., 209.

Caries is reputed incurable under ordinary treatment, 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."

I can refer you also to two cases of Dr. Cooper's, condemned to operation, but recovering under calcarea carbonica and silica;* to two of Dr. Kesselring's, of Mülheim, having the same happy end under silica and calcarea fluorata (which last, I may mention, is the main remedy for bone-troubles in Schüssler's therapeia);† and to quite a series from Dr. James Love, in which aurum 30 was curative.‡ Phosphorus and phosphoric acid, also, are not to be forgotten,—the latter especially when there is much purulent discharge 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.

Of

Necrosis in its acute form I have already spoken. When, supervening on such an acute attack, or primarily chronic, we have to treat a necrosis already accomplished, and the dead bone awaiting detachment as in caries, the question of surgical interference will arise; but, as in caries, I would advise you to refrain. Give *silica* as your basis remedy, with *symphytum* to aid in the detachment of the sequestrum; and you will have more thorough extrusion of the necrosed matter, while your patient's general health will actually improve under the process. A case of Dr. Villers, which you will find in the second volume of the *Journal of the British Homœopathic Society*, will illustrate this.

* *H. W.*, Feb., 1894.

† *J. B. H. S.*, iv., 232.

‡ *Rev. Hom. Française*, June, 1896.

§ Dr. Windelband's remarkable series of cases cured by silica 3 include several of caries (*Zeitschr. des Berliner Vereins hom. Aerzte*, xii., 1).

For osteo-myelitis I have nothing to suggest; and for exostosis can only note that it is among the affections which in Dr. Windelband's hands have yielded to silica 3, and that Dr. Majumdar has seen one of the antrum disappear under calcarea fluorata.* I must say a few words, however, upon

Mollities ossium.—I was wrong, it seems, in speaking of this as a fatty degeneration and suggesting phosphorus for it. Our only experience in its treatment is that which Dr. Arnold of Heidelberg has left us. He found calcarea carbonica 2x and iodine 2x to 4x, in weekly alternation, distinctly remedial.† I do not know whether you have noticed the curious facts which seem to show that the induction of anæsthesia by chloroform (not ether) has given this disease a turn in the right direction‡ which may go on to complete recovery. They ought to be turned to systematic therapeutic account.

For the curious enlargements of the bones, especially those of the hands and feet, now known as

Acromegaly we have nothing to suggest which promises better than the "opotherapeutic" plan of giving an extract of the pituitary body, as that of the thyroid is given in myxœdema. Excellent results have already been reported from this practice.§

For

Enchondroma we are better equipped. I have told in my Pharmacodynamics how von Grauvogl, anticipating Schüssler, treated this morbid growth with *silica*, on the ground that the only chemical difference between cartilage and bone is that flint is present in the latter but not in the former; and got curative results. One of our lady-practitioners in America reports equally good results in a tumour of like nature on the frontal bone of an infant. Similar growths had occurred in every male child born in the family for several generations, and had been removed by operation. This, under sulphur and silica, disappeared in 48 days.‖

I have now to speak of diseases of the *joints*, and shall begin with

Synovitis.—This inflammation, in its acute form, is readily manageable by homœopathic remedies, 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,

* *H. W.*, March, 1895.

† See *B. J. H.*, xviii., 155.

‡ See *J. B. H. S.*, ii., 105.

§ *Ibid.*, iv., 343; v., 201.

‖ *Ibid.*, iii., 215.

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.

Chronic scrofulous synovitis, with or without the actual deposit of tubercle, constitutes the joint-disease which I shall call by the old and popular but useful name of

White Swelling.—This disease may begin, as you know, either in the synovial membrane, the cartilage, or the cancellous structure of the ends of the bones of a joint. The diagnosis of these different origins is important, as, in addition to the general anti-scrofulous medicines you will prescribe, those influencing the tissue primarily affected will often be serviceable. My counsel, however, will be that you rely mainly on the constitutional remedies of which *sulphur* and the *calcareas*, with *silica*, stand pre-eminent. From Dr. Wassily we have three cases which show sulphur curative here single-handed;§ to Dr. W. L. Morgan six in which calcarea carbonica and phosphorica played the leading part;‖ and Dr. Windelband includes tuberculous joints among his victories gained by silica. If you have to look farther, however, then, if synovitis has been the primary mischief,

* Cantharis is an alternative here, according to the Drs. Jousset (*Rev. hom. Française*, June, 1896).

† Dr. Cartier relates two cases in this condition which yielded with marvellous rapidity to myristica sebifera, in the 3rd dilution (*Ibid.*, Nov., 1898).

‡ *J. B. H. S.*, i., 378.

§ *Ibid.*, iii., 334.

‖ *Ibid.*, i., 378.

pulsatilla or apis will help; if inflammation of the cartilages, mercurius corrosivus; while if the disease has begun in the bones, mercurius itself, or perhaps symphytum would best follow, though you could hardly do better than persevere with silica throughout.

These remarks are of course applicable to disease of the hip—"morbus coxæ"—as of other joints. But here you will find colocynth also a very useful medicine, relieving as it does much of the pain accompanying the disease, from irritation of the neighbouring nerves. You must also bear in mind the domestic reputation of cistus canadensis in this affection, and Dr. Bradshaw's success with it in a white swelling of the knee.*

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. First, of

Bursitis.—In acute inflammation of these sacs, aconite and belladonna have been efficacious in my hands; but *sticta* has lately been also commended, and I have found it very effective. 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 Dr. Turrel has obtained corresponding effects from the internal administration of the drug, in pretty high dilution.†

Before leaving the subject of bone and joint disease, let me direct your attention to an excellent paper on the subject presented to our Congress of 1894 by Mr. Gerard Smith, and printed in the *Monthly Homœopathic Review* of that year (p. 466). His experience is much the same as that I have brought before you; but I may briefly state some of his points as those of a very capable observer. For injuries of joints he commends

* Pharmacodynamics, p. 414.

† See *Bibliothèque Homœopathique*, Nov., 1876.

arnica (1x), internally as well as locally, at first; ruta or bryonia if inflammation should supervene; rhus if recovery should linger. If acute synovitis inclines to be chronic, he finds kali iodatum 1x very effective. Mezereum, he thinks, relieves the pain of periostitis rather than reduces the inflammation. Nitric acid and aurum seem to him to act better in chronic osteitis than does mercurius: he has also had considerable encouragement in the use of calcarea fluorata.

I shall now devote a few minutes to the subject of Casualties,—mentioning under that heading what part our medicines play in the treatment of wounds, contusions, sprains, burns, chilblains, stings, fractures, sunstroke, shock, and emotional disturbance.

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 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. It is not a germicide; that has been ascertained:* but its influence is entirely inimical to suppuration, and, having itself no irritating properties, it may be freely applied to the cut surface and edges. The strength may be from the pure succus† (prepared by Gould & Son) to a mixture of one part of the tincture to seven of water or glycerine.

Punctured wounds may be aided in their healing by calendula. They often give, however, an amount of local and general trouble out of all proportion to their size; and Teste appears borne out in his assertion that their specific remedy (even when the sequelæ are severe and distant in time‡) is *ledum*, which may be used both externally 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 be given internally, and used locally (not stronger than one part in fifty) 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 first intention

* *N. A. J. H.*, March, 1893.

† An "aqua calendulæ," which is a strong infusion, was used in the earliest experiments made with the plant.

‡ See *B. J. H.*, xxxiv., 337.

were all that was needful, we should not have to look farther. But lacerated are like punctured wounds in the distress they cause,—both in 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. Dr. Gilchrist finds a similar application so soothing to operation-wounds that it quite supersedes the necessity of an opiate.

I will now speak of

Contusions.—You know already the repute 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. Here it may be used in stronger solution than in contused wounds; but the liability of some persons to an arnica-erysipelas must be remembered, and caution observed.

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 case, *ruta* and *symphytum** in the latter, are 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 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 internally with *aconite*, locally with *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

* See *J. B. H. S.*, iii., 105.

external application. It may even prevent the supervention of the bullæ. In the *Hahnemannian Monthly* for January, 1897, Dr. Howard Crutcher illustrates the rapid and thorough effect of the application of a third aqueous dilution to a burn produced by the explosion of burning alcohol on his own person. "Within five minutes," he says, "my pain was gone entirely, and it never returned. From the severity of the burn I had expected a crop of ugly blisters. Within six hours not a trace of discoloration was visible." Dr. Helmuth, also, bears witness to the efficacy of such medication. "As soon as the wound is cleaned," he writes, "it is washed thoroughly with a stream of cantharides water, and then dressed with calendula cerate. This, after long experience, I am convinced is better than the carbolic acid, eucalyptol, icthyol, and other of the newer methods of treatment."* If you are too late for such abortive measures, and have raw surfaces to treat, try calendula dressings till all suppuration has ceased, and then, if necessary, call in the aid of *hamamelis*. Dr. H. H. Chase relates a very satisfactory experience with the fluid-extract of witch-hazel. Pledgets of cotton dipped in it were applied. "There appeared," he writes, "to be sufficient astringency to do away with the fungosities, and some portions of the hamamelis dried into the surface of the ulcer; whenever this occurred normal granulations immediately formed underneath, and as these became firm and substantial the hamamelis came off, leaving a good firm new skin which rapidly grew in area and thickness. . . . In the course of ten days I succeeded thus in completely covering the entire dorsum of a hand burnt in a recent fire."†

Of the efficacy of these four remedies—urtica, cantharis, calendula and hamamelis—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 use the former (a drachm to a pint) 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 internal 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 the thing chiefly complained of, and *rhus* will then aid the topical applications in giving relief. But when these are extensive, and in burns of the third degree, the general symptoms are considerable. For

* *N. A. J. H.*, June, 1895.

† *J. B. H. S.*, iii., 327.

the primary shock, if accompanied with coldness, *camphor* should be given. If, with the reaction, fever should set in, after a few doses of aconite *arsenicum* should be steadily administered. We must also be on the look-out for the duodenal mischief which Mr. Curling showed to be so frequent after severe burns:—I have already mentioned the value here of kali bichromicum.

Before leaving the local effects of excessive heat, I would mention those of undue cold. Frost-bite is out of the range of medicine, but I may give some suggestions in aid of the treatment of a minor form of this evil—

Chilblain.—Painting these enemies to comfort with the mother-tincture of aconite or agaricus—the former if they are inflamed, the latter if simply irritable—gives great relief. Internally, *pulsatilla* may be administered; and is often useful to moderate or extinguish the proclivity to this complaint with which some persons are afflicted. Dr. Balzer has found hepar sulphuris effective for the latter purpose.*

And now of

Stings.—Teste speaks in the strongest terms of the rapid relief given in mosquito-bites by the application or even internal administration of *ledum*, as high as the 15th dilution. I suppose that the same treatment would be applicable to the stings of bees, wasps and other venomous creatures. An old popular remedy for bee and wasp stings, the application of moist earth, is generally quite successful in speedily removing pain and swelling. For snake-bites the use of arsenic in the form of the Tanjore pills is sufficiently specific and even homœopathic for us; and so also is that of cedron just lately revived.† I should not, however, with our present knowledge allow these to supersede the usual ammonia and stimulants in such cases.

You will hardly think that homœopathy finds any place in

Fractures.—Besides, however, the use of aconite and arnica for shock, fever, and startings in the broken limb, we have not uncommonly to deal with cases where the bones seem disinclined to unite. Cogswell has shown what medicinal treatment can do here, by his use of *iodine* in scrofulous subjects—a recommendation I have verified. Should no such cause be traceable, you may rely upon *symphytum*. The claims which this plant makes by its very name to efficacy here, which popular tradition asserts, and which Jahr and others strongly confirm, may well lead us to give it in every case of fracture, especially in those of the patella and the neck of the femur,

* *J. B. H. S.*, ii., 365.

† *M. H. R.*, xlv., 684.

where the disinclination in question is strongly marked.* As alternatives, I may mention Dr. Henriques's successful use of ruta, suggested by its action on the periosteum, or Hering's and Grauvogl's stimulation of osseous production by calcarea phosphorica. Particulars of these experiences will be found under the heads of the respective medicines in my Pharmacodynamics.

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 with the patient. It is only when these are of a continuously hyperæmic type that they call preferably for *belladonna*.

I have advisedly said "sunstroke" and not "heat-stroke" here. That there is a heat-stroke, producing phenomena far more general than those which occur from the *coup de soleil*, I fully recognize. Aconite would probably do all that medicine can do for it, but abstraction of heat by the cold douche or pack is so obvious and so well-accredited a remedy that I hesitate to advise in this condition any dependence on internal medication.

Shock may take two forms—the torpid and the erethistic. Dr. Howard Crutcher, of Chicago,—one of the American homœopathists who have so distinguished themselves in surgery of late, writes—"For shock, camphor, veratrum album and carbo vegetabilis are pre-eminent. Coldness is the main feature of camphor; blueness calls for carbo; and the well-known cold sweat on the forehead and over the body points to veratrum. I have repeatedly witnessed the efficacy of these remedies in surgical shock." His fellow-citizen, Dr. J. S. Mitchell, says of one of them, veratrum, that it is one of the best heart-stimulants we have; and that he "can get as prompt results from it, in the 3_x dilution, as he can from a hypodermic of strychnia." Dr. Helmuth adds his testimony to the same effect. In the erethistic form arsenicum, in a pretty high dilution, would be preferable.

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, others of aconite. I should prefer the latter.

* See *M. H. R.*, xl., 601.

But when fright has given rise to a genuine neurosis, as chorea or epilepsy, *ignatia* is more suitable than any other medicine.

For the effect 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. The fun that was made out of this material by the first Lord Lytton in "My Novel" was fully provoked. The subject, however, is not the less worthy of further and more experimental study.

LECTURE LIV.

DISEASES OF CHILDREN.

I have finally, in the next two lectures, to bring before you what we can do for the special diseases which wait upon childhood. You may call this an arbitrary division, and may perhaps be disposed to criticize it as unfitting to a scientific classification. Perhaps it is, yet I cannot doubt that it is practically useful to present under one view the distinctive maladies in question, and the modifications of ordinary disease which their subjects show. The "jucunde" element in homœopathic treatment naturally makes it sought to for children,* so that we have large experience in the treatment of their disorders. The results of such experience I think it well to put before you in a connected form; and I do not think that 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 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 mentioned. I may refer you also to monographs on the subject lately issued by Drs. C. E. Fisher and Sigmund Raue; to a "Digest of Ten Years' Work at the Children's Sanatorium, Southport," by Dr. Storrar, published in the sixth volume of the *Journal of the British Homœopathic Society*; to a paper by Dr. Roberson Day, entitled "A Year's Work in the Children's Department of the Hospital" in the sixth volume of the *London Homœopathic Hospital Reports*; and to a lecture on "Homœopathy and the Diseases of Children," by Dr. James Love, of Paris, reported in the thirty-ninth volume of the *Monthly Homœopathic Review*.

Among the *general diseases* we have to treat of a fever—the infantile remittent, and a disorder of nutrition—rickets: we

* See *M. H. R.*, xxxix., 86.

have also to speak of the form which syphilis takes in the first few months of life.

I know it is a question at the present day whether

Infantile Remittent Fever is a distinct pathological entity. The question may now, indeed, be regarded as settled in the negative. None the less, however, has it a clinical existence, and presents itself as a true primary fever, independent of local inflammation. An excellent account of it is given, evidently from the life, by Dr. Guernsey. Its antipyretic is *gelsemium*, as first indicated by Dr. Ludlam ; and I recommend you to give this medicine in all obscure febrile disorders of infancy in which remittency is marked. 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—the "worm-fever" of domestic medicine. Whether, however, worms are actually in existence or not, you cannot do better in such cases than follow Dr. Chepmell's prescription of *cina*.* If you want further help, you may consider Stillé's prescription of spigelia, which I have quoted when lecturing on that drug.

We are learning more and more, since Sir William Jenner broke ground on the subject, to regard

Rickets not as a malady seated in the bones only, but as a true constitutional diathesis ranking with scrofula and syphilis —though not like these hereditary. "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 wrote Dr. Hillier.† He further defined it as "a general disease of nutrition chiefly affecting infants, characterized 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, 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."

Knowing these facts about rickets, it would seem probable that regulation of defective diet and hygiene, and administration of cod liver oil and suitable medicines for the digestive derangements present, would be all that was required for treatment.

* See his "Hints for the Practical Study of the Homœopathic Method," p. 35.

† "Clinical Treatise on Diseases of Children," 1868.

That this is not so, however, appears from the avidity with which our old-school colleagues have seized upon the use of *phosphorus* as a medicinal remedy for the disease. They were led to it by the experiments of Wegner, which I have fully related in the article on the drug in my Pharmacodynamics. These showed a power on its part of exciting osteogenetic activity, and so of counter-acting a supposed depression of this function which obtains in the disease we are considering. I had already pointed out, however, that such excitement was pathogenetic rather than physiological; and that Wegner himself had found that (to quote his own words) "under the simultaneous influence of feeding with phosphorus, and of the deprivation of the organic substances, especially of lime, the mode of growth of bones is altered so as exactly to correspond to what we are accustomed to call rachitis." This has been substantiated since by the experiments and arguments of Kassowitz.* What really obtains in rickets is a morbid activity of the osteogenetic function, producing cartilage instead of bone because of the lack of the mineral pabulum it needs for the latter. Phosphorus is thus truly homœopathic to the condition present, as Kassowitz himself acknowledges; and this is further shown by the minuteness of the dosage required and the general influence of the remedy. Kassowitz's maximum dose is half a milligramme, *i.e.* about gr. $\frac{1}{130}$; and that this may be far too strong is shown by a case extracted in the *American Homœopathist* of December, 1899, where gr. $\frac{1}{800}$ when taken three times a day for a fortnight caused fever and diarrhœa, with enlargement of the lymph-nodes behind the sterno-mastoid; and later, eczema on the scalp and petechial eruption on the extremeties, going on to purpura hæmorrhagica, so that the child died of exhaustion.† Conversely, the extensive literature quoted by Kassowitz shows that the convulsions, laryngo-spasm, insomnia and restlessness which prevail in rickets are more benefited by this than by any other drug.

I do not know whether the homœopathic treatment of rickets has undergone much modification from these new views as to the pathology of the disease or these experiences with phosphorus in its therapeutics. Writing ere they had well risen above the horizon, I professed myself unable to expect much 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

* See *M. H. R.*, xxviii., 402; *N. A. J. H.*, Nov., 1897.

† The ready way in which this hæmorrhagic condition was set up by the drug corresponds to what Dr. Eustace Smith notes, that "in the child scurvy is rarely seen apart from rickets."

recommendations. "Nor can calcarea," I wrote, "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 to 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 medicines, and especially with the latter, I can encourage you to expect great things in the treatment of rickets. Two cases, one of hydrocephalus, one of ascites, in rachitic children, have lately recovered in a marvellous manner under its influence in my hands—the potencies from 12 to 30 being those employed.

For

Infantile Syphilis, in its full constitutional manifestation, I have nothing better to propose than the small doses of *mercury* which form its classic treatment. They may, however, be very small. Infantile syphilis is a condition in which we may safely follow Hahnemann's directions, and give our specific in high attenuation. I have long been in the habit of treating my dispensary patients manifesting this taint with the 30th potency of the solubilis, and they do very well. I tried at one time the kreasote so warmly commended by Teste, but found it effective only against the cutaneous manifestations of the disease. If condylomata appear, nitric acid must be given; and if the cachexia is considerable you may with advantage fall back upon aurum.

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 chamomilla, coffea, cypripedium, ignatia, hyoscyamus, scutellaria and stramonium; on the other those which reach to inflammatory mischief, of which belladonna is *facile princeps*. I have told you what great things this medicine, in virtue of its homœopathicity, can accomplish. But there is one inflammatory state of the brain in which you

* Dr. Day esteems it highly, giving the 6th trituration.

will not find it curative, and that is acute hydrocephalus, as we used to call it, or, as it is more correctly styled nowadays,

Tubercular Meningitis.—This is partly, perhaps, because it is a meningitis; and the brain *membranes* are hardly within the sphere of the medicine. Yet it is not only that; for others that, like bryonia, ordinarily influence them potently have little efficacy here. It is chiefly because it is tubercular; because the inflammation is lighted up by no intangible and passing agency, but by these persistent virulent presences—of bacterial or cellular origin it matters not—by tubercles.

I devoted several pages of my Therapeutics to the treatment of this disease. I told of all medicines that have been recommended, all that have seemed to do good; but the upshot of the whole story is that we, like our brethren of the old school, have found the malady practically incurable. There are few of us, probably, who have not seen an isolated case recover; but the medicines which appeared effective here have failed utterly next time and henceforward, and we doubt if the case that recovered was not simple meningitis after all. I concluded that, on the whole, the most hopeful outlook was in the direction indicated by Jahr—to give up treating these cases as inflammations and effusions, and medicate them with constitutional drugs like calcarea and sulphur.

I have seen (I know not why) but little of tubercular meningitis since then, and have not had opportunity of working in this direction. Occasional cases of recovery from these and other remedies have been reported in our journals. Dr. Kröner sends one, in which sulphur 6 and apis 3 were the remedies,—improvement coming to a standstill when the 30th dilution was substituted.* Dr. Gutteridge contributes another recovering under belladonna and stramonium,† and an Indian practitioner a third in which apis 30 followed by stramonium 30 seemed curative.‡ Dr. Molson has had a successful result from zincum phosphoratum 3x.§ Dr. Victor Arnulphy can boast of three cures,—the first with sulphur 12, the two last with helleborus 6 and 12. In the first and second improvement or convalescence was accompanied by the appearance of small multiple abscesses on the surface.‖ Dr. Damon records a case simulating acute general tuberculosis, with secondary meningitis, where yet recovery took place. A critical eruption here also accompanied the first signs of improvement, in the form of bullæ going on to ulcers, abscesses and boils. The treatment during the cerebral

* *J. B. H. S.*, ii., 103.
† *Ibid.*, p. 104.
‡ *Ibid.*, p. 496.
§ *Ibid.*, iv., 171.
‖ *Ibid.*, p. 350.

stage was belladonna 2x alternately with calcarea phosphorica every hour.* Dr. Douglas Smith, of Liverpool, had a recovery under bryonia, hellebore and sulphur.† A case of what seemed to be this disease, in a boy of 12, delirium being very marked, presented to Dr. Crosbie's eye so strong a resemblance to poisoning by cocaine that he put two drops of a 2 per cent. solution into half a tumblerful of water, and gave a teaspoonful every two hours. Delirium soon abated, and convalescence set in and proceeded uninterruptedly.‡

But besides these, two avenues of possible help have opened, to which I would draw your special attention.

1. Iodine is one of the medicines which have sometimes seemed curative in this disease. Stillé cites several reports as to its efficacy, when given in combination with potassium; and Dr. Jousset thinks he has seen the disease arrested by the administration of a mixture of one drop of its tincture in 200 grammes of water. In the shape of *iodoform*, however, a more decided efficacy has been ascribed to it. By rubbing well into the shaven scalp an ointment made with a drachm of this substance to an ounce of lard four out of five successive cases were cured. This was reported some ten years ago, and I am unable to give you the reference; but it deserved the attention it evoked. The effect of the inunction could not be a derivative one, iodoform having no irritative influence; it must have resulted from absorption of the drug, and how limited this must be through the unbroken surface needs no demonstration. But when it is freely absorbed, as when applied to a wound, what are its effects on the brain? do they throw any light on its remedial action when introduced in smaller quantities? I think that no one can read the cases of poisoning from this cause collected in the Cyclopædia of Drug Pathogenesy without seeing a striking resemblance between iodoformic intoxication and the malady we are now considering. There is high fever, rapid pulse, and disturbance of the cerebral functions which may, Schede says, "take the form of acute meningitis . . . and tend to a fatal termination." The conclusion can hardly be resisted that iodoform is homœopathic to acute hydrocephalus, and that any control it exerts over the idiopathic disease must be due to this relationship

The first to turn such inference to account was Dr. W. S. Miller. He brought before the Homœopathic Medical Society of the County of New York in 1895 a case, diagnosed as tuberculous by several physicians of repute, and given up by them, which recovered under the inunction; and in the dis-

* *J. B. H. S.*, v., 107. † *Ibid.*, p. 277.
‡ *Ibid.*, i., 183.

cussion which followed Dr. O'Connor, pointing out the homœopathicity of the practice, said that he had used the 2x and 3x triturations internally with such marked results that he was led to look upon iodoform as almost a specific for any form of meningitis.* Dr. J. W. Martin, of Pittsburg, then reported two cases of the tubercular form making complete recovery under the 2x trituration.† Dr. Wheeler brought before the British Homœopathic Society in 1897 a case in which cerebral symptoms like those of meningitis supervened in the course of pulmonary tuberculosis, and cleared away completely under the same potency.‡ In the discussion Dr. Neatby spoke of having had a recovery from the use of the 3x. Lastly, a case having all the appearance of the disease was rescued from imminent death by its administration (the patient was breathing only from two to four times a minute, and the pulse varied from 84 to 120) at the hands of Drs. Butler and Clapp.§

2. An outlook perhaps yet more hopeful is in the direction of *tuberculinum*. If Dr. Arnulphy could get such fine results from dilutions of this substance when the tuberculous process attacked, in an acute manner, the lungs, why should not a similar process be modified by it when occurring in the brain? The localisation of action noted in its pathogenetic effects is present here also. I will not lay too much stress on the headache mentioned in Koch's own experiments on the healthy, as that may have been a part of the fever which was in no slight degree induced. But Drs. Burnett and Clarke in this country, and Dr. Boocock in America, have proved "bacillinum" on their own persons,‖ and concur in speaking of the severe headache—"deep in the brain"—which it sets up, without any fever to account for the pain. The first of these, moreover, has had some experience in the therapeutic use of the substance. In a paper read before the American Institute of Homœopathy in 1894** it was said—"Dr. J. Compton Burnett, in his work on tuberculosis reports many cases of genuine tubercular meningitis cured with his tuberculinum." I need not say that our late colleague, with all his enthusiasm, made no such extravagant claims. From his own practice he relates four cases bearing on the subject. Two (cases 2 and 3) were acute feverish attacks occurring in brothers of a family where "numerous near relations had died of consumption at different periods, and one young cousin had died

* *J. B. H. S.*, iv., 226. † *Ibid.*, v., 196.

‡ *Ibid.*, p. 299. § *Ibid.*, viii., 157.

‖ See pp. 4, 203, 260 of the 3rd ed. of Dr. Burnett's "Cure of Consumption by Bacillinum."

** See p. 845 of the Transactions.

of tuberculosis of the brain coverings." Both had cerebral symptoms, and both resisted the ordinary homœopathic remedies; whereas a single dose of bacillinum turned the tide, and initiated rapid recovery. The two other head-cases he reports (cases 1 and 24) were rather of the chronic type; though in the first actual hydrocephalus existed, with cerebral disturbance and pyrexia, and in both another child of the parents had previously died from the acute disease. In the third edition of his book Dr. Burnett cites a case from Dr. Chas. W. Roberts, of Scranton, Pa., U.S.A., which—though too loosely described—certainly reads like tubercular meningitis, and which was rapidly worsening under other remedies, while bacillinum brought about a cure.

This is all the experience we have at present; but it is sufficient, I think, to incite to further trials.

Besides simple meningitis, there is another affection which may simulate acute hydrocephalus, and confuse the inferences from treatment.

This is

Hydrocephaloid.—Since the time of Marshall Hall and Gooch this disorder has been well established as liable to occur in children suffering from any exhausting disease, especially diarrhœa. China has not proved of the advantage which might have been expected, but the *phosphorus* and *zincum* praised by Jahr receive general commendation from our authors. The latter is that most frequently prescribed.*

Hydrocephalus, in its chronic form, is, as Watson says, a dropsy, while acute hydrocephalus is an inflammation. It is also, as a rule, a symptom of some more general cachexia—as scrofula or rickets—rather than an independent local disorder. We can understand therefore Jahr's experience with 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 maintained the effusion in chronic cases 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. It may even be the primary one (as in a case which you will find in the second volume of the *Journal of the British Homœopathic Society*, p. 357) when the effusion has resulted from the causes of hydrocephaloid.

* See *J. B. H. S.*, ii., 102; iii., 106.

Convulsions, in children, are so frequently a symptom of an eccentric cause that I need hardly indicate our first duty to be the search for this, and, if possible, its removal. 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 such irritation, but does not disappear although you have acted on the maxim *tolle causam*. Belladonna, hydrocyanic acid, ignatia, cicuta and œnanthe are here the most important remedies; the first when the patient is full-blooded, the second when he is of the opposite constitution, the last three when the convulsions seem rather spinal 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 incidental to other diseases—as the exanthemata. The main indication for distinctive choice of remedies is, as well expounded by the late Mr. Hitchman, 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 come on suddenly, glonoin may be preferable. The latter is best helped by *zincum*—the lowest trituration of the metal or its 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 resulting from worms, states that when convulsions in nursing children seem to be idiopathic, the only medicine to oppose to them is helleborus. Also, I would say for myself that when convulsions take the form of carpo-pedal contractions, they are best met,—if tonic, by cuprum, if clonic, by ignatia.

Finally, 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, 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 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 grey matter of the antoro-lateral columns lying at the bottom of the confirmed cases. I have accordingly recommended belladonna in the early period, to favour the natural tendency to recovery; and secale and plumbum later on. I am bound to say, however, that what good has been actually effected in this disease has rather resulted from *gelsemium* and ***calcarea.***

APPENDIX TO LECTURE LIV.

For the sake of completeness, I give here the counsels and experiences summarised in the foregoing lectures from my Therapeutics of 1878.

"Hartmann groups together the tubercular and 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 tubercular meningitis is incurable; but speaks warmly of belladonna and bryonia in the simple variety. His translator into English, 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 indication he gives. Dr. Bayes relates* a fatal case; but states that he has generally been successful with pulsatilla in insidious forms of the disease, and with belladonna and aconite in those of acuter type. Dr. Wahle, in an article on the disease in the second volume of the *British 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 Dr. Battmann's hands also.§

* *B. J. H.*, xxi., 22.
† *Annals*, i., 12.
‡ *B. J. H.*, vi., 170.
§ *Ibid.*, xii., 496.

More recently, America has given us veratrum viride for the inflammation and apocynum for the effusion. Lastly, in a German prize-essay on the subject,* 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 may affect 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 general 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 (with 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 the 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 1x dilution, alternated with aconite if the fever is active. 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 other remedies proposed.

"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 on 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 album 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 in the incipient stage; but considers helleborus, digitalis and secale its most suitable remedies.

* Translated in *United States Med. and Surg. Journal*, i., 237.

"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 later treated a similar case with calc. carb. 30, 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 the nature of which 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."

LECTURE LV.

DISEASES OF CHILDREN (*continued*).

I resume my consideration of the diseases of children.

The only affection of their *eyes* or *ears* which requires special notice is

Ophthalmia neonatorum.—All that I have said when upon purulent conjunctivitis applies to this malady, 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 diseases of the *digestive organs* occurring in children, and take first the affections of the mouth. I have already, in my thirty-third lecture, studied with you the drugs which act on the buccal mucous membrane, and favourably influence its morbid states. I have simply now to apportion them in the field we are at present traversing.

Stomatitis may be simple, aphthous, or malignant. I will speak of the two latter under the titles of thrush and cancrum oris respectively. Simple stomatitis, which is an exudative inflammation of the mucous surface, has no better medicine than *kali chloricum*, which we have seen to be confessedly homœopathic to the morbid condition. I have treated a good many cases in children by the 1x trituration with very satisfactory success.

In the treatment of

Thrush, also, we occupy common ground with the old school, but maintain the homœopathic specificity of the *borax* 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. I give the 1x trituration, and allow it to melt in the mouth. Hartmann commends also 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 thinks with me that borax is specific and always to be prescribed first.

Cancrum oris is the "noma" of the old writers. The well-known tendency of mercury to cause this serious disease would justify us in opposing one of its preparations to at least the primary manifestations of the malady. The only case I have seen occurred subsequently 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 disorganizing 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.* It cured a case resulting from calomel in Dr. Banerjee's hands; but in one, supervening on malarious fever Dr. Sircar preferred to use lachesis (6), which saved the child (as he expresses it) from the very jaws of death.† You must also bear in mind the facts about kali chloricum which I mentioned in my thirty-third lecture.

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 eighteenth volume of the *British Journal of Homœopathy*. The medium dilutions seem most suitable.

Coming now to the teeth, we are brought 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 teeth is as truly a physiological process as is the growth of the bones; and in healthy children should and does pass off with hardly more disturbance. Without doubt, however, when there is 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 if he acquire rachitic 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.

* See *B. J. H.*, xi., 147.

† *Calcutta Journ. of Med.*, March and April, 1894.

If you can assent to 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. The latter shows itself in thin, irritable, or cachectic children; it is characterized 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 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 the predominant symptom.

The convulsions of teething are best averted by the persevering use of the remedies for morbid dentition, but if they seem to be threatening go at once to *belladonna*, which exactly meets that state of the nervous centres of which eclampsia is the outcome.

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 to yourselves 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 unnatural diet. No amount of approximation to mother's milk will render artificial feeding tolerable by these children; and if medicine will not help them the only alternative lies between a wet-nurse and death. 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. This last piece of practice I owe to Teste.

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. 15, 1866.—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 should nearly always have given podophyllin in such cases, but have looked upon the occurrence of prolapse of the rectum at each stool as pathognonic 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 second dilution every two hours.

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 3rd trituration of podophyllin every two hours.

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 not 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 it with 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 reinforce 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 ("mercurius dulcis") is often its best form. *Rheum* and *magnesia carbonica* are not unfrequently useful (some of us can remember with sorrow 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 mainly of green mucus. Other anti-diarrhœic medicines may be required; you will find their characteristic indications excellently epitomized by Dr. Guernsey at p. 786 of his treatise.

4. There is then the diarrhœa which sooner or later accom-

panies 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 3x 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, oleander and china. I have only seen two cases of the disorder; both got well under the last-named medicine.

6. Children are as liable as others to the diarrhœa set up by hot 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) characterize it; and it is a highly dangerous disease. I cannot feel that we have any very effective medicines for it, and a "symposium" on the subject contained in the *Medical Century* of August 15th, 1894, seems to show a similar conviction on the part of American practitioners. Veratrum album, which appears 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. After this, croton deserves a trial; it is said to be 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. In spite, too, of the apparent demonstration of the

* Homœopathy the Science of Therapeutics, p. 470.

† See *Annals*, v., 37.

inertness of æthusa cynapium, Dr. Deschere continues to esteem it the best remedy we have where the deep lines from the alæ nasi to the corners of the mouth express the collapse and anguish of the little patient.*

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 most in my hands here; but it is a not uncommonly fatal disease. Jousset adds phosphoric acid to its possible remedies.

The name

Colic 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 remedy for the primary malady than induce you to select a special remedy for themselves; but if they are very severe, a dose of *colocynth* 6 or 12 will relieve them. It is said to be an indication for this medicine that each onset of pain is heralded by sudden anger and by the throwing away of whatever happens to be in child's hands. If, moreover, the child is being brought up by hand, you will always do well to let it, under these circumstances, take lime-water instead of aqua pura with its 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 to 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."

For the

Constipation of infants and young children my chief reliance is on *bryonia* 30. Where it is associated with colic, plumbum

* *Hahn. Monthly*, June, 1896.

may be preferable; and where it evidently depends on inertia of the lower bowel alumina is often effective.

Prolapsus ani is a not uncommon complaint in these subjects. I mention it more especially because I have, following Dr. Madden, found podophyllum 12 so excellent in its treatment. Dr. Schmey, having observed that children so affected generally showed signs of rickets, has been led to treat them with small doses of phosphorus, and has in all cases obtained therefrom a definitive cure.* It has generally been when the anus seems paralysed and unable to close that this medicine has availed in homœopathic practice. Dr. Spalding has found aloes 3x almost a specific for prolapsus recti.†

Tubercular peritonitis has to be mentioned here, as among the troubles of the abdomen. 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. Jousset says that he owes a grand success in a case of this kind to carbo vegetabilis.

The disorders of the *respiratory organs* constitute a most important group of the maladies of childhood. They include laryngismus stridulus, whooping-cough, croup and bronchopneumonia.

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.

Laryngismus stridulus, the "asthma Millari" of the old nosologists, has often been confounded with croup, as I need hardly tell you. It is itself a neurosis; but long ago it was pointed out how frequently it depended upon strumous enlargement of the bronchial glands, and now we are learning to regard it as very commonly a symptom of rickets. 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 Medical Society; and further experience with the *chlorine* recommended by him and Dr. Dunham in the spasmodic variety is contained in the "Homœopathy,

* See *L'Art Médical*, Sept., 1897, p. 230.

† *N. A. J. H.*, Dec., 1900.

the Science of Therapeutics" of the latter.* It is given in a solution of the gas in water, of strength equal to our third dilution. There is some confusion about its appropriateness. In two cases of poisoning by inhalation of the gas, Dr. Dunham observed that while inspiration was easy enough, at most accompanied by a crowing noise, expiration became impossible and asphyxic symptoms appeared. He assumes that this holds good in true laryngismus stridulus, and he initiated the successful employment of the drug accordingly. All the writers, however, speak of *in*spiration as impeded by the spasm, and ascribe the crowing which caused the appellation "stridulus" to the sudden and forcible restoration of the ingress of air. This is a point which needs clearing up.

Sambucus is another medicine much in repute for the spasmodic form of the complaint. It is where children wake suddenly at night with laryngismus—especially, Dr. Searle says, if having been previously in a dry heat, they now break out into profuse perspiration—that it is indicated. *Corallium rubrum* is lauded by Teste, and 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 paroxysms, but deeper-acting medicines must be given if the cause is to be reached. The chief of these is *iodine* from which 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 of laryngismus. If they recur frequently, and are accompanied by carpopedal contractions, and where there is arterial excitement and cerebral congestion, belladonna must be given; but otherwise I rely upon *cuprum*. There is no medicine like this for pure muscular spasm; and when laryngismus occurs either as a primary affection or in connexion with the paroxysms of whooping-cough, threatening asphyxia or convulsions, as soon as the child recovers from the paroxysm I put him on cuprum aceticum 3x, and await the result with assurance. The cold sponging of the chest, recommended by Dr. Ringer, has seemed a helpful adjunct.

I have now to speak of whooping-cough,

Pertussis.—I shall begin by sketching to you the treatment of this malady 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.

* See also *J. B. H. S.*, iii., 453.

† The case cured by it in *J. B. H. S.*, vi., 229, is described as "spasmus glottidis," but may have been dependent on enlarged bronchial glands.

I regard whooping-cough (with Trousseau) as a specific catarrh, the spasm being its differentia, but the catarrh being no less of its essence. I accordingly begin the treatment with *aconite* 3x and *ipecacuanha* 2x 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 administered 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 given 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 commendation in whooping-cough from several physicians; and I find it, in the 12th dilution, a helpful adjunct to drosera when the paroxysms are troublesome at night. Bähr considers belladonna the medicine for the catarrhal and cuprum metallicum (3) for the spasmodic stage; and Jousset makes considerable use of cina and coccus cacti in the latter. This coccus cacti—the common cochineal—has become a favourite medicine with me of late years when the cough attacks adults, and where in children there is profuse expectoration and vomiting of mucus.

The only novelty which later years have brought into the therapeutics of whooping-cough has been the introduction of *naphthalin* among its remedies. Drs. Hardman and Weaver have written in its praise, both giving it in the 1x trituration.* The former gives as its chief characteristic "long and continued paroxysms of coughing, with inability to get an inspiration, so that the child is almost suffocated." Dr. Murrell, in 1880, made a beginning of the introduction of drosera into British old-school practice (in France it had commenced two years earlier).† Giving a 1x dilution, he found five-drop doses cause

* *J. B. H. S.*, v., 28; vi., 313.

† See Pharmacodynamics, *sub voce*.

aggravation, while half-drops cured.* This was very pretty homœopathy; but it does not seem to have been followed up. In homœopathic hands the tendency has been to revert to Hahnemann's usage, whose simple doses were of the 30th. Dr. Day uses the same potency; and Dr. Love, who says that homœopathy is quite reputed in Paris for its treatment of whooping-cough, relies mainly on drosera 12.

Complications 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 broncho-pneumonia supervening in the course of the malady; though Jousset relies here, as elsewhere, on ipecacuanha and bryonia. Lobar 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 between the frequent paroxysms, belladonna should be given. 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, and from my later experience I can bear a similar testimony) is the best medicine. Convulsions, however, 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 disease, from its often *faudroyant* 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 her 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 the fifth volume of the *British Journal of Homœopathy*, an elaborate article upon it in the tenth volume by Dr. Elb, senior, and cases by Professor Henderson in the eighth.

You will perceive from all these sources of information (to which I may add one of our own, Hale's "Lecture's on Diseases of the Chest") that the two leading remedies for croup are *aconite* and *spongia*; and in the 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 possible that many a case of true croup

* See Pharmacodynamics, *sub voce*, p. 919.

has been arrested in its incipience by this treatment; but when membranous exudation is patent or plainly to be inferred, you should look for yet more potent remedies. 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 this medicine here. 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 "Materia Medica Physiological and Applied," and of those furnished by Dr. Paul Belcher to the fifth volume of the old *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 neurophlogosis, and the spasmodic paroxysms need help as well as the continuous inflammation. Aconite will give this, and will do something for the inflammation itself. It is often well to begin the treatment of a case of croup by administering it alone, giving (say) the 3x every half-hour or so until the symptoms abate. It will sometimes dispel the whole attack single-handed; and will at any rate prepare the way for what is to follow. 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.

* See *J. B. H. S.*, vii., 85.

This was long before 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. I do this on clinical grounds, without prejudging the pathological question. I thus agree with Bähr, who assumes 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 *ipecacuhana* 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 complication 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 administration of the

chelidonium in this way is generally followed by the peculiar greenish discharges characteristic of liver affection.

Since I wrote the foregoing in 1878, a good deal of fresh observation as regards acute chest-affections in childhood has appeared.

1. Dr. Watkins has recorded the entire series of cases of broncho-pneumonia in children treated by him during his residence in the London Homœopathic Hospital.* They were 14 in number, and all recovered. As the usual old-school mortality ranges from 33 to 48 per cent., this is a brilliant record. *Antimonium tartaricum* and *arsenicum iodatum*, both in the 3_x trituration, were the main remedies. The latter was especially relied on when the pulmonary catarrh supervened upon influenza.

2. One of the truly homœopathic uses of *tuberculinum* is its application to broncho-pneumonia. Dr. Mersch's pathogenesis of this substance, translated by Dr. Arnulphy in the *Clinique* of February, 1896, shows this; and both physicians, as also the late Dr. Heber Smith, have found marked results from it.† The latter used it as low as the 3_x trituration.

3. Apropos of a case of infantile broncho-pneumonia, in which the breathing was nearly as rapid as the pulse, Dr. Ludlam stated that in former days he had never found any remedy so satisfactory in such conditions as chelidonium, and Dr. McCracken states that the same thing held good with him at the present day.‡

4. In the *Medical Century* for February, 1898, and the *North American Journal of Homœopathy* for July, 1899, Drs. Deschere and W. T. Laird discourse on the treatment of broncho-pneumonia and capillary bronchitis respectively. Their indications for remedies may often repay consultation.

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 lymphatic and lacteal glands so common in scrofulous children. I shall do this under the two heads of lymph-adenitis and tabes mesenterica.

Lymph-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

* *J. B. H. S.*, vi., 231.

† *Ibid.*, iv., 342; vi., 305.

‡ *Clinique*, June, 1896.

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, but gives repeated doses of the second 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. In the Leopoldstadt Hospital at Vienna, clematis seems to have been the favourite remedy for enlarged lymphatic glands.

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 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 Dr. Belcher obtain very good results at the Brighton Dispensary), and the iodides of barium and calcium —all are valuable in the treatment of lymph-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.

I have given you the foregoing as I wrote it in my Therapeutics of 1878. Since then surgery has invaded a region hitherto sacred to medicine; and the question about enlarged cervical glands is not so much what remedies we should prescribe for them as how soon we should extirpate them. You will find it thoroughly discussed in a paper by Dr. Macnish, read before the British Homœopathic Society in 1894, and in the discussion which followed.* The conclusions expressed by most of the speakers were that a majority of cases of adenitis were tubercular, were incapable of dispersal by medicine, and required the knife; but that there was a minority which if taken before suppuration had occurred, might yield to suitable remedies. *Silica* seems most in favour: Mr. Dudley Wright mentioned a striking cure from it, given in the soluble form, and others have been reported. The barium waters of Llangam-

* See *J. B. H. S.*, iii., 146.

march have been found effective in some cases, confirming thus the results Dr. E. M. Hale and others have obtained from baryta iodata. Schüssler's calcarea fluorata, moreover, has achieved some striking successes, especially when the glands have indurated rather than softened.* It was really known to us before Schüssler wrote as the "lapis albus" of Grauvogl, which is a silico-fluoride of calcium, and from which Dr. Dewey has lately reported very favourable experience in these enlargements.

Closely allied to lymph-adenitis is the morbid process which results in adenoid growths at the back of the pharynx. I mention them to say how often the symptoms of their presence may be caused to subside by the use of the lower triturations of *calcarea phosphorica*.

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 unmistakably 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 3x) 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, 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."

Later experience has shown a renewed esteem of iodine and its preparations. Dr. Wingfield has reported two cases making a complete recovery under the 3x dilution.† Dr. Day read a paper on "Tuberculosis of the Abdomen in Children" at our Congress of 1897; and it was interesting to hear both from

* *J. B. H. S.*, p. 212.

† *M. H. R.*, xli., 30.

himself and those who took part in the discussion which followed how, either in its pure form, or in its combination with arsenic or lime, iodine stood *facile princeps* among medicinal remedies for tabes mesenterica.*

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; the former is said to be specially indicated when the urine grows milky on standing.† When enuresis 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*. 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 are vesical tenesmus and sudden and irresistible desires to urinate.

Having spoken thus in my Therapeutics, I went on to mention verbascum and the equisetum hyemale as having obtained high commendation in enuresis from American practitioners (I might have added the rhus aromatica); and to refer to cases in which plantago‡ and thuja§ had proved curative. I also suggested gelsemium as an alternative to causticum; and opium when the trouble seemed connected with too heavy sleep. Looking through our literature since that time, I find no confirmation of these recommendations, so far as verbascum, plantago, thuja and opium are concerned. As to the others, Dr. Halbert contributes‖ two interesting cases of the affection in boyhood. In the first, simple weakness of the sphincter, following diphtheria, seemed to have been the initial cause, though some catarrh had become engrafted. Here equisetum cured, acting (he thought) better in the 30th than the 3rd. Conversely, Dr. Bickley has had better results with 5–10 drop doses of the tincture.** In the second, irritation of the detrusor muscle was

* *M. H. R.*, p. 594. † See *Hahn. Monthly*, Sept., 1898, p. 605.
‡ *B. J. H.*, xxv., 319. § *Ibid.*, xxvi., 491. ‖ *Clinique*, April, 1896.
** *J. B. H. S.*, iii., 179; iv., 494.

thought to be present, from the tenesmus which followed micturition; and gelsemium, in varying potency, proved remedial. Rhus aromatica comes to us from the eclectics, and has ordinarily been given in their doses of about ten drops of the mother-tincture. Dr. Choudbury, however, finds globules saturated with this preparation sufficient.*

As regards the older remedies, sulphur, pulsatilla, causticum and cina fairly maintain their repute. Dr. T. P. Cobbe would give pulsatilla where I have indicated benzoic acid, when the loaded urine can be traced to digestive disturbance.† Atropine has been introduced in the place of belladonna, and seems effective in minute doses. Dr. T. G. Dunham dissolves a grain of the sulphate in an ounce of distilled water, and of this gives a drop for each year of the child's age up to 7. Dr. Lambert has seen very great benefit in a chronic case from the 6th dilution, and here belladonna had been previously given without success.‡ The last-named medicine continues to be in favour in the old school. Sir Henry Thompson's article on the disorder in Quain's Dictionary supplies both an appreciation and an explanation of its action, which appears to be purely antipathic. Another practitioner of traditional medicine writes to extol lycopodium. He gives 20 drops of a tincture three times daily, increasing the dose to a drachm, and gets no ill effects.§ Perhaps smaller doses would answer, were the more effective homœopathic preparations used. In our practice it is considered indicated when uric acid (red sand) is deposited from the urine.

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*.

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 *arsenicum*, the local affinity of the latter being so much the greater.

* *Hahn. Monthly*, June, 1901, p. 412. Comp. *J. B. H. S.*, iii., 108; v., 105.
† *Ibid.*, iii., 108. ‡ *H. W.*, Jan., 1897. § *J. B. H. S.*, vi., 225.

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 eczema impetiginodes 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 first 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.

Lastly, I would speak of

Ringworm, or, as it is now called, tinea tricophytina tonsurans. I have formerly argued, from the occasional disappearance of this disease, when recent, under internal remedies alone, that the theory of its primarily parasitic origin was baseless. I was able to cite the authority of Mr. Jabez Hogg for my contention; and since then Dr. Burnett has come forward with a vigorous defence of the view of its "constitutional nature and origin." He does not deny the existence of the tricophyton fungus, but maintains that it cannot grow and thrive save on an unhealthy soil.

I know that in suggesting such a doctrine I am going counter to the present mind of the profession, and I have no desire to provoke controversy by doing so in a pugnacious way. The question need not be a practical one. I do not deprecate the use of parasiticides to the invaded spots; all I care for is that some constitutional remedy suitable to the patient's general condition should be simultaneously administered. As this is generally of a scrofulous kind, Dr. Burnett is consistent in treating ringworm with his "bacillinum." In cases which evidence no such derangement of health *sepia* may be preferable; it is generally given in about the 6th dilution.

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.* Two cases of scleroderma greatly benefited by *thyroidin* may be read in *L'Art Médical* for November, 1896.

Of

Trismus neonatorum I have already said something when speaking of local spasms in general. When arising (as it usually does) from inflammation of the umbilicus, it seems best treated by *belladonna*,† whatever else may be given. 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.

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 eighty 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

* See *B. J. H.*, xxv., 25.

† See *J. B. H. S.*, iii., 456.

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 my present lectures may have on any who hear 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 bird 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.

And now I have only to bid you God speed and farewell. In becoming practitioners of homœopathy you will 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.

APPENDIX.

[The subjoined remarks on the menopause, which were evidently intended to come in at the end of Lecture xlix., were by some accident omitted by Dr. Hughes from the copy furnished to the printer. I am consequently compelled to insert them here.—R. E. D.]

The Menopause, or Critical Age.—There are few women to whom the menopause 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.

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.

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 menopause, 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.

INDEX.

Abortion, 697.
Abscess of liver, 516; of lung, 559; pelvic, 686; acute labial, 688; milk, 707.
Acidity, 484.
Acne, 724.
Acromegaly, 742.
Actino-mycosis, 288, 735.
Addison's disease, 612.
After-pains, 703.
Ague, 250.
Alopecia, 726.
Alternation, 108.
Amblyopia, 436.
Amenorrhœa, 665.
Amyloid degeneration of kidneys, 626.
Anæmia, 311; pernicious, 317.
Aneurysm, 605.
Angina faucium, 467; ludovici, 467; pectoris, 505.
Animals, experiments on, 56.
Antipathic method, the, 75.
Anus, fissure of, 509; prolapsus of, 509; paresis of, 511.
Aphonia, 541.
Apoplexy, 344.
Appendicitis, 491.
Arborivital medication, 113.
Arsenic in skin diseases, Hunt's use of, 709.
Arterial degeneration, 606.
Arteries, diseases of, 604.
Arteritis, 604.
Arthralgia, 744.
Arthritis deformans, 298.
Ascarides, 510.
Ascites, 513.
Asthenopia, 441.
Asthma, 548.
Astigmatism 443.
Ataxy, locomotor, 371.
Atrophy, progressive muscular, 373; of liver, 517.
Azoturia, 635.

Bacteriology, 78.
Bakers' itch, 715.
Balanitis, 654.
Bilious remittent fever, 258.
Bladder, irritable, 643; paralysis of, 644; stone in, 645; cancer of, 645.
Blepharitis, 411.
Blepharospasm, 413.
Boils, 730.
Bowels, ulceration of, 492; hæmorrhage from, 492.
Brachialgia, 397.
Brain, softening of, 343; concussion of, 364.
Bright's disease, 617.
Bromidrosis, 726.
Bronchiectasis, 546.
Bronchitis, 541; acute, 542; capillary, 543; toxæmic, 543; chronic, 543.
Bronchocele, 613.
Broncho-pneumonia, 774.
Burns, 746.
Bursitis, 744.

Cancer, 303; of tongue, 465; of stomach, 479; intestinal, 492; pulmonary, 573; of bladder, 645; uteri, 681; pudendi, 688.
Cancrum oris, 764.
Carbuncle, 730.
Cardiac dropsy, 594; digitalis treatment of, 597.
Caries, 741.
Catalepsy, 391.
Cataract, 437.
Catarrhus æstivus, 534.
Cellulitis, orbital, 443; pelvic, 686.
Cephalhæmatoma, 782.
Cerebral congestion, 338.
Cerebral tumours, 344.
Cerebritis, 342.
Cerebro-spinal fever, 246.
Cervico-metritis, 671.
Chalazion, 413.
Chancre, 322; soft, 332.
Chancroid, 653.
Characteristics, 101.
Chilblain, 748.

Children, diseases of, 751.
Chlorosis, 312.
Cholera, 262; infantum, 767; nostras, 495.
Chorea, 387.
Choroidal congestion, 427.
Choroiditis, 427.
Chyluria, 635.
Clergyman's sore-throat, 470.
Coccygodynia, 691.
Colic, 492; of children, 768; lead, 493.
Concussion of brain, 364.
Condyloma, 333.
Congestion of lung, 560.
Conjunctivitis simplex, 414; phlyctenular, 421; membranosa, 421; trachomatosa, 421.
Constipation, 499; of children, 768; chronic, 502.
Contusions, 746.
Convulsions, 759.
Corneal opacities, 424.
Coryza, 530.
Cramp of calves, 406; writer's, 408.
Critical age, 783.
Croup, 772.
Crusta lactea, 781.
Cure, theories of, 148.
Curentur, how altered to curantur, 9.
Cypher repertory, 100.
Cystitis, 642.

Dacryo-cystitis, 413.
Deafness, 455; throat, 451.
Delirium tremens, 354.
Dementia, 353.
Dengue, 228.
Dentition, morbid, 764.
Dermatitis herpetiformis, 716.
Diabetes mellitus, 628; insipidus, 634.
Diarrhœa, acute, 494; chronic, 495; inflammatory, 495; from improper food, 495; from noxious effluvia, 495; of children, 765.
Digestive organs, diseases of the, 460, 472, 489, 499, 512.
Dilutions, 127.
Diphtheria, 267.
Disease, the knowledge of, 38.
Dose, the, 122, 144.
Dropsy, cardiac, 594; ovarian, 658.
Duodenitis, 490.
Dynamisation theory, 34.
Dysentery, 496; scorbutic, 498; typhoid, 498; intermittent, 498; chronic, 498.
Dysmenorrhœa, 666.
Dyspepsia, 481; chronic, 482.

Ear, diseases of the, 444; erysipelas of, 448; eczema of, 448; polypus of, 450; exostosis of, 450.
Ear-ache, 453.
Ecthyma, 718.
Eczema, 714; rubrum, 714; impetiginodes, 715; chronic, 715; of ear, 448; pudendi, 715.
Elephantiasis, 735.
Emotional disturbances, 749.
Emphysema pulmonum, 547.
Enchondroma, 742.
Endocarditis, 591.
Endometritis, 671.
Enteralgia, 492.
Enteric fever, 233.
Enteritis, 489; true, 490.
Enuresis nocturna, 779.
Epilepsy, 380.
Epistaxis, 536.
Epithelioma of penis, 654.
Equinia, 283.
Erysipelas, 280; aurium, 448.
Erythema, 711.
Exanthemata, the, 205.
Exophthalmic goitre, 615.
Exostoses of ear, 450.
External remedies, 114.
Eye, diseases of the, 410, 422, 436.

Facial palsy, 409.
Fallopian tubes, diseases of, 660.
Fatty degeneration of kidneys, 626.
Fatty liver, 519; heart, 589.
Febricula, 242.
Female sexual system, diseases of, 655, 683, 693.
Fever, infantile remittent, 752.
Fevers, the, 46; continued, 231; simple, 243.
Fibroids, uterine, 679.
Fissure of anus, 509.
Fistula lachrymalis, 414.
Fistula in ano, 510.
Flatulence, 486.
Fœtor oris, 463.
Food, pain after, 484.
Fractures, 748.
Furuncle, 730.

Gall-stones, 522.
Ganglion, 744.
Gangrene of lung, 559.
Gastralgia, 480.
Gastritis, 475.

General diseases, 193, 205, 220, 231, 242, 263, 280, 301, 319.
Genito-urinary organs, diseases of, 639.
Glanders, 283.
Glaucoma, 428.
Gleet, 331.
Glossitis, 463.
Goitre, 613; exophthalmic, 615.
Gonorrhœa, 330.
Gonorrhœal ophthalmia, 417.
Gonorrhœal rheumatism, 299.
Gout, 288.
Gravel, 636.
Grocers' itch, 715.
Gumboil, 466.

Hæmatemesis, 488.
Hæmatocele, pelvic, 685.
Hæmaturia, 640.
Hæmoglobinuria, 640.
Hæmoptysis, 561.
Hæmorrhage from bowels, 492.
Hæmorrhoids, 505.
Hahnemannians, the, 64.
Hay-fever, 534.
Headache, 356; nervous, 357; congestive, 358; sick, 359, 400.
Heart, diseases of, 580; remedies, 581; hypertrophy of, 587; dilatation of, 588; fatty, 589; valvular disease of, 592.
Heartburn, 485.
Hemiopia, 436.
Hepatic congestion, 515.
Hepatitis, 516.
Hernia, 502; in infants, 782.
Herpes, 715; zoster, 715; circinatus, 716.
High potencies, 124.
Homœopathic method, 77; practice, 136.
Homœopathy, its nature and origin, 1; philosophy of, 148; politics of, 179.
Homœopathy, history of, 164; in Germany, 164; in Austria-Hungary, 166; in Italy, 167; in France, 168; in England, 169; in India, 171; in Spain, 172; in Spanish America, 173; in Portugal, 174; in Russia, 174; in Scandinavia, 175; in Holland, 175; in Belgium, 176; in Switzerland, 177; in United States, 177.
Hordeolum, 412.
Hydrocele, 651.
Hydrocephaloid, 758.
Hydrocephalus, 758.
Hydrometra, 685.
Hydrophobia, 375.
Hydrothorax, 575.
Hyperchlorhydria, 485.
Hyperidrosis, 725.
Hypertrophia cordis, 587.
Hypochondriasis, 354.
Hysteralgia, 671.
Hysteria, 390.

Icterus neonatorum, 782.
Icthyosis, 720.
Impetigo, 717.
Impotency, 649.
Indigestion, acute, 481; chronic, 482.
Individualization, 98.
Infectious disorders, acute, 193, 205.
Inflammations, the, 47.
Influenza, 275.
Intermittent fever, 250.
Intertrigo, 781.
Intestinal cancer, 492
Intestinal obstruction, 500.
Intestines, diseases of, 489.
Iritis, 425.
Itch, 734.

Jaundice, 520; of infants, 782.

Keratitis, 424.
Kidneys, diseases of, 617; granular degeneration of, 624; amyloid degeneration of, 626; fatty degeneration of, 626; congestion of, 639.

Labial abscess, acute, 688.
Labio-glosso-laryngeal paralysis, 369.
Lachrymal fistula, 414.
Lachrymation, 414.
Lactation, disorders of, 707.
Laryngismus stridulus, 769.
Laryngitis, 538.
Leprosy, 729.
Leucæmia, 611.
Leucocythæmia, 318.
Leucorrhœa, 675.
Lichen, 713.
Lienteria, 767.
Liver, abscess of, 516; acute atrophy, 517; cirrhosis of, 517; fatty, 519; cancer of, 520; pigmentary degeneration of, 520; waxy, 520.
Local spasms, 406.
Locomotive organs, diseases of, 737.
Locomotor ataxy, 371.
Lumbago, 738.

Lumbrici, 511.
Lung, abscess of, 559; gangrene of, 559; congestion of, 560; œdema of, 560.
Lupus, 727.
Lymphadenitis, 776.
Lymphadenoma, 609.
Lymphangeitis, 608.
Lymphatics, diseases of, 608.

Malarial fevers, 258.
Malignant pustule, 282.
Mammæ, diseases of, 689; inflammation of, 689; scirrhus of, 690.
Mania, 350.
Mastitis, acute, 707; neonatorum, 782.
Measles, 221.
Medicines, the knowledge of, 53.
Mediterranean fever, 247.
Megrim, 400.
Melancholia, 351.
Meningitis, 339; spinal, 367; tubercular, 755, 760.
Menopause, 783.
Menorrhagia, 661.
Menstruation, vicarious, 666.
Mentagra, 726.
Metritis, chronic, 670.
Metrorrhagia, 683.
Miliaria, 229.
Milk, delayed appearance of, 707.
Miscarriage, 697.
Mollities ossium, 742.
Molluscum, 723.
Morbilli, 221.
Muco-enteritis, acute, 489; pseudo-membranous, 489.
Mumps, 466.
Myalgia, 737.
Myelitis, 368.
Myopia, 442.
Myositis, 737.
Myxœdema, 615.

Nævus, 782.
Nails, diseases of, 731.
Necrosis, 741.
Nephritis albuminosa, 618; suppurativa, 641.
Nervous debility, 391.
Nervous system, diseases of the, 335, 346, 365, 380, 392.
Nettle-rash, 712.
Neuralgia, 392; sub-occipital, 397; testis, 648; ovarian, 657.
Neuritis, 392.
Neuroses, the, 47, 380.
Neurosthenia, 391.
Nipples, sore, 707.
Nodes, 739.
Nodular rheumatism, 298.
Noma pudendi, 780.
Nose, bleeding of, 536; polypus of, 536.
Nyctalopia, 437.
Nymphomania, 688.
Nystagmus, 443.

Oculo-motor paresis, 442.
Œdema glottidis, 540; pulmonum, 560.
Omodynia, 739.
Onychia, 732.
Opacities of cornea, 424.
Ophthalmia, catarrhal, 414; neonatorum, 416, 763; gonorrhœal, 417; strumous, 418; phlyctenular, 419; granular, 421; Egyptian, 421; rheumatic, 422.
Opposite effect of large and small doses, 157.
Orbital cellulitis, 443; periostitis, 443.
Organon of Medicine, Hahnemann's, 12, 23.
Osteitis, 740.
Osteo-arthritis, 298.
Otalgia, 453.
Otitis externa, 449; interna, 453.
Otorrhœa, 450.
Ovarian dropsy, 658; neuralgia, 657.
Ovaries and Menstruation, 655.
Ovaritis, 656.
Over-lactation, 707.
Ozæna, 532.

Palpitation, 586.
Palsy, facial, 409.
Pancreatitis, 514.
Paralysis, spinal, 369; labio-glosso-laryngeal, 369; infantile, 759.
Paresis, general, 353; oculo-motor, 442; ani, 511.
Paronychia, 732.
Parturition, disorders of, 698; malpresentation during, 699; rigid os during, 699; feeble pains during, 699; adherent placenta in, 700; after-pains of, 700; hæmorrhage after, 701; retention of urine after, 704; hæmorrhoids after, 704; lochia, morbid states after, 704.
Pelvic hæmatocele, 685; cellulitis 686; abscess, 686.
Pemphigus, 717.
Pericarditis, 590.

Perimetritis, 685; tubercular, 769.
Perinæum, torn, 703.
Periostitis, 739; orbital, 443.
Peritonitis, 512.
Perityphlitis, 490.
Pernicious anæmia, 317.
Pertussis, 770.
Phagedæna, 282.
Pharyngitis, chronic, 470.
Phlebitis, 606.
Phlegmasia alba dolens, 708.
Phlyctenular conjunctivitis, 426.
Photophobia, 420.
Phthisis pulmonalis, 563.
Physometra, 685.
Piles, 505.
Pityriasis, 718.
Plague, 248.
Plethora, 311.
Pleurisy, 573.
Pleurodynia, 577.
Pneumonia, 552.
Poisoning, symptoms from, 58.
Polypus aurium, 450; narium, 536; uteri, 681.
Porrigo capitis, 781.
Pregnancy, diseases of, 692; mental disorder of, 692; headache of, 693; sleeplessness of, 693; toothache of, 693; salivation of, 694; vomiting of, 694; heartburn of, 694; longings of, 694; constipation of, 694; diarrhœa of, 695; pseudo-cyesis of, 695; cough and dyspnœa of, 695; bladder affections of, 695; albuminuria and anasarca of, 695; painful enlargement of breasts of, 696; pruritus pudendi of, 696; pain in uterus of, 696; false pains of, 696.
Proctalgia, 511.
Proctitis, 491.
Progressive muscular atrophy, 373.
Prolapsus ani, 509, 769; vaginæ, 687.
Prosopalgia, 393.
Prostatitis, 653.
Provings of medicines, 59.
Prurigo, 713.
Pruritus, 735; ani, 736; pudendi, 736.
Psora theory, 32.
Psoriasis, 718; palmaris, 715.
Pterygium, 422.
Ptosis, 413.
Puerperal convulsions, 702; fever, 705; insanity, 707.
Puerperal state, disorders of, 703.
Pulmonary cancer, 573; syphilis, 573.
Purpura, 308.
Pustule, malignant, 282.
Pyæmia, 284.
Pyelitis, 641.

Quinsy, 469.

Ranula, 467.
Red gum, 781.
Relapsing fever, 243.
Remittent fever, 257; bilious, 258; infantile, 752.
Renal congestion, 639.
Respiratory organs, diseases of, medicines for, 524.
Retina, detachment of, 432.
Retinal hyperæmia, 431; hæmorrhage, 432; hyperæsthesia, 434.
Retinitis, 432.
Rheumatic gout, 298.
Rheumatism, 293, 299; gonorrhœal, 299.
Rheumatoid arthritis, 298.
Rhinitis, 530.
Rickets, 752.
Ringworm, 781.
Rodent ulcer, 729.
Rubella, 223.

Salivation, 466.
Salpingitis, 661.
Sarcocele, 647.
Satyriasis, 649.
Scabies, 734.
Scalds, 746.
Scarlatina, 223.
Schema, Hahnemann's, 62.
Sciatica, 398; thecal, 399.
Scleritis, 423.
Scleroderma neonatorum, 782.
Sclerosis, multiple spinal, 370; lateral spinal, 370.
Scrofula, 301.
Scrotum, inflammation of, 654.
Scurvy, 307.
Sea-sickness, 487.
Seborrhœa, 723.
Seminal vesiculitis, 652.
Septicæmia, 286.
Shingles, 715.
Shock, 749.
Similar remedy, the selection of the, 82, 94.
Similia similibus, 38, 69; its limitations, 141.
Single dose, the, 112.
Skin, diseases of, 709; parasitic diseases of, 733.
Sleep, derangements of, 362.

Small-pox, 214.
Sneezing, 537.
Softening of the brain, 343; of the spinal cord, 374.
Sore-throat, catarrhal, 467.
Spasms, local, 406.
Specifics, 78.
Spermatorrhœa, 650.
Spinal congestion, 365; irritation, 366; meningitis, 367; paralysis, 369; sclerosis, multiple, 370; sclerosis, lateral, 370.
Spinal cord, softening of the, 374.
Spleen, diseases of, 609.
Stammering, 764.
Sterility, 650, 689.
Stiff-neck, 738.
Stings, 748.
Stomach, disorders of, 472; ulcer of, 477; cancer of, 479.
Stomatitis, 460, 763.
Stone in bladder, 645.
Strabismus, 443.
Strains, 746.
Strangury, 644.
Stricture of urethra, 645.
Strophulus, 781.
Stye, 412.
Sunstroke, 749.
Sweating, morbid, 725.
Sycosis, 333; menti, 726.
Synovitis, 742.
Syphilis, 319; secondary, 323; tertiary, 325; pulmonary, 573; infantile, 754.

Tabes mesenterica, 778.
Tape-worm, 510.
Testicle, irritable, 648; neuralgia of, 648; retraction of, 652.
Tetanus, 377.
Tetany, 406.
Thread-worms, 510.
Throat deafness, 451.
Thrush, 763.
Tic douloureux, 393.
Tic non-douloureux, 407.
Tinea, 734; favosa, 734; circinata, 734.
Tinnitus aurium, 457.
Tissue remedies, 90.
Tongue, inflammation of, 463; ulcers of, 464; syphilis of, 464; cancer of, 465.
Tonsils, enlarged, 469.
Toothache, 465.
Torticollis, 407.
Totality of symptoms, 41.
Tremor, 389.
Tricophytina tonsurans, 781.
Trismus, 407; neonatorum, 782.
Triturations, 125.
Tubercle of urinary tract, 645.
Tuberculin, kinds of, 578.
Tumours, cerebral, 344.
Tympanitis, 453.
Typhlitis, 490.
Typhus, 231.

Ulceration of bowels, 492.
Ulcers, 732.
Urethra, vascular tumour of, 689.
Urinary organs, diseases of, 617, 628.
Urinary tract, tubercle of, 645.
Urine, suppression of, 639.
Urticaria, 712.
Uterine fibroids, 679; polypi, 681; cancer, 681.
Uterus, diseases of, 670; ulcers of, 674; displacements of, 677.

Vaccinia, 220.
Vagina, prolapsus of, 687.
Vaginismus, 687.
Vaginitis, 686.
Valvular disease of heart, 592.
Varicella, 221.
Varicocele, 652.
Varicosis, 607.
Variola, 214.
Veins, diseases of, 606.
Venereal maladies, 319.
Verruca, 722.
Vertigo, 360.
Vesiculitis, seminal, 652.
Vicarious menstruation, 666.
Vital force theory, 31.
Vomiting, 487.
Vulvitis, 688.

Warts, 722.
Waterbrash, 485.
Waxy liver, 520.
White leg, 708.
White swelling, 743.
Whitlow, 732.
Whooping-cough, 770.
Worms, 510.
Wounds, 745.
Writers' cramp, 408.

Yellow fever, 244.

Zona, 715.

