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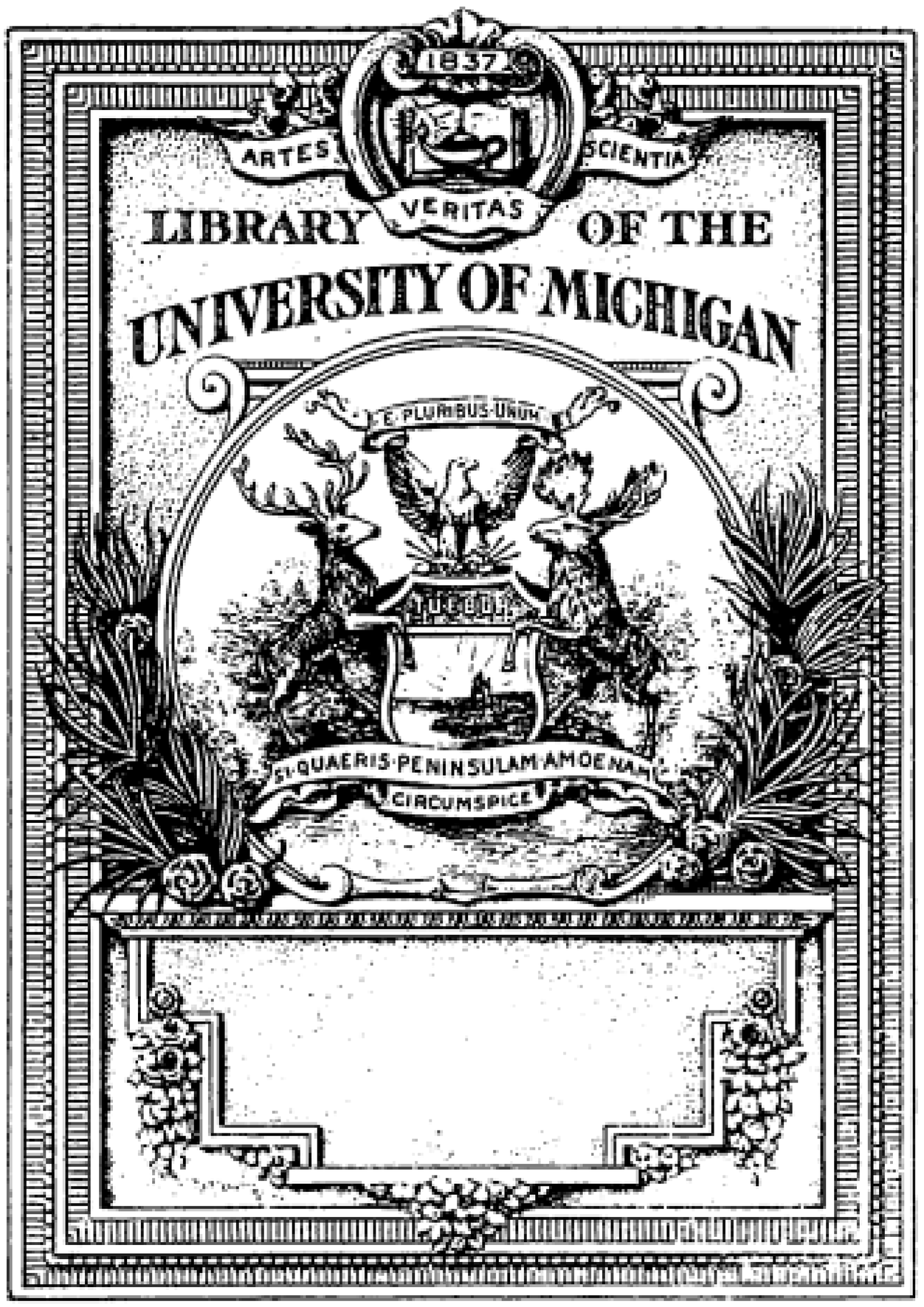

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CLINICAL LECTURES

ON THE TREATMENT OF

RHEUMATISM, EPILEPSY,

ASTHMA, AND FEVER.

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THE TREATMENT

OF

RHEUMATISM, EPILEPSY,

ASTHMA, AND FEVER.

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BEING

CLINICAL LECTURES

DELIVERED AT

THE LONDON HOMŒOPATHIC HOSPITAL.

BY

DR. RUTHERFURD RUSSELL,

AUTHOR OF "HISTORY AND HEROES OF THE ART OF MEDICINE," ETC.

LONDON:

LEATH AND ROSS,

5, ST. PAUL'S CHURCHYARD; AND 9, VERE STREET, OXFORD STREET.

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CONTENTS.

INTRODUCTION.

PAGE

OUR RELATIONS WITH THE OLD SCHOOL 3

LECTURE I.

ACUTE RHEUMATISM 63

LECTURE II.

ON AFFECTIONS OF THE HEART, IN CONNECTION WITH ACUTE RHEUMATISM 87

LECTURE III.

ON RHEUMATISM AFFECTING THE BRAIN 116

LECTURE IV.

SYPHILITIC RHEUMATISM; RHEUMATIC GOUT; RHEUMATIC OPHTHALMIA 141

LECTURE V.

CHRONIC RHEUMATISM 163

LECTURE VI.

ON THE DOSE AND THE ALTERNATION OF MEDICINES . . 187

LECTURE VII.

ON EPILEPSY 212

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LECTURE VIII.

PAGE
EPILEPSY—(CONTINUED) 237

LECTURE IX.

ON ASTHMA 270

LECTURE X.

ASTHMA—(CONTINUED) 297

LECTURE XI.

ON FEVER 327

LECTURE XII.

FEVER—(CONTINUED) 360

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TO

FREDERICK FOSTER QUIN, M.D.,

PHYSICIAN EXTRAORDINARY TO H.M. LEOPOLD I., KING OF THE BELGIANS.

PHYSICIAN IN ORDINARY TO H.R.H. THE DUCHESS OF CAMBRIDGE.

FELLOW OF THE ACADEMY OF MEDICINE OF NAPLES, AND OF THE ROYAL INSTITUTE OF SCIENCE OF THE TWO SICILIES.

MEMBER OF THE MEDICAL SOCIETY OF EDINBURGH.

PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY.

CONSULTING PHYSICIAN TO THE LONDON HOMŒOPATHIC HOSPITAL,

ETC., ETC., ETC.

My Dear Dr. Quin,

Just one-and-twenty years ago the British Homœopathic Society was instituted. The Meeting was held at your house, and the attendance could not have been numerous. Two years afterwards, you delivered your first Annual Address to the small party of the disciples of Hahnemann, by whom you were

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surrounded. In this Address you proposed the following projects:—

1st.—To secure a permanent place of meeting for the Society.

2nd.—To collect a Library.

3rd.—To erect a Hospital.

4th.—To issue Hospital Reports.

5th.—To publish Monographs, on the treatment of diseases.

Considering that the number of your colleagues could not possibly have exceeded eight or ten persons, I suspect that some of your objects must have appeared to them, if not entirely visionary, at all events very remote. Yet what do we now see?

A Hospital, with sixty beds; means in hand for its enlargement; and a considerable fund accumulating for its endowment.

In this Hospital, a spacious and commodious Hall, for holding our meetings.

In this Hospital, a Library, containing all the most important works connected with

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Homœopathy, besides a large number of standard medical books.

A Quarterly periodical—the *Annals of the London Homœopathic Hospital, and Transactions of the British Homœopathic Society.*

All that remains to be done in order to complete your projects, is the continued publication of such monographs as have been contributed by yourself, and others, to our periodical literature.

If the contents of this volume, in any degree, realise your notion of what Clinical Lectures should be, I may hope they will aid in the completion of your great five-fold design. If not otherwise useful, they may at least help others to rear a literary edifice worthy of Modern Medicine.

When you withdraw from your more active professional duties, attended by the confidence of colleagues, and followed by the respect of opponents, the success of your schemes for the advancement of the better system of medicine, which you were the first to introduce into

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England, and to the promotion of which your time and talents have been devoted, will be the best evidence that your life of steadfast purpose has not been spent in vain; and that the high social honours which crown its setting, while graced by wit, were won by merit, and are maintained by wisdom. That they may be long enjoyed, is the earnest desire of

Your sincere Friend,

J. RUTHERFURD RUSSELL.

33, CLARGES STREET.
April, 1865.

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INTRODUCTION.

OUR RELATIONS WITH THE OLD SCHOOL.*

It is difficult even for the most charitable to vindicate the conduct of the great bulk of the medical profession in its bearing towards the minority which believes and practises in accordance with principles denounced, *ex cathedra*, not as false, but only as too exclusive. If the majority, thus intolerant of error, were firmly united by the bonds of a common creed and strong faith in the unity and infallibility of their own church, we could understand their dislike to all who, by denying what authority teaches, weakened their influence and power of usefulness. If the members of the College of Surgeons of Ireland had the same respect for the decisions of their College on all medical matters, that the adherents of the Roman Catholic Church have for the decrees of its Popes and Councils, then it would not be surprising to find that, having given up their right of private judgment on all points of practice, they should allow their College to overstep the rigid limits of its jurisdiction, and dictate to them on questions of professional morality. If this were the case,

* Slightly modified from an article which was published in the *British Journal of Homœopathy*, October, 1864.

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we might lament, but could hardly censure, the wonderful occurrence which took place in Dublin a few months ago. An aged Archbishop was dying of *gangrena senilis*; and for the comfort of his family he wished to see a surgeon. His medical attendant was a member of the Dublin University and of the College of Surgeons of Ireland, and had done nothing to forfeit his professional status; yet because he prescribed medicines in different doses, and according to a principle only occasionally, not uniformly, adopted by the College of Surgeons, the surgeon, who was invited, declined to go and see the dying Archbishop, unless his Grace submitted to the ignominious condition of dismissing the physician who had been his comfort and support for years. The document deserves to be placed on record. It runs thus:—

"Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say, that as his Grace the Archbishop of Dublin has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honour of prescribing for his Grace under circumstances which would be a direct violation of a recent ordinance of the College of Surgeons of Ireland, of which Dr. Scriven is aware."

To this remarkable letter the Archbishop replied, that he was "so opposed to tyranny in any shape, that things must go on as they were." That is, he de-

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clined the attentions of the surgeon because he could not accept them without giving his countenance to tyranny; and the brave old man preferred to die true to himself, rather than give up the principle for which he had been contending during his whole life.

When Archbishop Whately stigmatised the conduct of the College of Surgeons as tyranny, he used an expression the propriety of which he had previously vindicated. In reference to the "ordinance" which Mr. A. treated with such respect, and which runs, that "no fellow or licentiate of the Royal College of Surgeons of Ireland shall consult with, meet, advise, direct, or assist any person who professes to cure diseases by Homœopathy," &c., &c., the Archbishop had written—"I was well aware of the detestable act of tyranny you refer to. I believe some persons were overawed into taking part in it against their own judgment. I have always protested against such conduct in all departments of life. * * * A man has a right to refuse to work except for such wages, or under such conditions, as he himself chooses to prescribe, but he has no right *to compel others to concur with him.* If there is any mode of medical treatment which he disapproves of, or any system of education which he thinks objectionable, he will be likely to keep clear of it of his own accord, without any need of compulsion or pledges. *Those, again, who may think differently ought not to be coerced or bullied.* * * * The truth is, the majority of mankind have no real love of liberty, except that they are glad to

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have it themselves; but they have neither spirit enough to stand up firmly for their own rights, nor sufficient sense of justice to respect the rights of others. They will submit to the domineering of a majority of their own party, and will join with them in domineering over others. In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the system denounced, to see that there is something of a testimony borne to them by their adversaries, who *dare* not trust the cause to the decision of reason and experience, but resort to such expedients as might as ably be employed for a bad cause as a good."

A college has no right, then, according to Archbishop Whately, to interdict its members from associating with those who think differently on matters of science from the majority of which the college is composed. But does the College of Surgeons or Physicians, or the Apothecaries' Company, think with any kind of approach to unanimity? When Homœopathy is contrasted with the old system—we avoid calling it allopathy, for many object to the designation—is it possible so to define the latter system except as that which is not *altogether* Homœopathy? There is much more divergence of principle and practice between different adherents of the old school, than between a large and important minority in that heterogeneous body and the School of Hahnemann. Let us illustrate our statement by an anecdote, and a quotation from the *Lancet*. The following incident

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happened to one of our body; and we shall let him tell it in his own words:—

"We were talking of the change that is coming over the younger members of the profession, and of their tendency to approximate to us. I met with an interesting example of this the other day. Late one evening a lady called at my house, and begged of me to accompany her at once to see a child, which she represented as at the point of death. Accordingly I went with her, and was taken to the house where the little sufferer lay. I was shown into the parlour, and introduced to the medical attendant. He was a young physician, who received me with great politeness, and gave me the history of the case. The little girl was seven years of age; she had always been delicate. Some months ago she had been attacked with some intestinal derangement, accompanied with diarrhœa, and latterly, very alarming head-symptoms had appeared. The regular medical attendant of the family was not at home, and in his absence my informant had been called in. He treated the child with various mild medicines, but there was no decided improvement; rather the reverse. The old practitioner returned to town, came and saw the child, and ordered a large blister to be applied to the back of the head. To this my informant strongly objected; but the old gentleman was obstinate, would have, and had his way. Things went from bad to worse, and *la voilà!* I then went upstairs, and found the child insensible, with a very rapid, feeble pulse, enlarged pupils, and most decided squint. The mother, who

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had long been a Homœopathist, but whose wishes in regard to the treatment had been overruled till too late, was in a state of utter distraction. She implored me to undertake the case, and do something for the child. On going down to the parlour, I told the young physician my opinion that the case was hopeless, but that I had no choice but to undertake it, and that if he liked I should be most happy that he should watch the treatment. To this he replied, that he should like to do so, but he was afraid it would give offence to the old practitioner; at the same time, he expressed his gratification at having met me. I said—'From what you tell me, it seems to me, that in your practice you are much nearer me than the old gentleman whom you meet, and with whom you differ.' My young friend smiled significantly, and, I believe, entirely agreed with my words. I then told him the medicine I gave, and I found him in the house next morning when I came. The case soon terminated as we anticipated; indeed there was no hope of the child from the first; but I confess I think there is hope of the young physician. At all events, recalling as I do the horror I have generally excited when brought into the presence of the *soi-disant* orthodox doctors, I could not but be gratified at so very different a reception in this instance."

In the *Lancet* of last July there appeared a curious table. A medical practitioner, who had long suffered from hay fever, had from time to time consulted various medical men by letter; and he gives us, in a tabular survey, the opinions they gave him

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of the causes of this disease, and the remedies, as follows:—

Consulted.	OPINION OF CAUSE.	RECOMMENDED.
Dr. A. ...	A predisposition to phthisis	Quinine and sea voyage.
Dr. B. ...	Disease of pneumogastric nerve	Arsen., Bell., and Cinchona.
Dr. C. ...	Disease of the caruncula	To apply Bell. and Zinc.
Dr. D. ...	Inflammation of Schneiderian membrane	To paint with Nitrate of Silver.
Dr. E. ...	Strumous diathesis	Quinine, Cod-liver oil, and wine.
Dr. F. ...	Dyspepsia	Kreasote, Henbane, Quinine.
Dr. G. ...	Vapour of Chlorophyll	Remain in a room from 11 A.M. to 6 P.M.
Dr. H. ...	Light, debility, hay pollen	Ditto, Port wine, snuff Salt and Opium, and wear blue glasses.
Dr. L. ...	From large doses of Iodine (*never took any Iodine*)	Try Quinine and Opium.
Dr. M. ...	Disease of iris	Avoid the sun's rays from 11 A.M. to 6 P.M.
Dr. N. ...	Want of red corpuscules	Try Iron, Port wine, and soups.
Dr. O. ...	Disease of optic nerve.....	Phosph. Ac. and Quinine.
Dr. P. ...	Asthma from hay pollen	Chlorodyne and Quinine.
Dr. Q. ...	Phrenitis	Small doses of Opium.
Dr. R. ...	Nervous debility from heat	Turkish Baths.

"Herewith," writes Mr. Jones, the correspondent of the *Lancet*, "I forward a synopsis of the opinions of a *few of the most eminent* men, in various counties, that I have consulted. I have substituted a letter for the name, *as I do not think it prudent to place before the general reader the names of those who have so disagreed.*"*

We admire the magnanimity of Mr. Jones; for after having been told that he had "a predisposition to phthisis;" that he was of a "strumous diathesis;" that he had "disease of the pneumogastric nerve;" "dys-

* It is commonly reported, in medical circles, that the reason why the treatment of the late lamented Prince Consort was never made public, was that it would have called forth so severe animadversion from the different members of the orthodox body of practitioners, as to have afforded a dangerous weapon in the hands of the Homœopathists.

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pepsia;" "disease of the iris;" "disease of the optic nerve;" "disease of the olfactory nerve;" that he had had "phrenitis;" and was "poisoned by Iodine;" and that in order to better his condition he was to take "Quinine, Arsenic, Belladonna, Cod-liver oil, Kreasote, Henbane, Opium, Phosphoric Acid, Chlorodyne, soups and Port wine; to paint his nostrils with lunar caustic, and snuff Salt and Opium; to wear blue glasses; to remain at home all day and take Turkish baths;" we are surprised that he was restrained from taking all the revenge in his power upon his formidable friends.

Could any one seriously maintain that the addition of a few Homœopathic recipes would add to the incongruity of this list? Certainly not. Can one, then, for a moment pretend that the practitioners of the old system have arrived at such unanimity as to warrant their issuing a series of articles of faith, a disbelief in which shall disqualify the dissentient for holding professional intercourse or communion with the believers in the articles? The only commandments these colleges issue are like the latter portion of the Decalogue, and begin, "Thou shalt not"—What? Keep company with an unbeliever. An unbeliever in what?

There is a pleasant anecdote told of the first Earl of Shaftesbury. He was overheard by a lady, muttering to himself, "Well, well, all men of sense are of one way of thinking on matters of religion." The fair and innocent listener exclaimed, "Ah! my Lord, I have you now. Pray what may that one way be on which all men of sense agree." "That," said the

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Earl, with a smile of inscrutable politeness, "no man of sense ever tells." We recommend the moral of this anecdote to our friends on the other side: they rival the clever Earl in the depth of their scepticism; let them equal him in the elegance of his tacit admission. But to unite total unbelief with fierce and rude denunciations of those who will not concur in the dismal cry of modern medicine, "There is no truth," is as unseemly as the rage of the atheist against those who, in spite of *his* entire satisfaction with the blank "eye-socket," the vacant orbit of the universe, persist in looking on the eye of the Almighty within the socket—the luminous orb within the orbit—and from their gaze derive comfort and guidance. Suppose *they* are wrong, and *he* is right, why yet should he be fretted because of their belief? So with our opponents.

"The only difference," said the late celebrated John Thompson, the biographer of Cullen, and predecessor of Professor Henderson—"the only difference between me and the Homœopaths is, that they give *very little* medicine, I give *none*." When such gentlemen are pressed, and free to answer, why they will not meet us, their reply is—"Because we look upon you as impostors. You pretend to do that which you know you don't do. You attribute to your doses effects which your common sense tells you they cannot produce. This is the real ground of our avoiding you. You are tainted with a moral leprosy, and it is right you should be excluded from society, since we have not the power of shutting you up as you deserve." Such,

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we believe, is the substance of what a vast majority of medical men in these islands think of us, and thus to themselves do they justify what the world calls gross professional illiberality.

We admit the sufficiency of the defence, if there were grounds to establish the justness of the accusation. If, trusting to nature and to diet, we amused our patients with globules, we should deserve the contempt and avoidance of all honourable men. But knowing as we do that the errors of Homœopathists are all the other way; that instead of attributing too little effect to mere medication, as a rule, they attribute too much, we feel confident that there will be a reaction in our favour, when the medical mind of this country is really satisfied of our honesty. Nay, we know that there is a reaction already. Hardly a week passes without our receiving a communication, in some form or other, from some one anxious to study Homœopathy. In fact, the receipt of so many inquiries has been the exciting cause of our taking up our pen at present, in the hope that we may be able to give some useful information to those who desire it; or at least acquaint them with the fact, that the reason we do not reply to their letters, is not that we are not deeply interested in their tentative efforts—their groping towards the light—but the great difficulty we feel in affording them any real assistance; and a deep conviction that the aphorism of Hippocrates, to the effect, "at all events do no harm," is as applicable to counsel in the affairs of life, and in the region of speculation, as to the practice of medicine.

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It is something for one who is now timidly feeling his way out of the old towards the new, to be made aware that he is not alone; that there are, at present in this country, many undeclared practitioners of Homœopathy. This may seem a contradiction of what we have just alleged as to the general state of the medical mind, and the intolerance of all medical organisations. But, as a rule, a minority has no public voice—especially what we may call a transition-minority—a minority thoroughly dissatisfied with its present position, but not so thoroughly satisfied of the one it thinks of occupying as to venture to leap the dividing chasm. Homœopathists, although a very small minority, have organs of opinion; and whenever any one fairly gets over to us, he is comforted by finding so many there before him. But before he comes out, while he still passes for an orthodox member of his body, his position is anomalous. In all statistical returns he would be classed among the allopaths; he does as they do; he is part and parcel of the bodies who act so rudely to us; he takes in the *Lancet*. But all this he does under protest, more or less loudly expressed, according to his courage and his temperament. The world at large, however, knows nothing of this protest; it has no time to analyse bodies and to appreciate fine differences. If he wishes to raise his voice, how can he do it? Write to the *Lancet*? It rejects his letter. And it acts wisely according to its generation. The organ of a party expresses its dogmas, not its doubts; it cannot afford to offend the bulk of its subscribers by even hinting to them, that the zeal they display against

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Homœopathy, has the unfortunate *note* (to borrow the expression of Dr. Newman) of selfishness upon it. The description Elia gives of a true Caledonian, is more applicable to a model editor, whether of the *Lancet* or the *Times*. "His understanding is always at its meridian; you never see the first dawn—the early streaks; he has no flutterings of self-suspicion; surmises, guesses, misgivings, half-intuitions, semi-consciousnesses, partial illuminations, dim instincts, embryo conceptions, have no place in his mind or vocabulary. The twilight of dubiety never falls upon him. Is he orthodox?—he has no doubts. Is he an infidel?—he has none either. Between the affirmative and the negative there is no border-land with him; you cannot hover with him upon the confines of truth, or wander in the maze of a probable argument; he always keeps the path. You cannot make excursions with him, for he sets you right; his taste never fluctuates; his morality never abates; he cannot compromise or understand middle actions; there can be but a right and a wrong; his affirmations have the sanctity of an oath."

Between the Scotchman thus described and our model editor—say of the *Lancet*—there is this difference: in the case of Lamb's Scotchman, the self-sufficiency is real; but with the editor it is only assumed. Get your intolerant and dogmatic editor alone after dinner, over his wine and cigar, and ask him if he really means what he writes? The chances are he laughs in your face. "Mean it? of course not, personally. I know many Homœopathists who are as

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good fellows as any going ;* but suppose I were, on that account, to admit their letters, what would be the consequence? Whÿ, one of two things. Either I should have to devote all my columns to the replies, or I should lose the bulk of my subscribers, and have the satisfaction of seeing the other Medical Journal, over the way, spring into sudden popularity by pretending to come to the vindication of the outraged consciences of the profession. No, no; we editors are like the later Roman emperors: when we are once raised on the shields of our comrades, we may brag and bully the outsiders *ad libitum*; but woe to us if we venture to check our faithful followers; we must let them loot as they like, so long as they sustain us up here, and help us to keep the barbarians at a safe distance."

So we say to our indignant neophyte, who, having been led to try Homœopathic remedies, has found them curing his old chronic cases which had baffled him for years—"Don't write to the *Lancet*. Your indignation at the abuse we encounter is natural; but it is in the nature of things that it should be so, and that the ferocity of our opponents should augment with the danger to their system. It is easy for us to indulge in expressions of reprobation of, and disgust at, the horrors of the war now raging in America. Should we be so mealy-mouthed if London were starving in consequence of one army of Irish at the mouth of the Thames, another at Reigate, and

* The position of a Homœopath with a practitioner of legitimate medicine, may be socially good.—*Lancet*, March 18th, 1865.

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a third at Rugby? So long as the party exists at all as a party, it will use the same language, only its key will be sharper the nearer it approaches dissolution. The smaller the pipe the shriller the sound: when you hear it screaming like a railway whistle, prepare for sudden silence. But this will not be in our day."

Should our reader happen to be one of those for whom we specially write, a medical practitioner in the inceptive stage of belief, we may well imagine him exclaiming—"And is this all you have to say? Does all this introduction lead to nothing more than the advice *not to write to the Lancet?*" We pray your patience, gentle reader, and beg leave to assure you that there is more temptation to write to the *Lancet*—that is, to be angry and explosive towards your old friends—than you most likely are aware of. It is too much the fashion for every one, on adopting Homœopathy, to make a popular confession of the fact by the publication of a pamphlet. There was a time when our number was less, and when every addition was hailed with gratulation; as was, no doubt, each successive arrival in New England, after the tiny "Mayflower" had first deposited her crew on its shores. But as years rolled on, the number of emigrants increased, and their character changed; and, except under peculiar circumstances, few of them can now expect to be welcomed with jubilation. Besides, many of those popular confessions—by which term we do not mean that the pamphlets were popular in the sense of being eagerly bought by the public, but that they were (with few exceptions) addressed exclusively to the public—

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had upon them the faults belonging to the first stage of love: the neophyte performed more wonderful cures in a month than the experienced practitioner in a year. In fact, his cures being to him all wonders, his exultation is natural; but it will save him much regret if he keeps his feelings on the subject to himself. If he publish in his callow stage, before he has had opportunity of verifying his belief by an extensive series of observations, or of ascertaining the limits of his powers, he will be somewhat dismayed, at a later period, to find he has committed himself to much he would fain unsay, but cannot. These observations do not, of course, apply to hospital physicians—men in the position held by the late Doctor Tessier, of Paris, or Professor Henderson, of Edinburgh; for men occupying public trusts have correlative public duties, and are bound to let the world know the reasons which induce them to abandon the usual, and adopt an unusual method of practice. And let me remark, that although these are, in some respects, most favourably situated, they are yet in very trying circumstances. Any hospital physician who dares to resist the suspicion and obloquy which await even the inquirer into Homœopathy, must have a certain heroic element of character—the basis, in fact, of all that is heroic in human nature—the devotion to an idea, to truth for its own sake, altogether irrespectively of the consequences to himself from the result of his inquiries. That there are such men among us now, we know and rejoice, not on account of the influence they are likely to exert in our favour, but because it is refreshing,

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in an age of so much apparent baseness, to have the assurance, that below the dross there is true worth, true nobility—a deeper and higher life, which although pent up now, so as to be unknown and disbelieved in, will assuredly break forth and blossom, to the amazement of the generation of sceptics which denies the existence of any force but what can be gauged and manipulated.

But this is a digression; and we shall reserve any suggestions to this small but influential class till we have finished our homily to the pamphleteers. We should be very sorry that it were supposed we undervalued the good effects of popular tracts, like those of Dr. Sharp, Dr. Moore, and others. For their end, in their time, they were very useful. Written in a remarkably lucid style, they made Homœopathy intelligible to a great mass of persons who before were unacquainted with it. But even of so excellent a thing as tracts, it is possible to have enough and to spare; and we strongly advise converts neither to write to the *Lancet* nor to publish a pamphlet. But we shall tell them what to do if they are in the position of one of our correspondents, who writes to us in the following terms:—

"Allow me to ask your advice on the best mode of trying to possess myself of a knowledge of Homœopathy—practical and sound. I have obtained the diploma of —— and of the ——, and would now turn my whole mind to Homœopathy; and though I have had some experience, and possess, as it is, some knowledge of the subject, acquired during the last five or

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six years, yet, encouraged by your former offer to aid me in any way in your power, I have thought of asking the benefit of your experience in this way. I propose staying in ———" (his native place), "and practising Homœopathy, although I have been invited, &c."

Although we have never seen the writer of this letter, and have only the slightest acquaintance with him by correspondence, it is impossible not to feel a keen interest in the modest and manly manner in which he sets about preparing himself for the great task before him. To such an one, if his health do not fail, success is certain; and he evidently will not be satisfied with a "settled low content," but will, for its own sake, aim at a high measure of excellence.

It is not in the nature of minds of the class to which Dr. C. belongs, and from which we welcome our best recruits, to be satisfied with a mere manual of practice. They desire a thorough knowledge of the system—how it arose, and how it has been modified, by the experience of its practitioners, during the last fifty years. To enable them to do so we should insist upon their acquiring the German language. For some time to come they will have leisure enough on their hands, and they will find, that the want of an acquaintance with the mother-tongue of Homœopathy, is a serious loss to them in many ways. The lack of German deprives them of access to a great many useful works, both practical and theoretical, which have not been translated; moreover, it prevents their reading in the original the provings of our best medicines, and thus getting nearer, as it were, to the spirit of the great

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prover, the founder of our system. And the possession of this knowledge is a security against the tricks of those who quack it, of those who impose upon the credulous and weak by pretending to excessive zeal for the literal truth as taught by Hahnemann.

We shall suppose an acquaintance with German, sufficient to read, with the aid of a dictionary, the *Materia Medica* of Hahnemann, and other medical writings, which, on the whole, are not difficult.

Then we should advise the student, that, besides using Jahr's *Manual*, which is really an indispensable abridgment, he should, when a case is under consideration, refer to the original provings.

No doubt the abridgment will, on the whole, be found tolerably correct; but by doing so he will fix the symptoms expressed in different languages more certainly in his memory, and will perceive between the medicines many shades of difference represented by Hahnemann, which no abridgment can convey. This study will give him an intimate practical acquaintance with the potential resources of his therapeutic treasury. He will then be curious to know the opinions of men of experience as to the best method of employing these means of cure; and the questions of dose, of sequence, and of alternation of medicines will naturally press upon him.

In order to satisfy himself upon these important points, we should advise him to procure and study carefully a work by Dr. Hirschel, entitled, *Compendium der Homöopathie nach ihrem neusten Standpunct und Anleitung zum Studium und zur Praxis*

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derselben. If our correspondent, or some one of equal ability and energy, would set about a careful abridgment of this work, we believe that the labour would be amply rewarded by the knowledge gained in its execution, and that its publication would be a positive boon to British Homœopathic practitioners. Some parts of the book would require to be translated literally; some we should be glad to see abridged; some perhaps omitted altogether, as being more suited to Germany than England; while, in the place of what we should leave out, we would put a summary of the opinions of the practical men of this country who have written on the questions under discussion. For, notwithstanding our great respect for the labours of the Germans, we are of opinion that, in the purely practical sphere, the British school of Homœopathy bears the palm; combining considerable acquaintance with the practice of our foreign colleagues, with a knowledge of what our countrymen do. We are free to confess, that if we had a dangerous illness, we should far rather be treated by certain of our own colleagues than by any others. We believe very few German, fewer French, practitioners are nearly so familiar with the experience of our school, as many in Britain are with the writings of the German and the French schools; so that, besides having more practical habits from its position among an intensely practical people, in an intensely practical age, the British school, in what relates to the development of the system of therapeutics bequeathed by Hahnemann, has enjoyed the advantage of a larger culture.

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Another work, which would be worth a careful perusal, is one by Dr. Sorge, the author of a Prize Essay on Phosphorus, which we noticed on its publication. His last brochure, which we commend to the attention of the studious, is entitled, *Die Homöopathie befreit von Uebertreibungen und gestutzt durch viele bewahrte Heilanzeigen.* A somewhat presumptuous title certainly—and quite in character! The author, in his preface, expresses a wish to have the opinion of his critics: evidently he has no doubt of his ability, in the event of their judgment being unfavourable, either to overthrow or contemn it. The great fault of this little book, is its outrageous violence of language in regard to persons whose offence we find it impossible to realise. For example, in the very full table of contents, we meet with this entry:—*A Winkler's neuester Unsinn.—A. Winkler's last nonsense.* The notice of Alfred Winkler's last nonsense runs thus:—"In the most recent time, a certain Dr. A. Winkler has arisen, for the purpose of serving up afresh the old Hahnemannic distinction between the primary and secondary medicinal action of drugs. He maintains, that, in the treatment of every internal disease, we are to give the dynamic remedy which corresponds in its primary effects with the symptoms of the case; so will the secondary action of the remedy, which is the opposite of the primary, and therefore also of the disease, be its cure." This is *the nonsense.* To make its being nonsense self-evident, Dr. Sorge adds—"To tell them that W. (*sic*) is neither physician nor pharmacologist, but only a chemist, will doubtless suffice,

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with many, to make them pitch this bit of a book into the fire *(das ganze Büchelchen kurz abzufertigen)*. I must, however, in consequence of the attention it has excited, not from the Homœopathic side only, enter into a closer examination of its contents."

The longer we pause over this passage, the more difficult do we find it to frame a theory which shall account for the fact, that a clever man—and Dr. Sorge is a clever man—expects his readers to agree with him, that, because Dr. Winkler is not a physician, therefore his theory of the mode of action of Homœopathic remedies must be worthless—a proposition that sounds peculiarly strange to us, who remember how much was done to excogitate a satisfactory theory of Homœopathy by two men, neither of whom were either practical physicians or pharmacologists—John Fletcher and Samuel Brown; while the explanation itself, which Dr. Sorge treats with such high disdain, is one we should be very much inclined to support, were it not for the dread we have of seeing, in the next edition of his work, some such heading as this:—"The last arrival of nonsense from England;" followed by the quotation of a few sentences of this article, and a stinging word or two, to indicate the toss of our esteemed, but rash and intemperate, colleague's contemptuous head.

This extravagant style is not confined to Germany. In our English journals we have met with specimens of invective, piled one on the top of another, in such fashion as to produce a most ludicrous effect; and we know that, among men of letters, it is believed, that

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the offensive scurrility which was the fashion in all controversial writing of a former generation, is now to be found only in the columns of medical periodicals.

We are taught by a high authority, that the use of extravagant language is a mark of provincialism, as urbanity is the sign of metropolitan culture. Style is now in the ascendant; and certainly, if any medical school were to distinguish itself by purity, precision, and moderation of language, it would thereby do much to advance its reputation. In our small body we have some excellent writers—men of classic culture. One we may mention without running any risk of appearing invidious; but we can hardly expect to see writing like that of Dr. Wilkinson, in his work entitled, *The Body in its Relation to Man*, except at rare intervals. A style so accurate, and yet so ornate, is, like music, a gift of nature, and cannot be acquired.

To return to Dr. Sorge. We the more regret that he should have been betrayed into the use of such improper language towards his colleagues, that his book, in a small compass, contains much deserving careful study. It also is well worthy of an abridged translation into English. Dr. Sorge is essentially critical; he is the opposite of a credulous observer, and, probably, carries his scepticism too far. He is no respecter of persons; even Hahnemann is not sacred in his eyes. Every proposition which will not stand his critical testing, is unceremoniously dismissed as untrue. In belief, he is a minimist, accepting only a small portion of what is generally credited. His

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medical creed is expressed in the following propositions:—

"1. The proving of medicines on the sound organism, *controlled by the result of their administration to the sick*, is the best way of establishing their curative powers. [For the italics we are answerable.]

"2. Those objective and subjective symptoms of a medicine are the most important and significant which are manifested by all or nearly all the provers, and which relatively have the longest duration. On the same level stand those symptoms which constantly recur to individual provers every time a dose of the medicine is repeated.

"3. The division of symptoms into primary and secondary, is artificial, and without practical utility.

"4. To ascertain the radical effects of a medicine, the simultaneous or successive manifestations of individual symptoms, and the aggravation or amelioration produced on them by cold, warmth, movement, rest, period of the day, &c., require to be known.

"5. The results of experiments on animals, as on dogs, often unavoidable in the determination of objective morbid groups, are of value as guides to the administration of the medicine in human diseases, only in so far as they do not contradict the results obtained in the provings on the human subject.

"6. The manifestation of the effects of each medicine must be carefully weighed, *to arrive at the particular disease* it represents in each tissue, organ, and part of organ it affects.

"7. Next in importance is the comparison of the

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operation of peculiar medicines with that of other exciting causes of disease—for example, with the effects of exposure to cold, of being wet through, of anger, grief, terror, of a strain, &c., in order that a real similarity may be established.

"8. The application of the knowledge obtained by physiological provings of medicines, according to the principle *similia similibus curantur*, in the treatment of disease, has been proved to be blissful and healing by a thousand-fold clinical experience.

"9. In order to cure according to the principle *similia similibus curantur*, it is necessary:

"*a*. That the medicine administered should stand in a specific relation to the organ *primarily* diseased.

"*b*. That the medicine should specially affect the same part of the organ which was primarily affected in the case to be cured.

"*c*. That the kind of morbid action to be cured in an organ, or part of an organ, should not be essentially different from the disease excited by the medicine in a person in health.

"10. Within these bounds the choice of a medicine is so far free, that it is to be determined by its correspondence in subjective phenomena, by its relation to the disposition of the patient, by the exciting cause of the disease, or by the prevailing *genus epidemicus*.

"11. Paying attention solely to the bare collection of symptoms, as Hahnemann requires, without a definite diagnosis, is only justified by the impossibility of the other plan—[*i.e.*, making a comparative diagnosis of disease and medicines].

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"12. The medicine chosen according to the *similia similibus curantur* principle, must always be given by itself alone—never in combination with any other medicine. The practice, so common among Homœopathists, of the administration of two medicines in regular alternation, is nothing more than a gradual mixing of the effects of the one with those of the other, and will be had recourse to in direct proportion to the uncertainty in the choice of the medicine.

"13. The dose of a medicine. chosen according to the *similia similibus curantur* principle, should be determined, as in all other methods of cure, by the specialities of the case under treatment; drops of the mother tincture being required when there is a torpid condition, and considerable dilution when there is much susceptibility.

"14. The diet, too, must be adapted to the peculiar conditions of the case, and of the medicines administered. It very often happens that very slight, or even no changes at all in the mode of living are necessary. The almost identical diet prescribed by Hahnemann for all cases, even the most dissimilar, is not only, for the most part, utterly impracticable, but entirely unnecessary, often hurtful, and altogether deficient in individualisation."

We commend this "confession of faith" to the attention of Dr. Lippe, who, from the other side of the Atlantic, demands of Mr. Pope, "Who is a Homœopathist?" Mr. Pope, indeed, replies with so much spirit and propriety, that no other answer than his is required. Still it may be well for Dr. Lippe to be

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made aware that there is a class in Germany as well as in England, whom not to designate Homœopathists would be to commit a solecism in language. Dr. Sorge avows his belief in the principle *similia similibus curantur*, as the guiding rule in the selection of medicines. He also believes—and shows his belief in a more satisfactory way than merely clamouring about it—in the necessity of proving medicines on persons in health; and he very strongly advocates the giving of but one medicine at a time, even to the condemnation of the alternation of medicines. Yet, believing all these points, which are the cardinal elements of Homœopathy, he does not even mention dynamisation or the Psora Theory. We are not now discussing the sufficiency of his dogmas; all we wish is to direct attention to them as representing a rising school of men distinguished by scientific culture and practical energy, who carry themselves somewhat disdainfully towards the older branch of the house of Hahnemann. Dr. Sorge is young and clever; he is, naturally, somewhat unpleasantly self-confident: when he has gone through the experience of life, and known disappointment, he will, we trust, have learned a little more reverence for the opinions of those who do not find it so easy to dismiss the perplexing questions suggested by the two words—Psora and Dynamisation.

Although we have quoted Dr. Sorge's articles of belief in full, we are very far from prepared to sign them. We entirely disagree with him in his repudiation of the doctrine of the primary and secondary effects of a medicine. In fact, we can hardly believe

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that he dissents from this well-established physiological principle, although his words imply that he does. But it is for him either to defend so singular a position, or to decline maintaining it. For us, it is enough to point out that, if he really thinks thus, he differs from all the highest authorities on the subject.

Some of Dr. Sorge's theses are highly suggestive, although, we think, rather ill-expressed. For example, the sixth seems to us to point to a method both of recording and reading a proving radically different from that adopted by many who have contributed largely to our *Materia Medica.* If we understand Dr. Sorge aright, we apprehend that he would always strive to ascertain the relation of the phenomena produced by a drug to those induced by the natural exciting causes of disease; and that he would refuse to recognise as symptoms those sensations which arose in the course of experiment, unless they could be traced to some morbid action in the system. He would deny a place in his *Materia Medica* to all symptoms which were not significant of known diseases. Now, if we had a perfect pathology, and were acquainted not only with all actual, but all possible forms of morbid action, nothing would tend to simplify and give exactitude to our *Materia Medica* more than the adoption of some such plan as this. But, in our present state of knowledge and ignorance, we fear that, with a great quantity of chaff, we should lose some precious grain. A proving is something like a prophecy, which remains a riddle till it is fulfilled. For instance, had Dr. Sorge proved Camphor at the time when Hahnemann

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did, some of the peculiar phenomena which had no relation to those of any disease then known, might have been omitted, and their resemblance to those of the first stage of cholera might not have been so manifest.

But while we must have a very full record of all the well-authenticated, peculiar sensations produced with tolerable generality upon persons in health, who make experiments with drugs upon themselves, we heartily wish that none would do so but those who have the rare faculty of discerning between a *significant* and insignificant disorder of sensation—the former a symptom properly so called, a sign pointing to a morbid action—the other nothing, and yet looking like something, and the cause of endless blunders and difficulties. Between the lighthouses which should direct the mariner, play Will o' the Wisps, so like the true guides as to be almost indistinguishable. To rid our coasts of these false lights is the aim of the school to which Dr. Sorge, Dr. Roth, and others like them, belong. They will effect much good at the risk of some mischief.

The modification of the plan of merely proving medicines on persons in health, by the precautionary clause that the results obtained are to be qualified by the testing of their curative powers before giving them rank among our recognised therapeutic agents, is, in the present state of progress, probably a judicious restraint upon the admission of useless medicines. At all events, it is highly satisfactory to have the actual demonstration of the sufficiency both of the

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à priori principle, *similia similibus curantur*, and of the accuracy of the observer.

The cases collected by Dr. Sorge to illustrate his conception of real cures, not mere recoveries, are, on the whole, well chosen for the purpose; and as many of them possess an independent interest for us, we shall let our readers judge of a few of them.

Case XXI.

Dr. Sorge's *own observation. Painful Paralysis of the Arm cured by Phosphorus.*

"Meder, a master carpenter in Welton, 59 years of age, complained to me on the 6th of May, 1860, that for a year he had suffered from a most distressing pain in the right arm and shoulder. Early in the morning, on rising from bed, the arm felt paralysed and weary, sometimes from the shoulder to the elbow; it improved after work, and he felt nothing of it all day; but all the more did it distress him in the evening when in repose, although it did not disturb his night's rest. When he made unusual exertion, there was more paralysis, in consequence, for several days; and the upper arm was morbidly sensitive to pressure. The arm had not become thinner, and presented no outward manifestation. I gave nothing but five drops of the 4th dilution of Phosphorus, every evening, in water. After six days Meder returned. On the posterior surface of the lower part of both fore-arms and hands, a spotted, itching, erythematous eruption had appeared. I desired the Phosphorus to be discontinued, and in the course of three days, the erythema, and with it the

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affection of the arm, had permanently left him. The patient had no recollection of having ever, before the pain in the arm, had any affection of the skin."

The form of rheumatic affection of which this carpenter was thus rapidly relieved, is usually very obstinate, and tends to become truly chronic; and we believe that the chance of the spontaneous recovery of such a case in the course of a week, is in reality infinitely small; so we have no hesitation in accepting this as a true example of cure by a well-proved and powerful drug. Whether there be any other explanation of the *modus operandi* of Phosphorus than the S. S. C. one, must be determined by those ingenious sceptics who, to avoid admitting the Homœopathic formula, propose explanations much more difficult to believe, and much less worth believing.

Case XXIV. (page 80.)

Paralysis of the Bladder cured by Secale Cornutum.

By Soucerotte.

"A forester, 50 years of age, of strong constitution, much exposed to the danger of catching cold, after having for some time suffered severe and enduring headache, fell suddenly to the ground, but did not entirely lose his consciousness. The treatment directed against this apoplectic seizure was without avail, and after three months he was taken to the hospital. On his admission he presented the following symptoms:— The patient was unable to walk; at each attempt his legs gave way under him, especially the right one;

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just as little could he bend himself forwards or backwards; and when he sat upon a chair he fell over to the right side. The arms, especially the left one, were also weak, but not to the same degree; anæsthesia was at one time present; the intellectual faculties were in order, but there was general dulness, difficulty of speech, and inclination to weep. The patient complained of headache, and of pain in the loins, which, however, was not increased by pressure; there was want of sleep; the urine and fæces passed involuntarily; but, although the water of the enema was almost instantaneously expelled, there was frequent constipation for several days. The tongue, the organs of digestion and respiration were normal, except from occasional attacks of a sense of oppression of the breathing (owing probably to some paralysis of respiratory muscles). The pulse showed no feverish excitement. Arnica, Aloes, Ext. of Nux V., stimulating applications, &c., were employed with no result except a slight increase in the torpor of the bowels and the dulness of perception. On the other hand, the general condition remained sufficiently deplorable, and the state of the bladder was especially obstinate, undergoing no improvement from its original condition: so that the patient's bed was overflowed every night.

"On the 23rd of May, after the disease had lasted for six months, Secale Cornutum—at first in one grain, but afterwards in one-and-a-half grain doses, was administered three times a day; and, as early as the third day, involuntary passing of the urine ceased—

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along with all the other symptoms of paralysis; so that the patient left the hospital on the 8th of June, perfectly cured, to go back to his place. For a year and a-half the patient has remained well."

This strictly Homœopathic cure was effected in an allopathic hospital, and published in the *Bull. gén de Thérapeutique.* This by no means detracts from its interest in our eyes, and makes it more likely to be accepted as a fact by the opponents of our system.

Case XXVI.

Painful Serous Diarrhœa cured by Jalap.

By Dr. Kafka.

"An infant at the breast, three months old, had for three days bloody serous stools, mixed with much gelatinous mucus, and of a sour smell. The number of the evacuations was six during the day, and twelve during the night. In the day-time he cried only before and during the motion of the bowels; but during the night he cried almost without cessation, and drew the feet up to the body. The umbilical region was sensitive to pressure; there was clear percussion-sound over the whole abdomen; there was slight tenesmus; the anus was red and sore. Entire quiescence of all the symptoms within twenty-four hours followed the administration of 1-10th of a grain of the first trituration of Jalap every two hours."

The treatment in this case, too, although that of a Homœopathic physician, might have been equally well, so far as the medicine and dose are concerned, pre-

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scribed by an allopathic practitioner from an ordinary druggist's shop.

Case XXXI.

Intermittent Fever cured by Belladonna.

By Dr. Sorge.

"August Rauchfuss, a boy 10 years old, in Cüllme, near Halle, was affected for five weeks, in the spring of the year 1854, with tertian ague. After a sense of drawing in the limbs, there followed shivering for an hour and a-half; the next three hours heat; and then, for some time, perspiration. China, in Homœopathic preparation, was of no more use than Bryonia. On my last visit I found that the boy complained, during the paroxysm, of headache as soon as he looked on water, and that, during the hot stage, there appeared before his eyes the same impression as if he looked at the sun. These indications induced me to give Belladonna in frequent doses. As early as the time of the second paroxysm there was entire remission, and I heard of no more attacks."

This is a singular and highly interesting case. It is to be regretted that Dr. Sorge does not mention what the dose of Belladonna was.

Case XXXIII.

Chorioideitis (Acute) cured by Arsenic.

By Dr. Altschul.

"Mr. H. G., of a tuberculous constitution, was attacked with severe inflammation of the eyes, in con-

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sequence of continuously straining them by drawing at night.

"Burning, stabbing, and boring pains spread from the eyeball over the supra-orbital region, to the head, and produced, in their almost periodic returns, nausea and retching. Great intolerance of light, and a contracted pupil, were combined with diminished powers of vision, and a sense as of looking through a veil. Professor Ryber, by the use of the ophthalmoscope, diagnosed not only distinct appearances of hyperæmia of the choroid, but likewise of congestion of the ciliary veins. Dr. Altschul so entirely cured this condition by the administration of Arsenic of the 6th dilution, that the sight was restored so as to suffice for the most minute drawing."

We should have been better satisfied with this striking cure, if we had been informed of the length of time the affection had existed, and how long it was under treatment; also, whether any other means were employed than the internal administration of Arsenic. But even with these drawbacks the case is most interesting; for we know that such affections either do not pass away of themselves, or at least take a much longer time to do so than it is at all likely this one did.

Case XXXVI.

A Cutaneous Affection cured by Conium.

By Dr. Sorge.

"H., a peasant woman, 64 years of age, frequently sickly, and affected with chronic bronchial catarrh,

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sought my advice for the cure of an eruption, which appeared in autumn, and consisted of small ulcers and pustules, on the elbows, and upper and external side of the left fore-arm. They resembled in their form *impetigo figurata*. The pustules became transformed into ulcers, with purple, swollen, circumjacent parts, which, elevated in margins of irregular shape, and varying in size from a pea to a bean, easily bled when touched, discharged much matter, and, when dry, which especially happened when either kept warm or exposed to the air, became shrunk, and burned. The greater part of the external side of the fore-arm was œdematous, and felt cool.

"The only external application I employed was lappets of lard; and I gave five powders of Sulphur in trituration, one to be taken every two days. The only result manifest from this treatment was, that the pustules increased in size. Seeing this, I ordered Arsenic in very small doses; after which, instead of improvement, there appeared, on the external side of the wrist of the same arm, on the 11th of December, a new spot, congested with blood, and covered with pustules; the arm felt as if beaten, and was lame.

"I now ordered Conium Maculatum of the 3rd dilution, three drops a day. On the 19th of December all the ulcers were coated with thick brown scurf, with the exception of those on the olecranon. The Conium was continued at the rate of five drops a day.

"29th December.—The inflammation round the cicatrices is gone; some of the pustules are resolved,

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and have passed into small, dry, painless nodules (Fleischknoten). Instead of the burning, the patient now feels only itching, and that but occasionally. There are scarcely any new pustules. *Pergatur.*

"30th January.—The cicatrices and nodules are gradually disappearing. The ulcers were covered three weeks later; and by the steady use of the Conium, nothing of the affection was left beyond a peculiar appearance of the skin."

We believe that no class of cases is better fitted to afford positive evidence of the curative efficacy of Homœopathic treatment, than diseases of the skin. Easily diagnosed, frequently of long continuance, and not tending to spontaneous recovery, they sometimes disappear, as in the instance just quoted, with great rapidity under the use of the appropriate specific. We have almost always under our care cases which have been long under the most celebrated "skin-doctors" in Britain, and have derived no benefit, or, at best, a temporary one; and of these cases a considerable number get rapidly well from the commencement of the use of Homœopathic remedies.

Case XL.

Angina Membranacea cured by Bromine.

By Dr. Sorge.

"H. H., a girl of 11 years of age, after having suffered for four weeks with cough and hoarseness, which always increased by exercise, was at length seized with such dyspnœa, that the mother was obliged, on the 2nd of May, 1858, to administer an emetic, supplied

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by a neighbour, in order to avert suffocation. The remedy gave only a few hours' relief.

"On the 3rd of May I found the little girl sitting up in bed, for she could only lie down for a short time; the difficulty of breathing was so great that the muscles of the throat and abdomen were in violent exercise, and *even the alæ nasi were visibly moved.* In the chest the respiratory sounds were only occasionally audible at particular spots; the voice was quite hoarse and metallic *(klanglos)*; the cough was rough and croaking; the pulse was not quickened.

"While the mother went to fetch me, the child, to avoid being choked, had induced vomiting herself by putting her fingers down her throat. A surgeon (Böhme) who saw the case then, pronounced it fatal.

"I gave Bromine 2 (1·9 in distilled water), two drops from every half-hour to every hour, and nothing else.

"May 4th.—In the afternoon the breathing had become easier in the chest, and was more distinct; the cough, which, like the voice, had continued metallic, now rattled somewhat more loosely in the chest, and was now and then attended with expectoration. The child could now lie on her back for hours together, but was still obliged to compel vomiting with the finger. The medicine was continued at the rate of three drops in water every three hours.

"May 5th.—On listening to the chest, the sounds are looser; there has been much expectoration; the patient, although she has not vomited, feels better. Continue three drops in water every two hours.

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"May 7th.—The oppression of the breathing is now only slight; the voice becomes gradually louder; the patient expectorates much, and many lumps (Stücken), the expulsion of which induces retching; what was brought up looked sometimes red, and as if of blood. *Pergatur*, every three hours.

"May 10th.—The breathing is quiet and without effort; there is much expectoration, in which was a *membranous piece*, of a yellow colour, mixed with white mucus. The voice is still hoarse. *Pergatur*, four times a day.

"May 14th.—On this day I saw the little girl going about the house without any difficulty of breathing. Large mucous ronchi in the chest, and some hoarseness, were all that remained of the attack."

This case has some puzzling features. If it was really a case of membranous deposit in the larynx, how does it happen that the pulse was unaffected? If, on the other hand, it was a case of spasmodic croup, how are we to account for the expectoration of the shreds? We suspect some error in the observation in one or other of these points. Still we look upon it as a case of genuine cure by Bromine; all the more so, because we have met with very similar cases in some female patients, who were both hysterical and disposed to inflammatory affections. We had a case of what we should call *nervous* laryngitis under our care lately—by which term we mean real inflammation of the larynx, attended, in addition to the symptoms proper to this complaint, with exaggerated phenomena, such as choking, intense dyspnœa, &c.—which we

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looked upon as sympathetic, the result of reflex action, not of direct suffocation. In this case we gave Bromine with excellent effect. In the narrative we have just quoted, Dr. Sorge notices the excessive play of the nostrils. This symptom has been the subject of much attention of late, in connection with a case of pneumonia, reported in the *Monthly Homœopathic Review*. The narrator of the case, who has the reputation of a considerable practice, lays great stress upon this symptom as an indication for Lycopodium. So far as our observations go, we are disposed to regard it simply as an indication of the excitement of the respiratory nerves of the face from any cause. It is best seen in a race-horse after the race; the wide, flapping nostrils indicating that all the apparatus which subserves respiration is brought into play. Next to that of the panting horse, perhaps the best example is in the hysterical girl when suffering from any impediment of breathing. In the case of pneumonia just referred to, the age of the patient, and many of her symptoms, suggest hysteria; and the recovery was probably, in great measure, due, first, to the lapse of time (for, as a rule, all simple cases of pneumonia in young persons get better of themselves); and, secondly, to the confidence the patient reposed in her medical attendant. We could not, we fear, get Dr. Sorge, and men of his school, to entertain the notion that a globule of the 200th of Lycopodium had anything to do with the result. Perhaps Dr. Sorge is too sceptical, or perhaps the admirers of Lycopodium are too credulous. Who shall say?

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Case XLIV.

Cheesy Pneumonia cured by Stannum.

By Dr. Sorge.

"A teacher, 40 years of age, of middle height, addicted to the use of cigars, and, in moderation, of *lager* beer, and subject to abdominal and rheumatic affections, was taken ill in the beginning of May, 1856, with catarrh of the lungs, for which I prescribed various remedies in vain. By the beginning of June, I found that the catarrh had spread over the whole of the chest, but the finest râles were heard under both clavicles. For the breadth of a hand under the right clavicle, the tone was dull; while a consonating resonance was heard, both with the voice and breathing *(bronchophony and pectoriloquy)*. The cough was distressing, attended with the sense of being beaten, and with smarting pain on the whole anterior surface of the chest; there was much yellow mucous expectoration, which left a persistent sweet taste in the mouth. The patient's tongue was coated with a yellow fur: he perspired much, and was very weak. By the 6th trituration of Sulphur, the only symptom which was improved was the sweet taste of the expectoration, all the other symptoms remaining the same.

"On the 16th of June I gave him the 6th dilution of Stannum, of which he was to take a dose three times a day. By the steady use of this one medicine, every trace of the morbid state of his lungs disappeared along with his cough."

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We miss, in the record of this case, the state of the pulse—a singular omission. We may presume, however, from the perspiration and weakness, that there was fever present; and if so, we are disposed to look upon it as a case of arrested phthisis, and highly interesting. The locality of the dulness, the small mucous râles, the period of the year, the length of the duration of the attack, the perspiration and the languor, all look more like phthisis than pneumonia. Perhaps, however, by the term *cheesy* pneumonia, Dr. Sorge means soft tubercular deposit into the air-cells; in fact, the first stage of phthisis. The cure was very remarkable, and it was just the case for Stannum; only Stannum often fails, like everything else, even in just such cases, to give more than temporary relief.

Case XLV.

Chronic Bronchial Catarrh cured by Carbo. Veg.

By Dr. Sorge.

"A strong sailor, between twenty and thirty years of age, of a slightly cyanotic tinge of countenance, suffered for two years, in consequence of having taken severe cold, from asthma, combined with chronic bronchial catarrh. The cough was worse of a morning, and was attended with mucous expectoration only. It was increased by catching cold, and by all bodily exertion, as was also the dyspnœa. These exacerbations lasted, as a rule, for eight days, and were attended with fever in a moderate degree. Physical exploration revealed catarrhal râles over the whole

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chest, most, however, on the left side. The liver was somewhat depressed. After having been long under various treatment, including Homœopathic, without having derived any benefit, he applied to me on the 29th of January, 1863; and between that date and the 13th of April, he took tincture of Sulphur, Rhus Tox., and Arsenicum, without any other effect than that the exacerbations were shorter, and unattended with fever.

"On the 30th of April I gave him Carbo Veget., 6th dil., to be taken thrice, twice, and then once a day. With this medicine, which soon produced improvement, I persevered, with trifling interruptions, to the end of September, when the patient declared himself quite cured, since, for a long time past, he had had neither cough nor asthmatic attacks. Neither could I perceive any râles in his chest. I understand that, up to this time (February, 1864), he remains free from his former ailment. Although I consider a relapse as still not impossible, yet I consider that the present amendment is worth notice."

To this we entirely agree. Such cases are very troublesome; and any well-marked effect of a medicine is interesting to the practitioner. But we miss the mention of what we should at the first have inquired into, had the patient presented himself to us—viz., the state of the heart. It is a singular omission, and one which vitiates, to a considerable extent, the value of the record.

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Case XLVI.

Cephalalgia Externa cured by Sulphur.

"A young married lady was cured of eczema impetiginodes by internal and external remedies. After the eruption had disappeared, drawing and stabbing pains were felt in the scalp. These pains were worse at night, and gave rise to the sensation of pain in the hair itself. The scalp was sensitive to pressure; and there was swelling of the lymphatic glands in the nape of the neck, and in the neighbourhood of the occiput. After this affection had lasted three months, I was consulted in the beginning of the year 1854. In the course of three weeks, by the administration of the 2nd centesimal trituration of Sulphur, the affection was permanently relieved, without the return of the eruption of the skin."

We have selected these cases, not because, to us, there is anything wonderful about them, but on account of their verisimilitude. They look true. We believe they will produce, on the minds of all practical men, the same impression which they produce upon ours. We are of opinion that they will be credible to practitioners of the old system, who will perceive that the cures were wrought for the most part by substances of acknowledged potency. Such medicines as Phosphorus, Secale Cornutum, Arsenic, Conium, Belladonna, Stannum, and Sulphur, are as familiar to them as to us. They are known to possess powerful properties. The only point in the case which may produce distrust of

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the inference that the recovery is a consequence and not an accident, is the amount of the drug administered at each dose. This, however, is not so incredible as it used to be. And if our elder brethren once admit the reality of our positive cures to any degree whatever, the barrier of disbelief is broken down; and instead of blank denial and indifference, we shall meet with cautious inquirers—very cautious; too cautious as it may seem to our impatient, ready-made-up minds—still inquirers.

Any one who has watched the progress of Homœopathy since its rise in this country, must have been struck with the rapid outburst it made between 1840 and 1850. That was a decade of medical revival. By far the greatest number of men whose adhesion to the new school caused a sensation in the old, *came over* then. In the last fourteen years the system has spread widely; but few men of eminence have openly joined us. The first impression made by this fact is probably one of despondency. We believe the despondency is not warranted, and that a deeper knowledge of the latent power, now at work, would change our estimate of the real progress which our doctrines are making.

Let us observe, that this decade which brought over to us a distinguished Professor and clinical teacher, placed in the school which he adorned, a teacher of another type, under whom medical scepticism began its reign in the Edinburgh school. The writings of Professor Bennett are now telling powerfully. They teach the lesson he learned in France and Germany, that many, very many, of the most serious diseases

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tend to spontaneous recovery under a judicious regimen—a belief which greatly enhances the difficulty of arriving at a conclusion in respect to the positive efficacy of any mode of medication. Some twenty years ago, when Professor Henderson began to treat cases of pneumonia, in the Royal Infirmary of Edinburgh, with Homœopathic remedies, the favourable result he obtained was accepted as a proof of the virtues of the medicines he employed. Now, however, it would not be so. The sceptics play the part of the magicians before Pharaoh; and for every wonder wrought in testimony of a Divine gift of healing, they produce a counterpart performed by their heathen goddess Nature, and the people's heart is hardened against the truth. The difficulty of testing the *positive* effects of our medicine, is enormously increased by the fact, that it is only by an accumulation of negatives, that we arrive at an affirmative in specific medication. We aim at the removal of morbid phenomena, so that nothing of them shall remain, by means which shall give rise to no indications. The theoretical perfection of our system is one of the hindrances to any efforts to test it.

Let us suppose, *what indeed we know to be a fact*, that a hospital physician desires honestly to put Homœopathy to an experimental test in the wards which he superintends: how is he to set about it? Two ways suggest themselves. First, as the Homœopathic method is one requiring minuteness of knowledge to a degree implying long study and experience, he may seek the assistance of some one skilled in the

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system, and, with him, visit and prescribe for the patients. At the first blush this seems a good plan; but a little knowledge of the world will soon show why it will not work. Whatever the best heads and best hearts in the profession think (and we should not be afraid to be judged *by them*), we know that there is a *plebs medica*, who hold in their hands the rewards of the profession, and who rule, with plebeian violence, the higher natures whom they elevate, that they may use them. It is to the lowest class in the forum of medicine that our best surgeons and best physicians have to do ignoble homage. Some there are, we are proud to think, of too noble a character to submit to this degradation; but even they must, out of regard to their own usefulness, be very wary in their intercourse with any notorious heretic. Nor can we think that any Homœopathic physician, of much delicacy or modesty, would accept the post of *adlatus* to a hospital physician of the old school. That the Board of Management of any hospital could sanction the giving up of a ward to what they must regard in the light of an experiment, is simply preposterous.

A statement went the round of the papers about some enthusiast's having offered £1,000 to any hospital which would give a fair trial to our system. The generosity was ill-advised; for the offer could not with propriety be accepted; and the feeble clamour raised by a few disappointed persons against those who refused the offer was in bad taste, and found no response from the more respectable members of our body.

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The post of physician to an hospital is an important trust. He who holds it is, in a sense, answerable to the public, to his colleagues, and to his pupils; and this threefold responsibility he cannot devolve upon another. If he introduce into his wards a Homœopathic physician, and get him to prescribe, in a case of pneumonia, we shall say, which proves fatal, who is to bear the blame? Not the Homœopathist, but his friend: and what an outcry there would be! The first blow following such a miscarriage would fall upon the hospital physician, and the second upon the disciple and school of Hahnemann. Indeed, we are sure that no good, and much mischief, would come of introducing an avowed Homœopathic practitioner into an hospital, before the majority of the supporters of that hospital place him there by open suffrage.

Abandoning, as impracticable, the direct personal assistance of a skilled Homœopathic practitioner, our inquirer will bethink himself of the next best plan of testing the system; and although he cannot introduce into his wards one whose presence would be obnoxious, there can be no reason against his consulting with him in private, as to whether the Homœopathic treatment of some diseases might not be so simple as not to be beyond the attempt of his own experience. But the Homœopathist would reply thus: "You seek an impossibility. The very essence of Homœopathy is a rigidly exact correspondence between the fundamental features of every given case and its appropriate remedy. We ignore *nominal* diseases; we do not admit the existence of such abstractions; we only recognise sick

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persons; show us such persons; and after taking into consideration their temperament, their constitution, their history, and their present symptoms, we shall then, and not till then, be in a position to tell you what to prescribe." "But," he replies, "this you know is impossible; and I admit that, from your point of view, I cannot give my patients a theoretically perfect Homœopathic treatment. Am I, then, to abandon what I consider my duty? Is there no way of testing, approximately, the value of certain drugs in certain diseases? You say you ignore abstract diseases; but I open your books, and I find exactly the same nomenclature as in our own. I find that your hospitals publish statistics, just as ours do; nay, that one of your stock arguments in favour of your system, is derived from your assumed greater success in the treatment of cholera, pneumonia, rheumatism, &c. Are these not diseases?"

To this we might answer—"True, in giving the general result—we shall say of the treatment of patients affected with rheumatism—we class them altogether, and speak of them as cases of rheumatism; but this is a very different thing from being prepared to give a remedy for rheumatism. It is one thing to speak of the blind as contradistinguished from those who see, and another thing to speak of the treatment of those diseased conditions of the eye which result in blindness." "I admit," he might rejoin, "the difference, and that a classification which serves one purpose may not serve another. Still, keeping to the example—on looking through the record of the cases

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of acute rheumatism treated in your hospitals and in private practice, I observe that, in a large majority, Aconite and Bryonia are prescribed. This large majority then, is, according to you, curable by these two medicines. Now, suppose I place 100 cases under no treatment at all, except that of keeping them warm and feeding them properly, and treat another 100 with Aconite and Bryonia; if there is positive virtue in these medicines, will they not cure their per-centage in my hands as well as in yours?" To this we should answer—"They will, if given in the proper order, and intervals, and quantities."

We should be disposed, however, had we the good fortune to encounter so candid an inquirer, to recommend him to enlarge his field of experiment; and to select other diseases as well, all of which should possess the following characteristic distinctions:—

1st. They must be diseases easily and certainly diagnosed.

2nd. They must be diseases whose course and result, if left to themselves, are ascertained by well-established statistics.

3rd. They should be common diseases, to afford a sufficient number of cases to correct the interference of accidental peculiarities in some of them.

His selection of common, palpable, well-observed, acute cases, we should probably find to consist of rheumatism, pneumonia, pleurisy, and bronchitis. Were we presented with such a list, and asked how a physician in an allopathic hospital should treat them homœopathically, we might reply thus:—"Our advice

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to you must not be taken as indicating our treatment of these cases. Your position is peculiar, and you must accommodate yourself to its peculiarity. You have not our preparations in your hospital; you must do your best with your own. We believe you will do some good, but not so much as might be done."

Having thus guarded ourselves against misconstruction, we should make the following suggestions for the treatment of the four diseases we have named:—

1st. Acute rheumatism. *Till the pulse falls*, give the following prescription:—

R. Tinct. Aconit., gtt. x.
Aquæ distill., ℥ viii.
Signa. Sumat unciam unam tertiâ quâque horâ.

After the pulse has fallen decidedly—

R. Tinct. Bryon., gtt. x.
Aquæ distill., ℥ viii.
Sumat unciam unam ter die.

2nd. Pneumonia. In all cases of uncomplicated pneumonia, give the following prescription:—

R. Phosphori, gr. i.
Spirit æther sulph.
Spirit vini rect., a a ʒ ii.
Aquæ distill., ℥ xii.
Sumat drachmam unam quartâ quâque horâ.

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3rd. Pleurisy. If there is much fever—

R. Tinct. Aconit., gtt. x.
Aquæ distill., ℥ viii.
Tinct. Bryonia, gtt. x.
Aquæ distill., ℥ viii.

Signa. Sumat unciam unam singulæ misturæ 4tâ quâque horâ vicissim.

If there is little or no fever, omit the Aconite.

4th. Bronchitis. If there is much fever—

R. Tinct. Aconit., gtt. x.
Aquæ distill., ℥ viii.
Solutionis Arsen. Fowl., gtt. v.
Aquæ distill., ℥ x.

Sumat semiunciam 4tâ q. q. h. vicissim.

If there is little or no fever, omit the Aconite.

We are well aware that, in suggesting this treatment, we are proposing a compromise, or perhaps we might say, accepting the proposal from the other side. Whether it is allowable to do so, may be a question with many. And even if such a compromise be not condemned on abstract grounds, exception may be taken to the particular treatment we propose. In this case, we should be only too glad to receive suggestions, especially from those who are familiar with the working of hospitals.

Many of our most esteemed colleagues will object to our proposal of giving two medicines in alternation. We concede that it would be much more satisfactory if we could avoid doing so; but, in this rough world,

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we must constantly content ourselves with adopting the most practicable and expeditious method, even at some expense of scientific principles. It is better that a man should live on bad food which he will eat, than die because he won't eat good food; and it is better that Homœopathy, even in its roughest and coarsest embodiment, should gain any admission into the magnificent hospitals of this country, than that it should be confined within its present narrow territory.

But it may be asked, what we expect to be gained by the experiments we suggest.—We believe that if one hundred cases of each of these diseases are carefully watched, and the results tabulated, they will be found to be the following:—

1st. Rheumatism. The pulse will fall, and the pains abate, under the use of Aconite, in decidedly shorter time than in cases left to nature. The average duration of the cases will be materially shortened. There will be fewer heart-complications; and if these occur, they will pass off without leaving permanent mischief behind.

2nd. Pneumonia. The dyspnœa will sensibly lessen almost from the first. The pneumonic infiltration will be at once restrained, and there will be no increase of dulness; but the powers of resolution will set in, and the cure be completed at an earlier day than in cases left to themselves. The mortality of the hundred cases will be less, by a considerable number, than that of a hundred cases of *equal severity* left without treatment.

3rd. Pleurisy. The pain will rapidly yield after

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the administration of Bryonia, and there will be little effusion if it has not already begun; if it has, there will be little increase. At the same time it is right to observe, that Bryonia is chiefly suitable for active inflammation of the pleuræ, and not for passive effusion into their cavity.

4th. Bronchitis. There will be relief to the dyspnœa; the character of the expectoration will improve, and it will be more easily brought up.

There are many other acute diseases which we should like to add to this list—peritonitis, dysentery, hepatitis, &c.—but it would require a long time to collect a sufficiently large number of cases; and there are, in this country, very few physicians who would venture to leave a corresponding number of these cases to the unaided efforts of Nature, however much it has become the fashion of late to deify this abstraction, and frame, out of a mass of independent laws, an idol such as rude pagans worshipped, before science revealed what natural laws really are, and before man—in right of his "being a-kin to God in his spirit," as Bacon puts it—recognised his true place, as not of the earth, but only on the earth; supernatural as well as natural, and, in his supernatural capacity, above, and not under, the so-called laws of nature.

Suppose, then, one hundred cases of each of these four diseases treated according to the formula we have suggested, and the result what we anticipate, and so sufficient evidence procured of the superiority of this treatment over that of doing nothing at all—what

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have we gained? The experiment will occupy, probably, some years: at the end of that time, taking the most hopeful view of the trial, the following conclusions are all we shall have arrived at:—In acute rheumatism, Aconite, followed by Bryonia, is of positive service; so, in pneumonia, is Phosphorus; in pleurisy, Aconite and Bryonia; and in bronchitis, Aconite and Arsenic. What the better should we be of such a verdict? Is it proved that these medicines act in virtue of any Homœopathic relation to the disease for which they are administered? May not the Aconite act in rheumatism as a sedative, calming the action of the heart? the Phosphorus as a restorative, giving vital energy to the lungs? and the Arsenic as a tonic? If this were admitted, it would only leave the Bryonia to be accounted for, and this might act analeptically —who knows? To this we should reply—"If you have got nothing else, you have got some good empirical remedies for very dangerous and painful diseases: so the time occupied in the experiment is well spent."

We should go farther, however, and direct attention to two facts: we would say—"1st. Observe the dose, and you will see that it is so small as not to be capable of producing any general physiological action, such as is understood by tonic, &c.; and the good it has done must have been effected by specific action on the seat of the disease: there, then, are four specifics for four morbid states."

"2nd. Recollect how these remedies have been obtained; neither by conjecture nor by accident, but in

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virtue of an hypothesis, that because they excited certain effects on persons in health, therefore they would cure similar phenomena in the sick. These particular medicines were selected in preference to all others, in obedience to a formula; in the four instances in which you have tried them, the *à priori* anticipations have been verified by the occurrence of the predicted results. It may have been accident—a series of remarkable coincidences, such as often perplex us in our attempts to solve so complicated a problem as that of determining the efficient cause of any effect, towards the production of which many actions might be suggested as possible causes. But, admitting this, would it not be the part of a wise man to give the formula a further trial? Is there not presumptive evidence in its favour? Medicines so chosen, and given in such quantities, are innocuous; and have you not, in your private and public practice, plenty of cases which are making no progress, and in which you are fully justified in trying a perfectly harmless experiment? If you have—and who has not?—then take a good manual of our provings. Suppose, to begin with, you get the first part of the Hahnemann *Materia Medica*, published by Bailliere, containing the proving of the Bichromate of Potash, of Arsenic, and of Aconite, and test these three medicines. If you do so, I will tell you what will happen: you will meet with a succession of most agreeable surprises; you will find, as it were, a sudden sunshine spread over your practice. Many cases of lingering illness will rapidly show symptoms of improvement; still more acute and pain-

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ful disorders, not necessarily dangerous, such as sciatica and neuralgic affections, will be almost instantaneously cured. You will feel your powers of healing enlarged beyond your wildest hopes; and, as one instance follows another of the successful application of this divining rod left us by Hahnemann, you will gradually experience the growth of that strongest of all convictions, which, resting on no communicable facts, results from the perpetual accumulation of atoms of evidence —atoms that, eventually combining in obedience to certain undiscovered laws of our mind, build up an adamantine foundation of certain faith, far more unquestionable to us than the belief which we arrive at by even mathematical demonstration."

It is to the occurrence of such agreeable surprises in their practice, when, induced either by the pertinacious advice of some unprofessional Homœopathist, or by the reading of some vigorous appeal, or, in blank despair at having exhausted all the known methods in vain, the ordinary practitioner puts some of his least promising cases under our treatment, that we owe a large number of unavowed believers in Homœopathy. And what are they to do? In the meridian of life, for the most part, with well-established practices, not much more than just sufficient to meet the great expenses that are involved in maintaining their own and their families' position in London or some other large city, are they to run the risk of losing their patients by an open profession of the faith of the heretic? However honest their convictions, it must yet require the greatest judgment to determine the

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proper time for moving to our side. Long before the time arrives—how long will depend on an infinite number of circumstances and considerations—they will be with us in conviction, and anxious, as we can testify from experience, for all the practical assistance we can give them. To this class, and it is a considerable class—much larger than is generally supposed—we would recommend that the transition from the old school to the new should be very gradual. Let them, at first, be content with making themselves well acquainted with the virtues of a few of our best-proved medicines, and with applying their knowledge in well-selected cases. Let them get the large edition of Jahr's *Materia Medica*, with the clinical notes of Noack and Trinks, and this

Nocturnâ versate manu, versate diurnâ.

The errors of Jahr, especially of his Repertory, arising chiefly from the original imperfection of his medical education, are more likely to offend than to mislead an experienced practitioner.

From this important class we do not expect much assistance in the further development of our system. They will find their time amply occupied by the greater amount of study required, and by the almost certain increase in the extent as well as success of their practice. It is enough if they introduce the system to the notice of new circles; and if, at the proper time, they openly announce that, after a sufficient experimental investigation, they are satisfied that the Homœopathic method of practice is superior

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to all other methods. Testimony so disinterested, coming from such a quarter, is unimpeachable, and will make an impression on all persons of candour and intelligence, and of courage enough to think and act for themselves.

Lastly, we would say a few words to students. First, let us assure the students who are convinced of the truth of our system, and are anxious to practise it, that they have nothing to fear from the examining boards on account of their faith. We are assured by those who have recently gone through the ordeal, that even when the examiners know the predilection of the examined for Homœopathy, they do nothing to entrap him, but merely ask questions which test his knowledge, not his faith. To one practitioner who asked the president of the College of Surgeons, whether his being a Homœopathist would be a bar to his receiving a diploma, the answer given was, in substance—"We don't care a straw what you believe—you may believe in magic if you like—only know your anatomy and surgery, and you will pass." So, to our student friends we say—know your anatomy and surgery, say nothing about Homœopathy—don't parade it—be conspicuous only for diligence; and there is no medical board on this side St. George's Channel which will reject you. And after you have obtained your diploma, do not be in too great haste to settle in practice. You will be enticed by invitations from places where you would be sure to earn a comfortable competence; but if you get into practice too soon, you will be dwarfed for life; you will find that you have little leisure, little in-

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clination, and no necessity for study; and that in the exercise of the merest routine of Homœopathic practice, you will easily distance your allopathic competitors. Hence you will be very apt to take credit to yourself for your success, instead of giving it where it is due—to those who, by intense labour, forged for you the key which you find so powerful in opening the locks of Nature's treasury.

But if, instead of being satisfied with obscure ease, students set before them the duty of developing the system as well as of supporting themselves—or, to use a quaint German phrase, of foddering as well as milking the cow—then, indeed, we should entertain the highest hopes of medicine. We would have them attend the London Homœopathic Hospital, or some well-managed dispensary, to furnish themselves from the existing armoury with ready-made weapons: but besides doing this, we would have them institute critical provings, either of medicines already proved or of new ones, and devote themselves to the reconciliation of the problems suggested by discoveries in pathology, with the results obtained by experiments with morbific agents of all kinds. Here is a field of infinite magnitude and of inexhaustible fertility: all it wants is cultivators. We have among our body more than one medalist: what are they doing? Are they satisfied with the lower prizes obtained at the University? They must know well that there are within their reach prizes of infinitely higher value—the prize, indeed, of the development into the perfect medical art of that system of

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which, were Hahnemann to reappear among us, he might say:—

"Once in a golden hour
I cast to earth a seed,
Up there came a flower
The people called a weed.
To-and-fro they went
Thro' my garden bower,
And muttering discontent,
Cursed me and my flower.
* * * * * *
Most can raise the flowers now,
For all have got the seed,
And some are pretty enough,
And some are poor indeed.
And now again the people
Call it but a weed."

It is for us—for our students especially—to determine whether our system shall deserve to be called the great weed or the great flower of medicine. All that we require of them is zeal—the vitalising element which keeps alive that ideal, the persistent pursuit of which constitutes the fundamental contrast between the noble and the ignoble character.

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LECTURE I.

ACUTE RHEUMATISM.

I SHALL begin this lecture by reading two well-marked cases of this most formidable disease, which were treated here last summer. The first case is that of

Mary B——, aged 19, a servant girl, unmarried, admitted into the hospital on the 3rd of June, 1861. She states that, after having for some days suffered from pain in the head and face, she was suddenly seized, three days before her admission, with severe pain in the ankle-joint and calf of the right leg, which soon extended downwards to the foot, and upwards to the knee of the same side. The pain had steadily increased in severity. On her admission she complained of intense pain in the right ankle and knee-joints; the pain extended to the hip. Both joints were red and swollen, and the slightest movement greatly increased her sufferings. The pain was constant, although more or less severe. The pulse was 140 in the minute; full and sharp. The skin was hot and moist. There was great thirst; the tongue was covered with white fur the urine was scanty, and high-coloured.

* R. Acon., 3rd dil., gtt. j
Bryon., 3rd dil., gtt. j.

S. Alternately every three hours, and to have the affected joints wrapped in cotton wool.

* Prescribed by the house-surgeon before my visit.

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June 4th.—Complains of pain in the left ankle and knee, which are also swollen. Skin hot; great thirst; pulse 140 in the minute.

R. Acon., 3rd dil., gtt. j.

S. A dose every three hours. This was continued till

June 7th, when the pain in all the joints was much less severe; the pulse was 104; a slight systolic murmur audible; there was gentle perspiration; the tongue was moist and coated.

R. Bryon., 2nd dil., gtt. j, a dose every four hours.

9th.—Pain very much better in ankles and knees, but complains of painful swelling of left wrist and shoulder.

Continue medicine.

12th.—Pain almost gone. Pulse 100; bruit no longer audible.

Continue medicine.

14th.—Free of all pain except in the right knee, and there very slight. Pulse 92.

17th.—No change.

Sulph. O., gtt. j, a dose three times a day.

19th.—Slight return of rheumatism in right hand and shoulder, with some swelling.

R. Bryon., 2nd gtt. j, a dose three times a day.

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21st.—Quite free of all pain. Pulse 68; sounds of heart perfectly natural.

The next case is that of a man, Daniel R——, aged 43, admitted on the 11th of June.

He states, that fourteen years ago he had an attack of acute rheumatism, but has not suffered from it since till seven days ago, when he was seized with severe cramp-like pain in his right foot. On the following morning both ankles were painful and red, and swollen; thence it extended to both knees, both shoulders, and both wrists.

On admission he was perfectly helpless, suffering intense pain in the wrist and finger-joints of both hands; both knees and both ankles were red, swollen, very tender to the touch, and in constant and severe pain, much increased by the slightest attempt at motion. He complains of slight pain over the cardiac region. On applying the stethoscope, distinct rubbing sound is perceived at the apex of the heart. The valvular sounds are muffled and inaccurate. The pulse is 100 in the minute. There is great thirst. The tongue is white and coated; the urine is high-coloured and scanty; the skin hot, and covered with copious sour perspiration.

R. Bryonia, 3rd dil., gtt. j, every three hours.

13th.—Pain still very severe; some oppression of breathing; slight but distinct systolic murmur. Enlarged area of dulness over the heart. No rubbing sound audible.

Continue Bryonia.

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14th.—Pains much better to-day. Moves all his limbs freely, except left leg.

Continue Bryonia.

19th.—Much better. No pain at all in lower limbs, and but slight pain in shoulder and wrists. Pulse 72, steady and regular. Still slight systolic murmur; no rubbing sound; lessened dulness over heart.

Continue Bryonia.

27th.—Slight stiffness and pain of right thigh and left shoulder; otherwise well. Still some systolic murmur.

Arsenicum, 3rd dil., gtt. j, three times a day.

July 3rd.—Convalescent. Heart's action normal.

These two cases may be taken as fair specimens of the general course of acute rheumatism, treated according to the Homœopathic method. When we consider the severity of the symptoms, and that improvement commenced in both cases within five days; that both may be looked upon as convalescent within eighteen days of their admission; that both were complicated with affections of the heart, more or less severe, we are entitled to assume that the recovery was due to the remedial appliances employed, and that, in short, the cases *were cured*. To suppose that, in the same month, in the same place, two cases of acute rheumatism recovered spontaneously in such a period of time, is doing violence to all laws of probability. The general duration of such cases is thus described by Dr. Fuller,

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in the third edition of his able treatise on *Rheumatism and Gout*, at page 70:—"The duration of an ordinary uncomplicated attack of acute rheumatism has been variously stated by different writers. Dr. Warren reported six weeks as its ordinary duration; Sir Charles Scudamore stated, that, 'in a case of which the issue is favourable, the fever and pains are brought to a stand *at the end of the third week*, and in slighter attacks at an earlier period; but when the course of the disease is untoward, a period of two months scarcely serves to exhaust its power of producing even acute symptoms.'* M. Chomel's experience led him to believe that four weeks is about the average period for arriving at convalescence, and *that recovery never takes place before the twentieth day*;† and Dr. McLeod imagined, that with the common methods of treatment, probably five or six weeks may be about its duration.‡ My own observation," continues Dr. Fuller, "has led me to believe that, even when unattended by any internal affection, the disease, under ordinary methods of treatment [surely we may add, and under no treatment at all], endures very generally from four to five weeks; and, under unfavourable circumstances, may be indefinitely protracted. Of the 246 cases admitted into St. George's Hospital, under the care of the physicians during the time I held the office of medical registrar, the great majority were decidedly convalescent about the end of the fourth or the beginning of the fifth

* *On Rheumatism*, p. 25.
† *La Lancette Française*; Août, 1834.
‡ *On Rheumatism*, p. 25.

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week from the commencement of the attack, and were ready to leave the hospital about the end of the sixth week." Assuming, then, that the two cases were cured by the remedies (and, I may observe, that it would be easy, if further proof were required on this head, to narrate many similar cases; indeed, we shall have to do so in the sequel), let us now consider *what* it was that was thus cured, and *how* the cure was brought about.

What is acute rheumatism? This is a question to which the answer is very different since the modern revival of humoral pathology. We are taught by the researches of the chemist, and the experiments of the physiologist, that the disease known as rheumatic fever, or acute rheumatism, depends upon certain altered conditions of the blood. Upon this new pathology, a new therapeutic method is founded; and both are well worthy of our attentive study. The pathological doctrine advanced by Dr. Prout, and advocated by Dr. Todd, Dr. Fuller, and others, that the cause of acute rheumatism is an excess of lactic acid in the blood, has been subjected to experimental examination by Dr. Richardson, whose treatise on the coagulation of the blood is a model of inductive reasoning as well as clear exposition. Dr. Richardson made a series of experiments, to ascertain the effect of introducing into the circulation, by absorption as well as by direct injection, a quantity of lactic acid. The conclusions he arrived at he thus expresses:—"The first inference deducible from the experiments, according to my reading of them, is, that lactic acid has the

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power, when existing in an animal body in excess, of producing a class of symptoms attaching themselves mainly to the fibro-serous textures, and which, regarded in all points of view, are essentially the symptoms of acute rheumatic inflammation. The symptoms are obviously dependent on the presence of the poison. Experiment 304, which is, in fact, a series of experiments, tells this fact definitely. By giving time for the elimination of the poison, symptoms could be made to disappear; on the re-supplying of the poison, symptoms returned; the alternation was as marked as night and day, and was as clearly in the order of natural sequence. There was also what the old-school men would call metastasis of symptoms: now one joint suffered, then another; again the heart. Thus, it is clear that lactic acid has the properties of a rheumatism-producing poison; but that, in the human subject, it is the veritable cause in every or any case of rheumatism, is only an inference. As yet, there are wanting many experiments to make the matter a demonstration. But this seems to me clearly proved—that if not lactic acid, yet some acid of analogous character, is always the cause" (p. 300). The experiment referred to affords so important a contribution to the proving of lactic acid, as to deserve our attention, independently of its forming a main link in the evidence upon which the verdict against lactic acid is formed. Although a somewhat long narrative, I think it right to extract it without any attempt at condensation, beyond the omission of an irrelevant sentence:—

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"Into the peritoneum of a healthy dog (the respiration and heart-sounds being perfectly natural) I injected, through a lancet opening, one ounce of a solution of lactic acid, with two ounces of water.

* * * On the following day the dog was dull, heavy, and cold, suffering from repeated shiverings. There was no pain on pressure over the abdomen.

"*Third day.*—The temperature of the body had very much risen. He was thirsty, and suffered from great pain in all the limbs, shrinking whenever he was touched. There was also well-marked injection of the vessels of the sclerotic. The pressure of the stethoscope over the region of the heart seemed to produce great pain and anxiety. The first sound was obscure, the second sound accented. The action of the heart was irregular and quick. On this day another ounce of the acid was thrown into the rectum, but was returned.

"*Fourth day.*—The injection of the sclerotic was intense, and the pain in the limbs seemed to have disappeared, except about the shoulders. The heart-sounds were as on the previous day. One ounce of the acid was administered by the mouth, and was retained. The animal was much purged this day; the fæcal matter had a strong acid reaction.

"*Fifth day.*—The purging continued, and the fæces had still an acid reaction. The animal seemed greatly relieved: the heart-sounds being clear, and the beats regular. An ounce of the solution of the acid, diluted as before, was injected into the peritoneum.

"*Sixth day.*—The pain in the shoulders had re-

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turned, being most marked in the left shoulder; so that when the animal was led about, he rested the left fore-leg entirely, and moved on the remaining three. He was exceedingly thirsty, and the skin was hot. The first sound of the heart was again obscure, the second strongly accented. The alvine evacuation was still very copious, and manifested the same acid reaction as before. The animal took his food freely. An ounce of the acid was added to his drink.

"*Seventh day.*—The pain in the limbs had passed away, and he moved about on all four legs. There was no pain of the peritoneum, but the small opening through which the fluid was last injected was unhealed, and had a fistulous appearance, so that a probe could easily be passed into the cavity. The first sound of the heart was lost; the second sound seemed to me intensely accented; but Dr. Halford, who examined the heart on this occasion, thought that the intensity of the second sound was simply relative; that is to say, arising from the loss of the first sound. The animal passed urine freely; the fluid was intensely acid. Through the fistulous opening in the abdominal wall a full ounce of the solution of lactic acid was injected without difficulty.

"*Eighth day.*—The pain in the left shoulder returned; the animal moved again upon three legs. The first sound of the heart was now heard as a soft, blowing murmur; the second sound was sharp, as before. Another ounce of lactic acid was thrown into the peritoneum; but some returned at the time, and most of the remainder afterwards.

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"*Ninth day.*—He was better, and free from pain in the limbs. The heart-sounds were clearer, but not well defined. The urine was neutral; there was no purgation. On probing the fistulous opening, it was found closed at the lower part. A small opening was, therefore, made on the opposite side, and two ounces of the acid, diluted with the same quantity of water, were injected.

"*Tenth day.*—The animal was dull, and very thirsty. The action of the heart was quick and tumultuous, but both sounds could be distinguished. There was slight hacking cough.

"*Eleventh day.*—The animal was in the same state; he passed large quantities of strongly acid urine. There was free alvine evacuation. The dry, hacking cough continued, and there was great indication of pain over the heart; the heart's action was quick and irritable.

"*Twelfth day.*—The symptoms were generally the same; the urine was copious, and strongly acid. There was great pain excited when the stethoscope was placed over the heart, and the heart-beats were still quick and irritable. The first sound was again obscure, and the short cough was constant; but the respiratory murmur was clear. The alvine excretion was free.

"*Thirteenth day.*—The symptoms were much aggravated; the application of the stethoscope produced great expression of pain. The heart-beats were still quick and irritable; the first sound was obscure, the second accented. The animal vomited several times to-day, and refused food; but drank water freely. The

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urine in the morning was strongly acid; at night neutral. In the evening he was so snarlish, and winced so much when the stethoscope was applied to the chest, or when the joints of the shoulder were moved, that only an imperfect exploration of the heart could be made. The first sound could not be detected, and there was great irregularity of action.

"*Fourteenth day.*—The general symptoms were the same. The urine was copious and intensely acid. The short cough continued. There was much thirst, and occasional vomiting of a little mucus. There was still considerable pain over the region of the heart, and a loud and pure systolic bruit was now heard. In the evening Dr. Cockle examined the heart, and confirmed the diagnosis of the systolic bruit.

"*Fifteenth day.*—The general symptoms were the same. The cough continued. I noticed, for the first time, a little fulness of the abdomen. Drs. Fuller, Cockle, and Meredith saw the animal this day, and listened to the systolic murmur, which was extremely well marked, and could be heard generally in the cardiac region. In the course of the day the tension of the abdomen increased rapidly, showing that there was some effusion; and in the evening I drew off, by puncture, six ounces of thin, darkish fluid.

"*Sixteenth day.*—The general symptoms were the same. The systolic bruit was very loud and harsh. There was a little exudation from the wound. The urine was strongly acid. Drs. Hawksley, Webb, and Cockle examined the heart this day, and confirmed the diagnosis of a systolic bruit.

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"*Seventeenth day.*—On visiting the animal this morning, I found a return of the pain in the limbs, together with considerable exhaustion. When his limbs were touched he grew angry, but could not stand or move his head without great pain and difficulty. When food and drink were brought, and placed conveniently for his mouth, he raised himself slowly, so as to eat and drink, which he did with great avidity. During the whole of the day he could not move his limbs, and cried when they were touched. The systolic bruit was still well marked.

"*Eighteenth day.*—Early on this morning the tenderness in the limbs entirely disappeared. He ran about freely, and took his food and drink as though in perfect health. At ten o'clock A.M., Dr. Todd saw him, and confirmed the fact of the systolic bruit; there was, however, some little tenderness over the region of the heart when the stethoscope was applied. A few hours later he suddenly relapsed into his previous condition, becoming violently enraged whenever his limbs were touched. He vomited a little once, and was freely purged two or three times, the excretion having a neutral reaction; but he passed a large quantity of strongly acid urine. After this he seemed greatly relieved.

"*Nineteenth day.*—He was more lively, and took his food heartily. He was frequently purged, the excretion having a yeast-like appearance and acid reaction. The urine had a strong acid reaction. The systolic bruit was loud and prolonged. The body of the animal had, on this and several days past, a

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peculiar sour smell, which scented the whole of a room very quickly.

"*Twentieth day.*—The animal continued the same. There was free purgation; the excretion still had an acid reaction.

"*Twenty-first day.*—He was better. The purging had ceased altogether. He ate and drank well, and ran about without difficulty; but he gave evidence of pain when the stethoscope was firmly placed on the chest. The systolic bruit was very loud, and was heard over a large surface.

"From this time recovery rapidly took place, and day by day the systolic murmur became more feeble, and the pure first sound more obvious. After three days, the murmur being now almost extinct, I narcotised the animal to death with the fumes of the *Lycoperdon Gigantum*, and opened his body in the presence of several of the gentlemen who had seen him during life. All that remained of the endocardial lesion, was a series of fibrinous beads along the border of the mitral valve; the beads were firm and pearl-like. One of the aortic valves was slightly thickened, and quite opaque. The joints showed no pathological evidence of the disease to which they had been subject" (p. 385).

These very remarkable experiments, and the inferences drawn from them by this careful and cautious author, suggest to us two questions of great practical importance. The first is—Assuming it proved that the proximate cause of acute rheumatism consists in an excess of lactic acid in the blood, and supposing

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it ascertained that, by assisting the discharge of this through the natural emunctories, such as the skin and the kidneys, can we combine what is called the eliminative system of medicine with the Homœopathic or specific, without injury to the latter? The second question is — Do the Homœopathic remedies which cure acute rheumatism, do so by virtue of their power to excite an excessive generation of lactic acid, or some analogous so-called *materies morbi?*

There can be no doubt that the eliminative method is far the most rational and most successful of all the plans proposed for the treatment of acute rheumatism, except the Homœopathic. It consists in administering effervescent draughts composed of Citrate of Potash or Ammonia, with an excess of from forty to fifty grains of the Bicarbonate of Potash. In regard to the success of the treatment of acute rheumatism by the alkaline method of treatment, Dr. Fuller states, that out of 168 cases, the pain was relieved, and the inflammation of the joints greatly lessened, within twenty-four hours in 54 cases; within forty-eight hours in 56 other cases; within three days in 15 cases; within four days in 9 cases; and within five days in 3 cases. The articular inflammation subsided altogether within twenty-four hours in 7 instances; within three days in 33; within four days in 20; within five days in 13; and within seven days in 14; while, in the remaining 24 instances, although it did not wholly disappear until a later period, yet its activity was subdued by the fourth day (p. 136). It is but fair to observe, that besides the use of the alkaline

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draughts, Colchicum and Opium were also given, but that the main benefit is attributed to the alkalies. So that, while on one hand we find acute rheumatism caused by lactic acid, we observe, on the other hand, that this disease is subdued by the neutralisation and elimination of that poison from the system. What is there to forbid us from employing the same or similar means? The reply that starts to the lips of a disciple of Hahnemann is, that to do so would be to prevent the curative action of his remedies. Is this the case? At first sight, doubtless, it seems absurd to expect that the ten-thousandth part of a drop of the tincture of Aconite or Bryonia could exercise any influence upon a patient who was taking ounces of potash. But is this more incredible than that a fraction of a grain of common salt, or of lime, or of sulphur, should act upon a person who was consuming many million times this quantity of these substances at every meal? Certainly not; and here we must dismiss all *à priori* reasoning, and be guided simply by experience and experiment. Some of our most scientific colleagues are in the habit of giving alkaline drinks along with the appropriate Homœopathic remedies, and the results are said to be highly satisfactory. I have never done so in this hospital, because I have never met with a case in which they were indicated, which did not yield rapidly to the Homœopathic remedies; and I think it would be a mistake to complicate the results obtained here by the admission of any auxiliaries that were not absolutely necessary. But, after a careful consideration of all

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the facts, and of the objections that may be urged against the use of some forms of alkaline drink, I am free to confess that I think the employment of such means perfectly admissible, and that, in this instance at least, there is no objection to a combination of the eliminative with the Homœopathic system of medication.*

The second question is — Do the Homœopathic medicines cure acute rheumatism by exciting an excessive generation of lactic or some analogous acid? The two medicines we generally find successful in the treatment of this disease, seem to possess the power of developing acid in the system. Among the symptoms of Bryonia, recorded in Hahnemann's proving, is (762), "copious, *sour*-smelling sweat during a good night's rest." Among those of Aconite, published by the Austrian Society for proving medicines, we find (768), "sour-smelling sweat all over the body;" and Stoerck, an old writer on Aconite, makes the curious observation, that Aconite is of especial use when the *materies peccans* is to be removed by transpiration. If we compare the effects of Aconite, as described in the Austrian account just referred to, with those of Lactic Acid, as given by Dr. Richardson, the resemblance is striking. Here is a group produced on a

* I am informed by Dr. Porges, of Carlsbad, that he finds the Homœopathic medicines, even in the highest dilutions, produce their full effect upon patients who are drinking their daily allowance of the Carlsbad waters; nay, he maintains that, so far from lessening the sensibility of the system to the action of infinitesimal doses, the waters seem to have the very opposite effect.

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medical student, who took fifty drops of the mixture of Aconite for thirteen days:—"Tearing pain in the arms and legs, and in the knees and elbows, for several days; then cessation of these pains, and violent palpitation of the heart in their stead. Two days afterwards the tearing pains in the limbs recurred, and the palpitation ceased. The next two days the palpitation recurred, with feeling of tightness in the chest, the limbs keeping free of pain." If a physician had been called in to see the subject of this experiment, would he have had any hesitation in pronouncing it to be a case of acute rheumatism? On the other hand, if a physiologist had been told that the effects were those of a poison, would he not have at once suggested lactic acid as the noxious agent? I do not mean to affirm that Aconite and Bryonia cure acute rheumatism by exciting the formation of lactic acid in the blood. We have not yet sufficient data to warrant this inference. I merely wish to point out, that we should direct our observations to this point, for it is one of invaluable importance to the future development of our therapeutic system. What all thoughtful practitioners of Homœopathy lament, is the vagueness of the indications for the selection of the remedial specific. The only way in which this uncertainty can be radically removed, is by ascertaining, what may be called, the cardinal relations between the effects of medicines and the symptoms of disease; in other words, the discovery of the proximate cause of spontaneous morbid action, and of substances which have

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the power of exciting some such proximate cause. For example, there are very many medicines which correspond in the symptoms they excite with those of acute rheumatism, if we use this term to represent articular and muscular pain; but when, to *the pains* of rheumatism, we add a high pulse and *copious acid perspiration*, then we find our choice at once narrowed to a very small number of remedies, and in this little group we find the medicines which experience has taught us to be the best for the purpose of cure. Thus will physiology, pathology, and therapeutics walk hand-in-hand, each throwing light upon the other; and those who employ the key left us by Hahnemann, will be at once able to take advantage of the labours (otherwise comparatively barren of practical results) of the eminent physiologists and pathologists of our day.

Besides affording us positive, constant, and exact indications for the identification of the appropriate medicines for acute rheumatism, which is proved to depend upon the presence of an acid in the blood, it may enable us to employ, with benefit, medicines which have a power of controlling the formation, or assisting the removal, of the noxious acid which is often the cause of a multitude of anomalous symptoms in persons of a gouty or rheumatic habit. For example, I lately attended a lady of a gouty diathesis, who, for some weeks, had lost her usually good appetite. She had become extremely irritable; occasionally the mental irritability passed entirely beyond her own control, and she became, for the time, delirious. This

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was generally of an evening. The delirium was not attended with a high pulse, but with great prostration and various hysterical symptoms. One constant condition, both when in health and during her late attack, was a nearly total incapacity of sensible perspiration. Even in the hottest summer weather she never knew what it was to be moistened with perspiration. After about a fortnight's treatment, during which time there was a steady increase of all the morbid symptoms, she was suddenly covered, from head to foot, with a very copious, sour-smelling perspiration, and at once experienced relief. Acting on nature's hint, I ordered a lamp bath, and from that time, under the use of Bryonia, she steadily improved. In this case I have little doubt that there was an excessive formation and deficient elimination of lactic acid; and had I to treat it over again, I should be disposed to give Aconite at the commencement. It is true that there is an apparent deviation from the first principles of Hahnemann, if we substitute the pursuit of the proximate cause for the general resemblance of the symptoms of a disease with those of its corresponding specific. The difference, however, is not really essential; and this method does not come under his just condemnation of treating imaginary causes, instead of being guided by manifest symptoms. To ignore a proximate cause of acute rheumatism, when we are aware of its existence, would be as unwise as to make no account of the condition of the lung in latent pneumonia.

But another objection will naturally occur to the inquirer, and take the form of such a question as this

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—How can it be that, if lactic acid be the proximate cause of acute rheumatism, the administration of a substance which increases this noxious element will cure the disease? Here we have to do with an actual poison; and surely we cannot suppose that, by addition, the poison will be neutralised. The question drives us back to the root of the whole matter, and we must ascertain how this poison is generated.

According to Simon,* the amount of fibrine in the blood is always in inverse proportion to that of the blood-globules. In acute rheumatism, *so long as the fever lasts*, the quantity of fibrine is greatly increased, and the blood-globules are correspondingly diminished. What has become of these blood-globules? It would seem that they had undergone a process of decomposition; and one of the products of this change is lactic acid. Thus acute rheumatism may, perhaps, be described as a primary affection of the blood-globules, which terminates in their death; and the symptoms of the disease are due to a twofold cause—first, the absence of the proper allowance of these highly organised floating reservoirs of nutrition; and, second, the presence of the substances to which their death and decomposition have given rise. The eliminative system of medication consists in affording a decent removal of this dead, offending matter. Can more be done? Can we arrest the changes in the blood, prevent its decomposition, and, consequently, the formation of the poisonous agent, which constitute the proximate cause of the disease? "If," writes Dr.

* Simon's *Chemistry*, p. 158.

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Richardson, "I venture to speak of inflammatory blood, as blood in which the oxidation process is abnormally active, or let fall the suggestion that in this state the iron enclosed in the blood may possibly have become the magnetic oxide, and that the rapid aggregation of these cells in inflammatory blood, has thus some relation to the magnetic force, I do so, open to the correction of more extended observation." If this or any analogous hypothesis be verified by future experiments, it will supply the missing link between the action of infinitesimal doses of medicines, and the resultant chemical changes in the body. Without identifying electricity and nervous force, we may safely affirm that these two are closely allied, and constantly act the one upon the other. There is, probably, no vital movement without a corresponding change in the electric condition of the moving parts, and all vital movement is exerted by some action of the nervous system. To command the nervous system is to possess the power of regulating all vital and all chemical actions in the body. It is this that gives such enormous power to our medicines. The dose of Aconite or of Bryonia we administer may act on the pneumogastric nerves, and influence the conditions of the formation of the blood-globules at the lungs—may preside, so to speak, over their nativity. The *modus operandi* of their efficacy in acute rheumatism may be that, by exciting in them an over-quick life, they produce a premature and partial disorganisation, which results in the development of lactic acid; and that, by this early and mild discharge, they exhaust the suscepti-

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bility of the blood-globules towards the natural exciting causes of the changes which lead to large and deleterious formation of this substance in the blood. If the proposed explanation of the action of our medicines be correct, we have a repetition of the process by which immunity is afforded against small-pox by vaccination. By the administration of Aconite or Bryonia, we anticipate a natural acute rheumatic attack; and by anticipation we cure it—that is, we force it to rapid and exhaustive development.

How far the artificial introduction of lactic acid into the blood, by the administration of whey for drink, may antagonise its natural formation in morbid excess, is an important practical question, and one of curiously historical interest. It is the fashion to represent Sydenham as the patron of heroic practice, and his large bleedings in acute rheumatism are constantly referred to. But, as I have elsewhere* attempted to show, this is an unjust representation of our English Hippocrates. Sydenham, it is true, employed depletion, but he did it under protest; and the more experience he gained, the more he turned from this measure to simpler and safer means. Dr. Barlow thus writes in the *Cyclopædia of Practical Medicine*:—"One of the earliest practical writers on this complaint was Sydenham; and so direct and judicious was his practice, that we cannot do better than make it the text on which to comment in treating this part of the subject." Dr. Barlow then quotes a passage from Sydenham's works, beginning with the following

* *History and Heroes of the Art of Medicine.*

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paragraph:—"Since both kinds of this disease seem to arise from inflammation, as appears from the concomitants just mentioned, and especially by the colour of the blood taken away, which exactly resembles that of persons in pleurisy—which is universally allowed to be an inflammatory disease—so I judge that the cure ought to be attempted only by bleeding, the heat of the body being in the meantime abated by cooling and thickening remedies, along with a proper regimen." Sydenham published this in the year 1676. Subsequent experience, however, induced him to modify his practice; and the latest record of his views in regard to the treatment of acute rheumatism, is contained in a letter addressed, in the year 1679, to Dr. Brady, to the following effect:—"Respecting the treatment of rheumatism, concerning which you put some questions, I, like yourself, have lamented that it cannot be cured without great and repeated losses of blood. This weakens the patient at the time, and, if he have been previously weak, makes him more liable to *other* diseases for some years. Then the matter *that created the rheumatism* falls upon the lungs, in case the patient take cold, or from any other slight cause. By this the latent disposition exhibits itself in act and deed. For these reasons I determined to try whether any other method besides that of repeated bleedings would cure the disease. Reflecting upon this, and arguing that the disease arose from inflammation—a fact of which, one proof, out of many, is the pleuritic character of the blood—I judged it likely that diet, simple, cool, and nutritious,

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might do the work of repeated bleedings, and save the discomforts arising therefrom. *Hence I gave my patients whey instead of bleeding them.*" Sydenham seems to have been satisfied with the result of this innovation. It is certainly a remarkable fact that he should have successfully treated a disease, the proximate cause of which is an excess of lactic acid in the blood, by the administration of a drink which contains lactic acid as one of its most important ingredients. I have ordered whey to some patients who were suffering from acute rheumatism, and the cases went on perfectly satisfactorily. However, I do not mean to build much either upon Sydenham's practice or my own few trials; I only wish to direct your attention to the facts, as interesting and curious. Besides the points I have touched, there are many others which it would be profitable to discuss in regard to the preference of Aconite to Bryonia, or *vice versâ*; as well as whether these two medicines should be given in succession or in alternation; or whether either by itself is sufficient to arrest acute rheumatism; or whether other medicines, and what other, are required—to say nothing of the vexed question of the proper dose. All this, however, must be postponed for the present, to be, I trust, considered on a future occasion.

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LECTURE II.

ON AFFECTIONS OF THE HEART IN CONNECTION WITH ACUTE RHEUMATISM.

"It is startling, on the retrospect of a large hospital practice, to observe how many hard-working men and women perish miserably, before their prime, from disorders of the pulse and breath, consequent on attacks of acute rheumatism." This general remark of a practical writer, Dr. Wilson, is borne out by the statistics collected by Dr. Fuller. At page 264 of his work, he gives us a table, showing the proportion of cases of acute rheumatism in which the heart was observed to have been affected with some form of disease. The result there exhibited is, that, out of 588 cases of rheumatism, there were 306 of organic affection of the heart. In almost every case of severe rheumatic fever which has been under my care in this hospital, the heart was more or less affected. The case I am about to relate, however, presented this peculiarity, that in it the rheumatism fell, with its full force, first upon the heart, and produced a series of symptoms of the most dreadful and dangerous character. For some days, indeed, very little hope was entertained of the patient's recovery.

J. T——, aged 24, a painter, was admitted on the 22nd of September, 1859. He states that a year ago he had an attack of acute rheumatism, and that, towards its termination, he was seized with intense

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pain in the region of the heart, accompanied with oppression of the breathing, so that he could not lie down for some time; that, although so far recovered as to resume his work, yet he has, since that time, suffered more or less from difficulty of breathing, and frequent attacks of cough. This was his condition six days ago, when he was suddenly seized with intense pain shooting through the chest, from the back to the front, attended with great prostration and loss of appetite. At present he looks exceedingly anxious and distressed; complains of great pain about the epigastric region, increased by coughing, and pain in the left arm. There is a short, dry cough, and dyspnœa; the pulse is 104, sharp and small. On examination of the chest, the impulse of the heart was felt below the sixth rib; there was a strong bellows-murmur, accompanying both sounds of the heart. The tongue was white and coated; the urine dark and scanty. There was slight perspiration.

R. Aconite, 1st dil. A drop every three hours.

23rd.—No change.

Continue medicine.

24th.—Complains much of pain in the region of the heart.

Spigelia, 3rd dil. A drop every two hours.

26th.—During the night of the 24th there was sudden aggravation of all the heart symptoms; the cough was almost incessant, and very hard, and the

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difficulty of breathing so great that he had to be propped up in bed, and seemed in danger of instant death. For this he got Lachesis, 5th dil., a drop every two hours, which was continued during the 25th. At present (26th, 10 A.M.) he complains of dreadful pain a little below the centre of the sternum, with much oppression of the breathing.

26th, 2 P.M.—Pulse 92, sharp; bellows-murmur strong; very great difficulty of breathing, with frequent, hacking cough, and great restlessness. He cannot lie down, and is quite unable to sleep.

R. Aconite, 1st dil.
Bryonia, 1st dil.
A drop of each alternately every hour.

27th.—Passed a better night, although he hardly slept; he was less restless, and did not suffer so much from attacks of suffocation. *Copious perspiration* during the night; pulse 84; breathing much easier. The pain is now felt directly over the heart. On applying the stethoscope, a distinct, rubbing sound is detected about the fifth rib; the valvular murmur is fainter; the urine is thick, and, on being tested, was found to contain a lage quantity of albumen.

Continue Aconite and Bryonia.

28th.—Pulse 84, full and sharp; complains of severe pain over the apex of the heart.

Continue the same medicine.

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29th.—Passed a better night; had more sleep; cough very troublesome, and attended with much pain about the region of the heart; pulse 78; rubbing sound still distinct; considerable œdema of both legs as high as the knees.

R. Mercur. Sol., 1st trit. A grain every hour.

30th.—The pulse having reached 84 last night, the Aconite was repeated; after that he slept for about two hours, in a recumbent posture, which he had not since the day of admission, but woke with violent pain at the heart, and sense of suffocation; pulse 78; friction-sound less; bruit very distinct; cough frequent and painful.

R. Tart. Emetic, 1st trit. Every hour.

October 1st.—Passed a better night; more sleep; less suffocation and restlessness; pulse 80; both friction-sound and valvular murmur less marked. The urine, on examination, was found to be free from albumen; it is very copious, and loaded with lithates.

Continue Tart. Emetic and Aconite alternately.

2nd.—Pulse 78; appearance greatly improved; complains of intense pain at the heart; neither the rubbing sound nor the valvular murmur are so distinct.

R. Spigelia, 1st dil. A drop every two hours.

3rd.—Pulse 84; less pain at heart; no friction-

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sound audible; still valvular murmur; cough in paroxysms; less œdema; pain in abdominal muscles.

Naja Trip., 3rd dil. A drop every three hours.

4th.—Pulse 104; bruit louder; less muscular pain.

R. Acon., 1st dil.
Bryon., 1st dil.
Alternately every two hours.

5th.—Pulse 82; no friction-sounds; œdema nearly gone.

Continue medicine.

6th.—Pulse 80; cough much better. Complains much of pain extending from the region of the heart through to the right side of the chest.

R. Acon., 1st dil.
Arsen., 4th dil.
A drop alternately every four hours.

7th.—Pulse 80, smaller; no cough; loud valvular murmur; less pain in chest.

Continue medicine.

9th.—Pulse 80. Complains of much pain in the left shoulder.

Continue medicine.

11th.—Passed a much better night. The bruit over mitral valve is very loud; much throbbing of carotid and temporal arteries.

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Continue Aconite, and
Naja, 3rd dil.
A drop of each alternately every four hours.

13th.—Less pain in region of heart; no cough; some pain of shoulders.

Continue medicine.

19th.—Is now entirely free from all pain; sleeps well; appetite good. The bruit continues, but in other respects he is well.

Continue Naja Trip.

25th.—Discharged.

This report conveys a very faint impression of the severity of the case. In fact, it is impossible for words to depict the expression of mortal anguish of this man's face, caused by a sense of impending suffocation. For several days he was so ill that his death was hourly expected, and there was almost no hope entertained of his recovery by all who had an opportunity of observing him. Although we class it as rheumatism, it was really a case of severe endocarditis, complicated with pericarditis; and it affords an excellent text for our observations upon this common and often deadly complication of acute rheumatism.

The first difficulty we encounter in pronouncing an opinion upon such a case as this, consists in our ignorance of the condition of the heart *before* the attack. When this man was admitted he was un-

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doubtedly suffering from inflammation of the lining membrane of the heart, and of the valves of the heart. But what was the state of the valves? Were they in their normal condition, or was this a *disease* of a *diseased* heart? In this instance there can be no doubt, from the history of the case, that the heart had sustained organic mischief in the previous attack of acute rheumatism, from which it had never recovered. The symptoms he suffered from during the interval between his first and second attack, and the enlargement of the heart, place this beyond a doubt. Frequently, however, it is impossible to say whether a valvular murmur, in a case of acute rheumatism, be of old standing, or have arisen in the course of the attack for which the patient is being treated.

Before commenting upon the treatment of endo- or pericarditis in connexion with rheumatism, let us direct our attention to the pathology of the disease. The doctrine of metastasis, in regard to endocarditis and acute rheumatism, is now generally abandoned. The more severe the pain and inflammation of the joints, the more, and not the less, have we to dread the participation of the heart in the morbid action. In the case before us, however, there was scarcely any general articular or muscular pain; and the whole of the inflammatory action was confined to the heart *during this attack*. The same patient was re-admitted some weeks afterwards, and then we had the converse of the phenomena. The case is of sufficient interest to deserve quotation.

The same patient who was dismissed on the 25th of

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October was re-admitted on the 5th of December, and the following report was made :—

He complains of severe pain in the left thigh and right leg, extending from the knee to the foot. Last night he had much pain in the abdominal muscles, chiefly over the pubic and iliac regions. He complains also of a sharp pain between the shoulders, extending forwards to the left side ; this pain is much aggravated by eructation or coughing, and seems to be an affection of the diaphragm. The action of the heart is strong and irregular ; both sounds are accompanied with a loud, grating murmur. *There is no pain in the region of the heart.* The pulse is 108, full, bounding, with a peculiar thrill. Although he does not suffer pain in the heart, he complains of an unpleasant sensation, as if it stopped for a moment and then went on with a bound that sent the blood with painful force through the head, and affected his sight. No difficulty of breathing ; he can assume the recumbent posture without distress. A frequent hacking cough ; pain across the upper part of the chest, aggravated by turning round the body ; nausea, and occasional vomiting ; sleeps very badly.

R. Aconite, 2nd dil.

7th.—Complains of great pain in abdominal muscles.

R. Bryonia, 2nd dil.

9th.—No pain in heart ; no difficulty of breathing. Severe pain still in the muscles of the abdomen. Less pain in legs.

Continue medicine.

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12th.—No change; still much pain. No change in the action of the heart.

R. Rhus Toxic., 3rd dil. A drop four times a day.

14th.—Better; less pain.

Continue medicine.

19th.—Much better; pain almost entirely gone.

From this time he steadily improved, and was dismissed on the 24th, free of all pain. There was, however, no amelioration in the condition of the heart.

The most interesting feature of this case is, that notwithstanding the diseased state of the heart, and the presence of rheumatic action in its immediate neighbourhood—for the symptoms pointed to the abdomen and diaphragm as the chief seats of the last attack—yet the old inflammatory action of the heart, of which he had so nearly died, was not rekindled.

To return to the pathology of endocarditis. Whether this depends upon the presence of lactic acid in the blood may not be positively ascertained; but it is certain that the disease is accompanied by a morbid condition of that fluid; and most probably the inflammation of the heart is owing to the action of the blood upon it. The blood is not properly regenerated at the lungs; it enters the left auricle loaded with fibrine, and probably with lactic acid; the presence of the latter excites inflammation of the lining membrane of the heart, while the excess of fibrine is ready to be deposited on the free edges of the valves, and

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to give rise to temporary or permanent derangement of their mechanism.

Whether the morbid phenomena elicited in the experiments of Dr. Richardson with lactic acid were those of actual rheumatism, or only bore a close resemblance to that disease, they are, at all events, highly instructive; and probably the series of changes observed in the valves are nearly identical with those which it induces.

At page 373, he narrates the following experiment:—"He injected seven drachms of lactic acid into the peritoneum of a cat. During the first hour after the operation the animal breathed at the rate of forty-five times in the minute; the surface of the body was cold, and she was restless. Two hours later the respirations were forty-two per minute, and *the heart beat so irregular and irritable* that it could not be counted accurately. About six hours after the operation, she was left, in the same condition, for the night, being provided with a straw bed and food. In the morning she was found dead, and with the body in a state of intense rigidity. On making a *post-mortem* examination, while the other viscera were found in their natural state, except that the lungs were somewhat too red, the heart presented the following appearances:—The right side was healthy. The left auricle contained a small coloured coagulum, which interlaced feebly with the muscular structure of the wall. The left ventricle contained some fluid blood. The mitral valve was greatly *thickened, red, and œdematous.* On the surface of the valve there was a small fibrinous

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deposit, which adhered to its position by means of an under-layer of a white, glutinous fluid, like that which could be made to exude from the valve on puncturing it with a needle. The surface of the endocardium lining the left ventricle had an intensely vascular appearance, resembling, in fact, bright-red velvet. The pericardium was dry, and slightly injected. There was no trace of mischief in the joints, and the brain was normal."

Here we have an admirable description of the first stage of endocarditis. When the heart is examined at this period, the first sound is heard as muffled, or is absent altogether; the second sound preternaturally sharp and loud. There is also a short, irritable cough, not dependent upon any mischief in the lungs, but on the condition of the heart. On the detection of this stage, and on his power to arrest it, depends the practitioner's capacity of saving the life of his patient; for if the fibrinous deposit adhering to the edges of the mitral valve by the glutinous fluid should remain there, it would, before long, become organised; the valve would be unable to close accurately; at each contraction of the ventricle there would be a certain regurgitation of blood into the left auricle, oppressing the lungs on the one hand, and, on the other hand, by demanding excessive action of the ventricle to perform its immoderate task, giving rise to hypertrophy of the heart; and the inevitable sequence of painful and distressing symptoms, which make life hardly endurable to the sufferer, would follow. On the successful treatment of the first stage of endocarditis, depends the

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future bodily welfare of the patient. Are we in a position to cope with this successfully? Are we warranted in rejecting the measures employed against it by the vast majority of the medical profession?

What are these measures? The first, in point of importance, is blood-letting. What is likely to be the effect of blood-letting in reference to the deposition of fibrine upon the edges of the valves and its organisation? It is an admitted fact, that the greater the proportion of fibrine in the blood, the more liable it is to be effused and to form deposits. Now, it is stated by Simon, in his great work on *Animal Chemistry*,* that the amount of fibrine is always in inverse ratio to the amount of blood-globules; and it has been proved by Andral and Gavarret, that the quantity of blood-globules decreases directly as blood is withdrawn by venesection, and in exact proportion to the amount and frequency of the operation. So that large and repeated blood-lettings tend to produce the precise condition most favourable to the formation of the great source of danger in acute rheumatism. It need not, then, cost us much distress to dismiss the lancet in *this* disease, at all events.

The other means most in repute are the administration of Alkalies, Opium, and Colchicum. Of the first I have spoken in a former lecture. All it professes to do is to neutralise the exciting cause, not to cure the disease excited; the inflammation of the heart is not cured by Alkalies, but the heart is allowed to recover. Opium and Colchicum, especially the latter, by acting

* P. 158.

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specifically upon the heart, may, indeed, be positively curative agents; but they are, undoubtedly, inferior to Aconite and Bryonia. From a pretty long experience of the action of these remedies in acute rheumatism, from having observed, in frequent instances, the rapid disappearance of the endocardial murmur under their use, I have no doubt whatever that in them we have remedies which possess the double power of, in some way or other, arresting, neutralising, or eliminating the exciting cause of rheumatic fever, and quenching the incipient inflammation of the heart. I do not mean to confine this power to these two medicines; but, so far as my observation extends, these two are the most frequently indicated, and, when indicated, are almost certainly effective.

It thus happens, that however formidable in its consequences the complication of incipient endocarditis may be, it does not, practically, render the treatment of acute rheumatism more difficult to those who employ the Homœopathic method of treating this disease. But when the first stage has been allowed to pass, and instead of simple redness of the lining membrane of the heart, and œdema of the valves, there is permanent thickening of their edges, and contraction of the tendonous cords by bands of organised lymph which bind them down, then the obstacles to successful treatment are much increased by the perplexity of the problem presented to the practitioner. The first difficulty is knowing what the case really is. In the one before us, the symptoms all pointed to the heart as the seat of disease. Was this a case of simple endocarditis, or of

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rheumatic endocarditis? The reason for making the distinction is, that if the inflammation of the heart be excited by an abnormal state of the blood, so long as this condition continues we can hardly expect to arrest the cardiac disease; if, on the other hand, the inflammation of the heart be simple and non-rheumatic, we may select remedies which act upon that organ, irrespective of their relation to rheumatism and its cause.

In the case before us we could have no doubt of the rheumatic character of the inflammation of the heart, and the patient got a drop of the first dilution of the tincture of Aconite every three hours for two days. At the end of that period he complained very much of the pain at his heart. This, indeed, was his only complaint. The pulse—in uncomplicated, acute rheumatism, the invaluable test of the progress for better or worse—afforded less than its ordinary assistance here, on account of the permanently abnormal condition of the circulation of the blood; and this is one of the embarrassments always met with in the management of this class of complicated disorders—that is, of *diseases* of a *diseased* heart. The medicine then prescribed was Spigelia. Among the symptoms of this medicine, recorded by Hahneman, are the following:—

"231. Dull, repeated stabs, when the impulse of the heart is felt, only more external, synchronous with the pulse.

"232. Dull stabs at the place where the heart is felt to beat.

"234. Unusually strong beating of the heart, so

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that he not unfrequently hears its pulsation, even through the dress; it could also be observed beating.

"335. Palpitation of the heart, and anxious oppression of the chest.

"337. Increase of the palpitation on sitting up and bending the chest forward.

"339. When he sat down, early in the morning, on the first rising from bed, the heart began to beat strongly, and, over the spot where the beating was felt, there seemed to be a heavy painful pressure, as of a weight, which caused oppression of the breathing. Accompanying this was felt cutting and boring, as from incarcerated flatus in the lower intestines, which outlasted the palpitation of the heart."

We are not informed of the doses taken by the prover of this medicine; but, as Hahnemann, in its introduction, mentions the effects of sixty, eighty, and one hundred drops of the tincture, we may assume that the experiments were made with large as well as small quantities.

That these symptoms indicate a direct and powerful action on the heart is undeniable; but it is a question, and one of extreme importance, whether Spigelia is suitable for rheumatic carditis, or only for idiopathic inflammation of the heart. Certainly the rheumatic are not nearly so prominent as the neuralgic symptoms in the proving of the medicine, nor has it taken its place among the well-accredited remedies in acute rheumatism.

I throw out this suggestion, because, in the few fully-detailed cases of endocarditis which have been

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published in the English tongue, Spigelia, although employed, has seldom been given by itself—generally in alternation with Aconite. I have some doubts whether Spigelia be so well suited to rheumatic endocarditis as is generally supposed. At all events, the results in the case before us were negative. The patient took a dose every two hours, from the afternoon of the 24th; but during the night of that day, the cough and distress of breathing increased to such a degree, that the house-surgeon (Dr. Fenton Cameron) was called up, and administered a drop of Lachesis. This medicine gave relief at once, and was continued with advantage during the following day.

That in Lachesis, Naja, and other snake-poisons, we possess such powerful remedies as the effects of the bites of the animals seem to indicate, has been questioned by some of our most experienced and best-informed practitioners. The objection is thus put by Dr. Drysdale*:—

"*First.*—We know that serpent-poison, taken internally in small doses, produces certain symptoms.

"*Second.*—We know that the bite of the same serpents produces certain other and truly *very different* symptoms.

"*Third.*—We know that serpent-poison, given internally in disease, cures certain symptoms.

"I conclude that these last—viz., the symptoms cured—will, by the Homœopathic law, be similar to those in the first paragraph—viz., the symptoms produced by internal exhibition of the poison. But I

* *British Journal of Homœopathy*, vol. xii., p. 264.

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hold that at present we have no right to expect that the cured symptoms in the third paragraph should accord at all with the bite-symptoms in the second paragraph. We know that with medicine from the mineral and vegetable kingdom, that remarkable discrepancy in the internal and inoculated symptoms does not exist; and, therefore, till that problem is solved, I hardly think we can avail ourselves of the symptoms of bites of serpents, and stings of bees, as Homœopathic indications for the inward exhibition of poison. But it would be safer to leave those symptoms in the same category as those violent expulsive efforts caused by the over-dose of drugs in the provings, which are justly considered by Hahnemann as little characteristic of the drug, and little adapted for Homœopathic use, and confine ourselves to the indications afforded by the internal exhibition of those substances."

I entirely dissent from this view. I see no proof whatever of any expulsive efforts, on the part of the animal economy, to get rid of snake-poisons, introduced either by the serpent-fang or by the syringe. On the contrary, the poison seems to act as a pure sedative, and depresses vitality. Again, while I admit a difference *in degree* between the effect of the poison injected into the blood and that of the same substance introduced into the stomach, I see no difference *in kind* in regard either to the tissues it affects, or of the nature of the morbid action it excites. The one set of symptoms glides into the other; and the difference is not greater than is to be accounted for by the more

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rapid and intense effects of a very large and a very minute dose of any other morbific agent. For example, in the cases of poisoning by serpent-bites, there is scarcely any symptom more constant than a spasmodic action of the muscles of the throat. Thus Mr. Duffin describes the case of a woman bitten in the small of the leg by a cobra di capello. Ten hours after the accident, deglutition was so much impeded that hardly anything could be got to pass into the stomach. In another case of a man, after he had experienced a sense of tightness or tension spreading fast towards the heart, and attended with extremely laborious respiration, he had stricture of the œsophagus to such an extent that nothing could be forced down his throat. If we compare these symptoms with those experienced by Dr. Stewart, Dr. Craig, Mr. Gillow, and others who swallowed a portion of a grain of the poison, we shall find the exact amount of resemblance we should expect from so different a dose of the same poison. Dr. Stewart records irritation, warmth, and rawness in larynx and upper part of trachea, *with short, hoarse cough*, as one of the most marked symptoms he experienced after taking the tenth of a grain of the pure poison. Dr. Craig records "slight pricking in the left side of the pharynx;" and, after another dose, soreness in the left side of the throat much worse. Again, "a sudden attack of fluttering at the heart, with *rising in the throat*." The last symptom was evidently a sense of constriction. Mr. Gillow writes:—"Felt no peculiar sensations until after taking the medicine, when, in about an

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hour, I perceived a slight heaviness over the eyes, with *constricted feeling* and *dryness of throat.*"

It would occupy too much time to pursue the comparison of the two sets of symptoms; any one who wishes can do it for himself. I prefer directing attention to the marked symptoms which Naja produced upon the action of the heart. Naja and Lachesis act, apparently, primarily upon the nervous system, especially upon the respiratory nerves, the pneumogastric and glossopharyngeal; and for this reason we should expect these medicines to be of service in the irritating, sympathetic cough which attends organic disease of the heart. In the case before us the action of Lachesis was immediate; so that, as a palliative and intercurrent medicine in carditis, it is of the highest value. Besides its action on the nervous system, Naja exerts a marked influence on the condition of the blood. It produces a similar state of that fluid, in regard to its fluidity and the condition of the corpuscles, as is induced by slow poisoning by Antimony, and by the administration of large doses of alkalies. Of the great value of Naja and Lachesis in organic disease of the heart, we are convinced by experience; although, owing to the rapid death which has followed its introduction into the system in all cases which proved fatal, there was not time sufficient for the development of any organic changes in the body.

The indications, then, for the use of Naja and Lachesis, are the presence of an irritating, sympathetic cough, in the acute stage of rheumatic carditis, and afterwards organic change in the valves, giving

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rise to tumultuous action of the heart, violent, sudden throbbing, attended with endocardiac murmur and increased size of the organ. It is surprising how rapidly the urgent symptoms, arising from changes which are of a more or less permanent kind, may be subdued by these medicines.

The next medicine prescribed was a preparation of Mercury. The reason for the employment of this remedy in pericarditis, is the almost universal belief, entertained by the most experienced of the old-school practitioners, that it has a direct effect in subduing inflammatory action of serous membranes, and promoting the absorption of effused lymph. "There is no remedy," writes Dr. Fuller,* "of whose curative influence experience and observation have afforded such abundant and unequivocal proofs as of Mercury in active serous inflammation." Again he writes—"I am fully persuaded that, in the acute and sthenic form of pericarditis, nothing is of greater service than the remedy in question." Here, as in the administration of Cinchona Bark in certain forms of ague, the new and old school find a common meeting-ground. It would be folly in us not to employ a direct specific medicine, because its virtues were discovered by experience on the sick, and not by experiments on the healthy. The only question between us and the old school is, the best dose to select. On this point, however, the diversity of opinion is not great between the adherents of Allopathic and Homœopathic Medicines; so that, in re-

* *Fuller on Rheumatism*, p. 233.

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gard to Mercury, at least, and some other medicines, the two systems insensibly merge the one into the other; some Allopathic practitioners recommending the tenth of a grain of blue pill, and some Homœopathic administering one grain of the first decimal trituration of Mercurius Solubilis. We cannot claim much for the effect of Mercury in the case before us; for as the pulse rose during the night, the Aconite was repeated; and although the patient was able to obtain a little sleep in a recumbent posture for the first time, and the friction-sound was sensibly diminished, yet he was awaked by the violent pain at the heart, and a sense of mortal suffocation. For this condition, Tartar Emetic was administered every hour, and with good results. The dyspnœa abated, as well as the pain, and he was able to lie down, and passed a good night.

The chief indication for the administration of Tartar Emetic was the dyspnœa. If we inquire into the causes of the sense of suffocation in such cases, we find that they are mechanical, chemical, and vital. The blood is arrested in its exit from the lungs, which become gorged; the blood itself is in an unnatural condition, loaded with fibrine, and probably irritating; and last, but not least, the pulmonary branches of the pneumogastric nerve, by sympathy with the cardiac, induce cough and dyspnœa. That these attacks of suffocation are in some measure owing to the state of the nervous system, is shown by the suddenness of their invasion, and equally rapid relief. Now, Tartar Emetic has a powerful action on what I may call inflammatory dyspnœa, such as attends the first stage of

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pneumonia; it also has a powerful action on the condition of the blood, resembling in this the effect of alkalies. "It may seem strange,"* says Dr. Richardson, "at first sight, but it is equally true, that there is a striking analogy as regards pathological effects between the alkalies and the salts of Antimony. I have dissected, with great care, the bodies of animals slowly killed by the alkalies and the salts of Antimony; and my feeling is, that, in ignorance of the symptoms preceding death, and without the aid of chemistry afterwards, I should feel a difficulty in diagnosing, from bare pathology, between death from Antimony and death from an alkali." Although Tartar Emetic is much more marked in its action upon the lungs than upon the heart, yet the experiments of Sir B. Brodie† seem to indicate that it exerts a direct and specific influence upon the latter organ. Besides, the first effect of the injection of a solution of a salt of Antimony into the circulation, is generally to excite, almost instantaneously, the beats of the heart.‡ We know, too, the alliance between Tartar Emetic and various forms of rheumatism. On all these grounds we should be disposed to expect benefit from the administration of the medicine in the terrible dyspnœa that attends rheumatic endocarditis; and, so far as my limited experience in its use goes, this remedy has not disappointed me; and I consider it is worthy of

* *Op. Cit.*, p. 435.

† *Philosophical Transactions* for 1812.

‡ *Vide Wibmer, Die Wirkung der Arzneimittel und Gifte im gesunden thierischen Körper*; vol. v.

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more attention in this disease than it has hitherto received from our school.

After Tartar Emetic had been administered, first by itself, and afterwards in alternation with Aconite for three days, there was marked improvement in the appearance of the patient; greatly diminished dyspnœa and cough; and the physical examination showed that the inflammation both of the pericardium and the endocardiac membrane and valves was rapidly abating. Notwithstanding this general improvement, he complained of intense pain in the heart, and for this Spigelia was prescribed. On the following day he was in less suffering than he had experienced since his admission, and we may ascribe this to the Spigelia. The intensity of the pains, and their independence of organic change for the worse, seem to indicate that they were rather of a neuralgic character, and for such, doubtless, Spigelia is admirably suited. All active cardiac and rheumatic symptoms being now silent, Naja was prescribed, with a view to assist in the restoration of the structure of the heart. But the following day (Oct. 4th), a sudden aggravation of the heart symptoms occurred; the pulse rose from 78 to 104, and the endocardiac murmur became much louder. In these circumstances, Aconite and Bryonia were again prescribed, and apparently with the most decided advantage; for on the following day the pulse had fallen to 82, and œdema of the limbs had nearly disappeared. He took these medicines for two days—that is, to the 6th—when the cough, being better, and the pain at the region of the heart having changed its character, and being described as

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extending through to the right side of the chest, Arsenicum was substituted for Bryonia, and continued for the following five days in alternation with Aconite.

The powerful action of Arsenic on the heart and its lining membranes, both internal and external, is thoroughly established, both by pathological anatomy and by the symptoms which have been observed to arise from its administration. In cases of poisoning by Arsenic, according to Orfila, small spots of a bright crimson colour were found in the left ventricle, and principally on the columnæ carneæ. On cutting down on these spots, the colour is found not to be only superficial, but to penetrate the substance of the heart. The right cavities of the heart presented spots of a much deeper red—almost black colour. It would be interesting to compare the effects of Arsenic with those of Lactic Acid upon the heart. The resemblance between the description of the appearance given by Orfila of the action of the former, with the representation of the effects of the latter; displayed by Dr. Richardson, must strike every student of this subject.

Among the recorded symptoms produced by Arsenic, some of the group read exactly like the description of an attack of endocarditis or pericarditis. Thus, a person who had been exposed to the fumes of Arsenious Acid was affected with frequent fainting, tightness in the præcordia, difficult breathing, inextinguishable thirst, parched throat, great restlessness, wakefulness, and pains in the feet. In another case, we find recorded, violent tumultuous action of the heart; pulse 90, strong, and jerking. On the fourth, fifth, and

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sixth day, after taking the poison, there was great agitation; delirium; pulse 100, full and jerking; violent and tumultuous beating of the heart, attended with a loud bellows-murmur. Stapf observed in himself, when proving the medicine, excessively troublesome palpitations. When lying on his back, the heart beat both quicker and stronger.

It is not necessary to continue quotations in this direction, as it is admitted to be a well-established fact that Arsenic does act powerfully as a morbific agent upon the heart; and, on the other hand, its value as a remedial agent in diseases of that organ is universally acknowledged by Homœopathic practitioners. Dr. Black makes the following observations upon the use of Arsenic in affections of the heart; and his high reputation as a successful practitioner, and trustworthy observer, makes all his practical suggestions worthy of our serious consideration:—"The action of Arsenic upon the heart is very strongly marked, and it holds the first rank in the treatment of cardiac diseases. It is useful in pericarditis and endocarditis, along with Aconite, Bryonia, and Spigelia, and occasionally with Mercurius. It is especially indicated in pericarditis when effusion has taken place. In organic affections, especially when there is dilatation or valvular disease, it is the best remedy." This is too vague and sweeping an observation. To describe Arsenic as the best remedy when there is either dilatation or valvular disease present, is to raise it to a sort of empirical specific in almost all organic affections of the heart. Dr. Black will, I

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hope, some day, enter more into detail, and distinguish the stages of the valvular diseases, and the kind of dilatation, whether active or passive, for which he has found it best suited. That is what we now expect from our men of experience—to furnish the means of a differential diagnosis between the class of cases of hypertrophy and valvular diseases of the heart, for which Arsenic is better suited than all other remedies. "It is worthy of note," continues Dr. Black, "that, under its use, the various pains, the distressing palpitation, the dyspnœa, are relieved in a marked manner, and that, too, while the organic change in the heart remains unchanged." This is true: at the same time it is surprising how rapidly organic changes do take place in the heart; the variation in the murmurs from day to day, or even from hour to hour, that is perceived in cases of semi-acute endocarditis, must have struck every attentive observer; and, probably, every change in the sound was caused by some alteration in the structure of the heart, whence the sounds proceed; so that it is not impossible that frequently the benefit derived from Arsenić may be owing to its action in the heart itself; although the changes it induces are inappreciable, except in the sympathetic sphere of relations of that great centre of sympathy. That the relief afforded by Arsenic in the numerous functional derangements which attend structural changes in the heart, is due to the action of the medicine upon that organ, is corroborated by the next observation, to the effect, that palpitation, depending on inorganic causes, is not so frequently relieved by

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Arsenic as by some other medicines:—"When the palpitations are attended with noise in the ear, rush of blood to the head, or confusion of sight, then," continues Dr. Black, "Lachesis is more indicated than Arsenic." The symptoms here given as being more indicative of Lachesis than those of Arsenic, are those of hypertrophy of the left ventricle; if so, what comes of the statement, that, in dilatation of the heart, Arsenic is *the best* remedy?—unless Dr. Black intends to make a distinction between hypertrophy and dilatation, and confines his remark on the superiority of Arsenic to passive dilatation. This form of dilatation, however, does not co-exist with imperfection of the valves: at all events, imperfection of the valves, as a rule, is attended, not with passive dilatation, but with active hypertrophy.

While I do not think that Dr. Black has been successful in distinguishing the class of cases for which Arsenic is better suited than Lachesis and Naja, I do not propose to attempt any improvement upon what he lays down as the general rule for the treatment of such cases; for it would occupy much more space than we have at our disposal, to enter into a minute detail of all the reasons which, in any given case, should make us prefer the one medicine to the other in the stage of endocarditis for which the two are suitable. In the case before us, after the patient had taken Arsenic for four days, Naja was prescribed, and continued till the time of his discharge, which took place on the 25th of October. He was re-admitted on the 5th of December, having been tolerably well in the

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interval. He had been exposed to cold, and had been seized with a fresh attack of acute rheumatism. For this, Aconite, and afterwards Bryonia, were prescribed; but neither of these medicines had much effect upon the pain, which rapidly yielded to Rhus Toxicodendron.

He complained most of a sharp pain between the shoulder-blades, extending forward to the left side. The pain was not affected by posture. This closely resembles symptom 573 of Rhus—viz., "Severe rheumatic pain between the shoulders, neither relieved nor increased by rest; only mitigated by warmth, and aggravated by cold." On the whole, however, Rhus is certainly not the medicine which one would naturally have selected had the case presented itself for treatment in its existing condition, when the remedy proved so useful. Rhus was prescribed chiefly because Bryonia did not seem to be producing the effect it had done in the former attack. This opens up a very important question, as to whether medicines lose their power by exhausting the susceptibility of the system to their action—a question nearly related to one which we have postponed for future consideration on the alternation of medicines. Reserving this for a future lecture, let us observe one most interesting and important feature of the second attack in this patient—the absence of fresh mischief at the heart. Can we ascribe this to the action of the remedies prescribed during his former illness? Had the Aconite, Bryonia, the Arsenicum, and the Naja fortified the heart, and enabled it to resist the poisoned state of the blood, which tended to excite disease in that organ? If we

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could answer this question in the affirmative, nothing would enhance so much the superiority of Homœopathic or specific treatment over the palliative and depletive. I think it is highly probable, both from analogy and observation, that, in this case, the patient's immunity from heart-disease was owing to his previous treatment; at the same time, there is not sufficient grounds for affirming it positively. One thing, however, is quite certain—that had the patient been largely bled for his first attack, his chances of recovery from the second would have been infinitely diminished.

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LECTURE III.

ON RHEUMATISM AFFECTING THE BRAIN.

In my last lecture our attention was directed to one of the most ordinary complications of acute rheumatism—inflammation of the heart. I propose to begin this one by the narrative of a case in which other organs besides the heart were affected.

Ann Brewer, aged 18, a servant, unmarried, was admitted into the hospital on the 11th of February, 1861. Her mother, who brought her, states that, five years ago, she had a rheumatic fever, which confined her to the house for two months; she only took opening medicine for it. The patient is of a full habit of body, and does not look unhealthy. She states that she was in the enjoyment of her usual good health till a fortnight ago, when she became affected with "sore throat." When still suffering from cold, she went out one damp night, and, on her return, she felt pain, first in one knee, then in her hands and fingers, so that she was compelled to go to her bed. She now complains of intense pain in all her joints, and also in the spine. The pain is much increased by touch, and the slightest movement makes it so much worse that she cannot change her posture in any way. Pulse 120, full. *Heart's sounds perfectly normal.* Skin hot, and covered with perspiration. Tongue dry and cracked; lips dry and brown. She has had one loose motion since her admission.

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R. Aconite, 3rd dil., one drop.
Bryonia, 3rd dil., one drop.
A dose of each, alternately, every four hours; her hands and feet to be wrapped in flannel.

12th.—Covered with profuse perspiration. Passed a restless night. Complains of intense pain.

Continue medicine.

13th.—Pulse 110. Passed a restless night, and complained of the pain being as bad as ever, till the evening, when she reported herself as much better every way. She could move her hands freely, without pain.

Continue medicine.

14th.—Has been violently delirious. Got out of bed several times during the night; there is great difficulty in keeping her in it at all. Talks incoherently; has a stupid look. Passes her motions, which are pale and watery, involuntarily in bed. Skin hot; great thirst,

Continue medicine.

15th.—Pulse 104, regular. Less delirium. Pains in arms and feet much abated. Still frequent loose stools.

R. Rhus Toxicodendron, 2nd dil.
Two drops every four hours.

18th.—Less pain in limbs. No delirium. Much

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somnolence. Pulse 120, soft. Complains of pain in cardiac region. On auscultation, slight systolic bruit was heard over the apex of the heart; the sounds of the heart were muffled and indistinct, and a slight friction-sound was distinctly audible. The respiration was very oppressed and hurried—forty-eight times in the minute. The chest was covered with an eruption of sudamina. Frequent liquid stools.

R. Merc. Sol., 2nd trituration.
Two grains every three hours.

20th.—Friction-sound no longer audible. There is a loud double "bruit;" the sounds much more distinct.

Continue Mercurius, and a dose of Aconite, 3rd dilution, at bed-time.

21st.—Pulse 120. Skin hot. Respiration more embarrassed and hurried. Much cough, with frothy expectoration. On auscultation, mucous râles are audible at the front and back of the chest; there is no dulness on percussion. Tongue brown and dry. Bowels still relaxed. Intense prostration of strength.

R. Acon., 3rd dil., one drop.
Pulsatilla, 3rd dil., one drop.
A dose of each, alternately, every three hours.

23rd.—Better. Tongue moister and less brown. Bowels still relaxed. Great somnolence.

Continue medicine.

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25th.—Respiration almost normal; no mucous râles audible. Pulse 120. Less bruit. Tongue moist, and free from crust. Expression of countenance improved. Still frequent, loose stools; but more under control.

Continue medicines.

March 1st.—General improvement. No purging. Tongue moist and natural. No sweats. Intense prostration.

R. Phosphorus, 4th dil.
A drop every four hours.

9th.—Much better; can now sit up in bed.

Continue.

11th.—Is now entirely free from all pain, and from all morbid symptoms, with the exception of a slight bruit.

R. Naja Tripudians, 3rd dil.
A drop three times a day.

25th.—Is now quite well; pulse 80, natural. The action of the heart is perfectly normal, and her strength is rapidly improving.

Independently of the anxiety excited by this case, on account of the imminent and long-continued danger to the life of the patient, it presents features of unusual interest from the variety of the pathological groups it successively presented during its course. To indulge in a metaphor, we might say that the fiend Rheumatism, having entered the body of this poor girl,

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assailed in succession every vital organ, and, when driven out, left her in a state of absolute exhaustion, so that her recovery was a matter of general surprise. The fiend entered, as it usually does, under the cover of a cold, damp night; it made its presence known by pain in the joints; and, on the admission of its victim into the hospital, there was nothing to indicate anything unusually severe in the assault, except, perhaps, that there was looseness of the bowels, and a brown instead of a white tongue. After being under the usual treatment for two days, she was reported, on the evening of the 13th, to be comparatively free from pain—and that, too, rather suddenly—and there was then every prospect of a speedy recovery. However, that night an entire change took place in the features of the case; for she became so violently delirious as to require constant restraint to prevent her from leaving her bed and walking about the room. Whence this delirium? Is this an example of metastatis? or did it arise from one of the three common causes of delirium? The *first*, an impoverished state of the system, such as is caused by inanition, by profuse hæmorrhage, or blood-letting, or by some other cause of exhaustion of the vital energies; or, *second*, the sympathetic action of the brain, with intense inflammation of any important organ, as in the delirium that attends pneumonia; or, *third*, was the derangement of the cerebral functions caused by the actual presence in the brain of some deleterious substance, such as alcohol or chloroform?

"At one time," observes Dr. Fuller, "all cerebral

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symptoms which occurred in the course of acute rheumatism were referred to inflammation of the brain or its membranes; resulting, as was supposed, from metastasis of the morbid action to the cerebral structure, in consequence of the subsidence of articular inflammation. But their independence of metastatic action is attested by their not unfrequent occurrence without the subsidence of articular inflammation; and their independence of mischief, developed within the cranium, is abundantly proved by dissection after death, which, even when the case has terminated fatally, fails utterly, in most cases, in affording the slightest evidence of cerebral mischief." In the case of the patient we are now considering, there was a sudden and complete subsidence of pain the evening of the night of her delirium. It may be a question whether this *apathy* arose from a deadened power of sensation, or from a subsidence of the articular inflammation. If from the former, it was merely the first symptom of the cerebro-spinal derangement; if from the latter, it opposes Dr. Fuller's views of the pathology of such cases. We may dismiss the former of these two suppositions in a very few words. The patient showed no symptoms of unconsciousness, and the affected joints were visibly less inflamed. The rheumatism had left *them*, and, for the time, became latent. Dr. Fuller's second position—that because, after death in such cases, no evidence of organic change in the brain or its membranes has hitherto been discovered, therefore (to use his own words) "the independence of the mischief within the cranium is abundantly proved," seems to me untenable.

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First, because in the experiments already referred to, made by Dr. Richardson upon dogs, after the most unequivocal evidence of severe articular rheumatic inflammation during life, on examining the carcass after the death of the animal, no trace of organic change in the joints could be detected. And in a case recorded by Chomel, in which he carefully examined the joints of a patient who died while suffering from acute articular rheumatism, that celebrated pathologist was unable to detect, in any one of the joints, the slightest vestige of inflammatory action. If the synovial membrane may suffer from inflammation without structural manifestation, why may not the brain and its membranes? Secondly, do we find evidence of organic change in the encephalon in all cases in which delirium has been present? Do we find it in cases of typhus fever, of delirium tremens, and of various other diseases characterised by the violence and long continuance of this particular symptom? Undoubtedly we do not; and why, then, are we to reject the supposition that, when we meet with delirium in acute rheumatism, the affection arises from a morbid structural, but inscrutable, alteration in the substance or membranes of the brain itself? Let us bear in mind how rapidly structural change is developed and removed in the heart, which would never be detected if we had not the opportunity of a physical exploration of that organ. Had we nothing to guide us but the sensations of the patients, the presence of endocarditis would be unknown in a large proportion of cases in which it exists. In the case of the brain, we can only

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conjecture the presence of some change in its mechanism, from the imperfect, or irregular, or violent discharge of its functions.

As there is, at present, a tendency among practical writers to consider the doctrine of metastasis as an antiquated error, at least in reference to acute rheumatism, it may be well to adduce evidence of the undeniable truth that there are forms of this disease in which there is a sudden *transference* of the morbid action from one part to another. The following cases are related by Dr. McLeod in his *Treatise on Rheumatism*, p. 116:—

"A gentleman of literary habits, in the thirty-seventh year of his age, had suffered for about two months from pain, with swelling and fluctuation of several joints, particularly the knees. The right knee was more especially complained of; and there was considerable effusion into the joints, evinced by a soft, fluctuating projection on either side of the patella, and across the lower part of the thigh, just above the knee. He took, each night, Acetic Extract of Colchicum, in doses of three grains; and Acetate of Morphia, which last was increased gradually from a quarter to a half a grain, but without any effect in relieving the affected part. About the end of May, 1837, he complained of his memory being impaired, so that he had great difficulty in remembering words; but he was able to go out in an open carriage, and took a short airing on Sunday, June 2nd. Next day I found him in bed, unable to answer questions otherwise than by the monosyllables, 'Yes' or 'No.' He expressed his

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mortification at this inability to speak by gestures; and when asked if he had any pain or giddiness about the head, answered 'No,' and shook his head in such a manner as to show that he perfectly understood what was said to him. His pulse was 78, and soft: his tongue clean. No complaint was made of the knee; but on examining it, I found the swelling almost entirely gone; indeed all fluctuation had disappeared, and there remained only some puffiness about the parts. He was freely purged, and a mustard poultice applied to the knee.

"4th.—The same symptoms continued without perceptible change. Twelve leeches were applied to the temples, and the purging repeated.

"5th.—In the early part of the day he seemed better, recollecting his sister's name, which he had previously forgotten. Late at night was seized with a fit of screaming, accompanied by strabismus, affecting the right eye, and followed by frequent moaning.

"Leeches to forehead, and gr. ij of Calomel every three hours. A blister to the back of the neck.

"6th.—Strabismus gone, but mouth perceptibly, though slightly drawn to right side, with much subsultus tendinum, and frequent sighing. Answers questions which require only monosyllables distinctly; says 'No,' when he is asked if he has pains in the head; and 'Yes,' when asked if he has any giddiness. Pulse 80, with some sharpness. Twelve leeches to temples; Calomel, gr. iij, every three hours. Strong mercurial ointment to be rubbed in very freely.

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"7th.—Very little change. Calomel omitted after seventh dose, in consequence of purging. Mercurial frictions continued every two hours.

"8th.—Much more sensible, and expression improved. Urine, which had been rather scanty, has become more abundant. Pulse 78. No mercurial fetor, but a perceptible red line on the gums.

"9th.—Continues, apparently, to improve; gums decidedly injected, but there is no mercurial fetor. Takes beef-tea plentifully. Shows, by his manner, that he recognises those about him, but cannot name even his most familiar friends.

"Towards evening he began to sink; frequent starting, and constant deep sighing; pulse became diminished in power, while it rose in frequency to 100. These symptoms continued till the evening of the 10th, when he expired.

"*Autopsy.*—The convolutions of the brain were flatter than usual; the arachnoid was injected, and there was a slight appearance of effusion. The ventricles contained from one ounce and a-half to two ounces of clear limpid serum, and each corpus striatum had the appearance of being smeared over with a thin layer, like cream; but this could not be wiped off, and apparently depended on thickening and opacity of the lining membrane. The convolutions of the left *fissura Sylvii* were adherent, from inflammation of the interposed membrane; and the substance of the brain, on either side of the fissures, was of a yellowish colour, with patches like minute points of extravasation. The heart and other thoracic viscera were

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perfectly healthy. In the right knee, which had been the chief seat of the rheumatism, the membrane was thickened, rugose, and red all round, close up to the cartilages. The membrane had been pushed upwards, so as to increase the extent of the cavity, but no longer contained any preternatural quantity of synovia. Now this is a case to which I have seen several more or less analogous, and evidently consisted in a slow and treacherous inflammation about the brain, producing fatal effects, without exciting the general system into any of that sympathy which usually attends the progress of mortal diseases.

"In another form of this metastasis the symptoms are more marked, especially as regards the occurrence of pain in the head, by which the seat of attack is clearly pointed out. A case of this kind occurred some time ago at St. George's Hospital, under the care of Dr. Seymour. A man had long laboured under synovial rheumatism, and there was great permanent distension of the capsules. One day, the knees, which had been greatly swollen, were observed to be flaccid—reduced, in fact, by about one-half. He complained at the same time of pain in the head; became paralysed on one side, and expired in the space of thirty-six hours. On opening the body, a deposit of greenish-looking, purulent matter was found smeared over the greater part of the surface of the left hemisphere, and there was considerable effusion into the ventricles. Here the disease had gone on silently up to a certain point, as there was not the slightest evidence of any increased action about the head till the paralysis came on.

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"In yet other cases of this affection, there is pain of the head, of several days' duration; afterwards giving place to symptoms of pressure, very much in the manner we see in hydrocephalus. A very good illustration of this is contained in Sir B. Brodie's work on the joints.

"A lad, aged thirteen, had inflammation of one knee, with effusion into the joint; thickening of the synovial membrane resulted, and the enlargement of the joint continued for several months. At the end of this time the swelling became suddenly reduced; and this was simultaneously accompanied by the supervention of acute pain in the head. This returned several times periodically at night, and after a week entirely ceased, when he became affected with somnolency, strabismus, and partial blindness; in which state he died.

"In almost every instance wherein the cerebral affection assumes the insidious form described in the first case, the paralytic attack detailed in the second, or the form of hydrocephalus, as in the third, the attack proves fatal. But, in some, the disease more resembles common inflammation of the brain; admits of the ordinary active treatment; and, more frequently than in the preceding instances, also admits of a successful termination."

It is true that the cases just quoted were all those of capsular rheumatism, and that Dr. McLeod makes an exception in favour of this form of disease, in reference to its tendency to metastasis. Still we have the fact of a transference of morbid action from the knee-

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joints to the brain, established in regard to at least one kind of acute rheumatism; and when we find, in ordinary cases, that the inflammatory action shifts from joint to joint—now attacking one ankle and knee, then similar joints on the opposite side—again suddenly leaving the lower limbs free from pain, and settling upon the wrists and elbows—what inference are we to draw, when, instead of pain and swelling of any joints, we have perturbed action of the brain? Supposing the brain to be affected with rheumatic inflammation, how can it manifest its presence? Not by redness and swelling, as the limbs do, nor necessarily by pain, but by delirium. There is no other reasonable explanation of the occurrence of cerebral symptoms in the case before us; for the supposition of their arising from sympathy between the brain and inflamed heart, is excluded by the fact, that it was not till some days after the delirium that there was any cardiac disorder at all: besides, in this case, the symptoms of this affection were much slighter than in many other patients, who showed no trace of any cerebral disturbance. Still, in saying that this was an instance of metastasis of rheumatism, from the extremities to the brain, we have only given a superficial reply to the question; for it may be asked—Was there anything in the state of that organ to predispose it to such an attack? The class of persons liable to the occurrence of delirium during an attack of rheumatism, are, according to Dr. Fuller, "those who are pale, weakly, and unhealthy; who have been much reduced by blood-letting, or by excessive and long-continued

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lactation, or during recovery from serious illness;" or who, again, as Dr. Watson has remarked, "experience a relapse after a long and tedious attack of rheumatism." None of these causes, however, had been in operation in the case of this patient. She was robust, and cannot be said to have been unhealthy; she had not been weakened by depletion, or by profuse sweats, and she had only been a few days affected with rheumatism when the delirium manifested itself.

I conceive that, in Ann Brewer's case, the explanation is to be found in the peculiar condition of her system, which gave rise to the diarrhœa. This is a very rare complication of acute rheumatism; so rare, indeed, as not to be noticed either by Dr. McLeod or Dr. Fuller. I never met with it before. But the diarrhœa, in itself, would not have been sufficient to account for the cerebral predisposition, since the discharge from the bowels was not considerable till after the delirium had appeared. It was not the diarrhœa, but the constitutional derangement, which showed itself in the *brown tongue* and intestinal irritation, as well as in a peculiar dull expression of countenance, much more like that of a patient suffering from the incipient stage of typhus, than of rheumatic fever. In fact, if it were possible to imagine a hybrid between these two diseases, this case might have been so designated. The same causes that induced this intestinal irritation, also produced a condition of profound depression on the nervous system, and gave rise to extreme debility and feebleness of the brain, which disabled it from bearing with impunity the presence of blood

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loaded with lactic acid. Such seems the most satisfactory pathological explanation of this very unusual and alarming series of symptoms. That the case was one of the greatest danger is certain. Of such cases, Dr. Fuller writes—"Thus, then, as head symptoms are invariably connected with great susceptibility of the nervous centres, are usually accompanied by acute inflammation of some internal organ, and occur almost always in persons of a weak, excitable habit, they are always indicative *of extreme danger*, even when unattended by cerebral inflammation. *That recovery does take place occasionally*, I am satisfied, both by personal experience and by the testimony of others who have watched and noted cases in point; but when the delirium is violent and of long continuance, the result cannot be otherwise than doubtful. Whether the recovery does ever take place when the delirium is dependent upon cerebral inflammation, it is impossible from experience to describe, inasmuch as convalescence itself forms a bar against our only source of positive information. But if in any case, accompanied by symptoms of acute cerebral disturbance, no cardiac or pulmonary disease should be detected, it would be right, *cæteris paribus*, to speak more decidedly as to an unfavourable issue, than if the stethoscope had revealed mischief within the chest." (p. 296.) In the case under consideration, there was no cardiac or pulmonary affection present when the delirium came on. The delirium may be said to have been violent, for it required the utmost efforts of an attendant to prevent her getting out of bed; at all events, it was not the

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mere low muttering delirium of slight disturbance of the cerebral functions. That it was not of long continuance, may fairly be ascribed to the treatment. Indeed, the course and issue of this case cannot but be considered as highly favourable, and as affording strong evidence of the *positive* efficacy of the medicines administered. In her former attack, which was apparently uncomplicated by either cardiac or any other affection, and which was treated *negatively*—that is, by flannel, rest, and mild purgatives—she was confined to the house for two months. Her recent attack may be reckoned to have begun on the 8th or 9th of February; and on the 11th of March she was entirely free of all morbid symptoms, except a slight bruit, which disappeared during the next fortnight. Thus, while recovery from simple rheumatic fever took two months, under Nature, recovery in the same patient in a weaker state from the same disease—not simple, but attended with the most serious complications both of the heart and of the brain—may be said to have taken place in a little more than one month, under Homœopathic treatment.

Let us now proceed to consider the treatment in detail. On her admission, as the symptoms were those of acute rheumatism—namely, severe pain of the joints; a full pulse, of 120 in the minute, and moist skin—the usual medicines, Aconite and Bryony, were prescribed. In forty-eight hours the pain was gone and the pulse reduced, and there was every appearance of a speedy recovery. Within a few hours, however, instead of advancing towards health, the patient sud-

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denly became delirious; still Aconite and Bryony were continued. Of the suitability of Aconite for acute rheumatism, complicated with cerebral affection, there can be no doubt, for the action of this medicine upon the brain is very decided; indeed it is our sheet-anchor in almost all cases of threatened inflammatory action of that organ; and its value in such cases is so thoroughly known and universally acknowledged, that I need not adduce any evidence in its favour, either from pathogenetic experiments, or from our clinical records of its curative power.

The action of Bryony on the brain is also satisfactorily attested by numerous trustworthy observers. Professor Zlatarovich, who has published "a proving" of this medicine in the Austrian Journal, in his summary of its action, specially mentions congestion and inflammation of the brain. He also quotes the following interesting case in illustration:—"An officer of excise, whose duty required him to be exposed to the weather all night, having fallen asleep in the snow, remained there for six hours. On being awakened he could not stand from general weakness and stiffness of the whole body. After having been assisted to his quarters, he was attacked with violent rigors, which lasted for six hours; Dr. Schüler was then sent for. He found the patient trembling from cold, his face red, and his head hot, notwithstanding long and most persevering efforts that had been employed to restore natural warmth to the whole body. Although he was oppressed with somnolence he could not sleep, except for a few minutes at a time, and awoke in a state of violent

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delirium, and suffering at the same time from pain in the limbs and head. Dr. Schüler administered a drop of the tincture of Bryony. The first effects of this (too strong) dose was a severe aggravation of all his symptoms. In the course of two hours, however, there was a manifest mitigation of the delirium: he asked for drink, and drank copiously of water. Most profuse diaphoresis then took place, so that five times his night-dress had to be changed, as each one was saturated with perspiration having a strong peculiar odour. On the following morning he was perfectly well, except being very weak; he had no return of rigor, and in a few days was able to resume his occupation."* I have quoted this case because it seems to me probable, that but for the timely administration of Bryony, the patient would have suffered from an attack of regular acute rheumatism, very possibly accompanied with delirium; all the conditions required for such a combination being present. At all events, nothing can better illustrate the action of Bryony upon the brain when in a state of congestion and incipient inflammation.

The delirium abated under the use of these medicines, and on the following day the most troublesome symptom was the diarrhœa: Rhus Toxicodendron was then prescribed. This medicine was taken for three days, and with the best effect; at the end of that period the delirium had entirely gone; but, alternating with the excitement, there was perpetual and profound somnolence; the patient slept constantly; and could hardly

* *Oster. Zeitschrist für Hom.*, band iii., p. 116.

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be awakened; this remained after the nocturnal delirium had entirely subsided. The whole of the symptoms were pretty well covered by Rhus; and it would have been continued, but that, upon the following day (the 18th), the pulse had risen from 104 to 120. The patient complained of pain over the region of the heart, and, for the first time since her admission, a slight systolic murmur was detected, accompanied with slight but unmistakable friction-sound. So we now had both endocarditis and pericarditis, accompanied with great oppression of the breathing. In these circumstances Mercury was substituted for *Rhus*. She took two grains of the second trituration of *Mercurius Solubilis* every two hours for the next two days. On examining the heart at the expiration of this period, the friction-sounds could not be detected—another example of the rapid effect of Mercury in subduing the plastic inflammatory action. The medicine did not seem to have exercised so much influence over the morbid condition of the valves, for the murmur was more distinct. On the 31st the patient was in a most critical condition; there was much cough and embarrassment of the breathing; on auscultation, low mucous râles were everywhere audible. The tongue was dry and brown; the bowels still very relaxed, and the weakness so great that she could not move. The pulse was 120. The medicines now prescribed were Aconite and Pulsatilla. After taking them for two days there was a marked improvement in the general features of the case. The tongue had become moister, the stools less frequent, and the cough had abated.

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The indication for Pulsatilla was the persistence of the diarrhœa and the catarrh; the wandering character of the pains, as well as the state of the mucous membrane of the bronchial tubes, and the hurried respiration—this oppression of the respiration being functional, and not organic. As we shall have other opportunities for investigating the action of Pulsatilla upon various forms of rheumatism, and as the reason for its administration in this instance was the accidental complication of diarrhœa and catarrh, it is unnecessary to say more about it than that the improvement of the patient was so decided the two next days, that no change was made in the treatment for a week. The report then shows that the purging had ceased; that the tongue was moist and natural; that there was no perspiration, and no pain; and that the only remaining symptom was intense prostration. The patient, it should be observed, was of a marked leuco-phlegmatic temperament, bland and stout, and generally quite of a Pulsatilla disposition.

Phosphorus was now prescribed on account of the intense prostration. The weakness seemed chiefly to affect the brain and nervous system. There was no great emaciation, nor was the pulse very low, as it is after typhus fever; but the patient was not able to sit up in bed for nine days after all active disease had been subdued. This was on the 9th of March. She was then free from all morbid symptoms, except a slight systolic bruit. For this, Naja Tripudians was prescribed, and continued for a fortnight. She was then perfectly well. The pulse was 80; the heart's action

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normal; not a trace of bruit remained; her strength rapidly improved, and she was dismissed in as good health as before her attack.

This case made a deep impression on all who watched it. During the six weeks the patient was in the hospital, she underwent all the ordinary, and one very unusual complication of acute rheumatism, without any of them leaving a trace of bad effects behind. To suppose she could have recovered from all these distinct attacks of various forms of disease spontaneously, is too great a demand upon our credulity. Even the most ardent worshippers of Nature, would hardly have ventured to have left such a case as this to her unassisted efforts; and in the absence of Homœopathic medicines, what course of treatment one should have prescribed is a question which frequently arose, and is a natural subject of reflection.

"In its simplest form and early stage," writes Dr. Barlow, in the *Cyclopædia of Practical Medicine*, "acute rheumatism is speedily and effectually relieved by antiphlogistic treatment, properly directed and adequately pursued. Bleeding, purging, salines, with Antimony, diluents and abstinence, suffice both for subduing the general fever, and removing the local inflammation. In well-marked cases of rheumatic fever, within the first week of their onset, and in individuals of the average degree of robustness, from twelve to twenty ounces of blood may be abstracted with advantage, several successive times, in the course of five or six days." Such are the practical directions given by Dr. McLeod, who is still one of the standard

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authorities on the subject of which he treats. Let us observe, *en passant*, that there is no question, in regard to acute rheumatism, of any *change of type*—the convenient evasion of the old school, when pressed hard upon their abandonment of venesection in acute cases, influenced really, as they are, by the well-established success of Homœopathy in this class of diseases. There is not a particle of evidence to raise, even to the rank of probability, the confident assertion we hear constantly repeated, that all acute diseases have so changed their type, as to be no longer amenable to the same depleting treatment which was successfully directed against them a few years ago. The statement is utterly opposed to all modern pathology, which more and more demonstrates the unchangeable character of the results of diseased action upon the various organs affected by it. The rheumatic fever of Sydenham no way differs from the acute rheumatism of McLeod. And for the two hundred years that intervene between these two practitioners, blood-letting has maintained its place in the fore-front of the battle against this natural enemy of England. There was nothing in the case of this girl, on her admission into the hospital, to suggest any exceptional risk in the employment of venesection. The slight diarrhœa which was present, might be considered as a substitute for the purgative with which it is usual to accompany depletion. It could not have been regarded as a sufficient substitute for the use of the lancet. Suppose, then, she had been bled to the very limited extent of ten ounces upon the 11th, 12th and 13th; in all, she would have lost

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thirty ounces of blood when the delirium set in. If this delirium had been owing to intense local inflammation of the joints or heart, it may be conjectured that blood-letting might, by extinguishing the cause, have prevented the effect; but that was not the case; the affection of the brain was a metastasis to that organ, from some source of weakness there; and we know that, so far from doing good in such circumstances, blood-letting would be certain to do evil; and had we bled her, we should have reproached ourselves, with justice, for having brought on the enfeebled condition of the brain, which led to this usually fatal termination; and, moreover, if she had been bled, there can be no doubt her chances of recovery from this most dreadful complication would have been immensely diminished. In one of the few cases of this kind, given in detail by Dr. Fuller, he ascribes the cerebral symptoms to a state of "excitement without power;" and the treatment found successful, and which he recommends in similar complications, is the administration of a stimulant in combination with a sedative—Sulphuric Ether and Morphia. Suppose that, by the nice adjustment of these two antagonistic agents, we had succeeded in calming as well as strengthening the brain, how should we have dealt with the next eruption of the enemy? We must have suspended the stimulants at the risk of the brain, or persevered in their use at the risk of increasing the mischief at the heart, and all the time have been accusing ourselves as partly the authors of the danger to the patient and our own perplexity. Depletion in

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this case, we are fully justified in considering as inadmissible, seeing that, even without it, the exhaustion of the strength was so great as for long to be itself a source of the greatest anxiety.

In a former lecture I expressed my approval of the alkaline method of treatment. It at least has the merit of being rational, if only palliative. But no one surely would have ventured to give a large dose of saline draughts, every four or five hours, to a patient suffering from watery diarrhœa to such an extent as to endanger her life? And here let me observe, that although much may be said in favour of the treatment by alkalies, yet it is essentially a superficial method, and has this great drawback—that it leaves us in the lurch in exactly the most difficult circumstances. In plain-sailing cases of simple acute rheumatism, it may answer very well; but when the heart is much affected, and the treatment has to be directed chiefly to arrest the mischief in that organ, as in the instance related in the last lecture, much could not be expected from the administration of alkalies in large quantities; still less good, if not positive injury, should we anticipate, in cases where the brain was affected; and when such a complication as this occurs, of affection of heart and brain, along with diarrhœa, the saline method would break down utterly. It is impossible not to be struck with the penury of allopathic therapeutics, when we attempt to apply them to the treatment of cases of real difficulty; and we can hardly wonder, that when so much can be said against each particular remedial appliance, whether it be venesec-

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tion, or purgation, or diaphoresis, or the administration of alkalies, or of Calomel and Opium, or of Colchicum, not only on the ground of each of these being of questionable advantage, but on the much more serious allegation that all of them, if not useful, are noxious;—we can hardly be surprised that, in the face of such danger of doing harm, the older and more experienced practitioners should shrink more and more from active measures, and satisfy their conscience, at least in a negative way, by abstaining from doing positive injury to the patients who commit themselves to their care, by recommitting them to the care of Nature. It is not with any desire to extol the new method at the expense of the old that I make these reflections; but as there was for long an imminent peril to the life of this poor girl, it became our duty to consider what other means besides Homœopathic remedies might be available. None other were employed, and the result shows that none were required; but even had the issue been unfavourable, I do not think that an impartial medical tribunal (if such there be, either in *posse* or in *esse*) could have imputed blame to us for not adopting the contradictory, uncertain, and hazardous expedients recommended by the standard writers of the allopathic school.

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LECTURE IV.

SYPHILITIC RHEUMATISM; RHEUMATIC GOUT; RHEUMATIC OPHTHALMIA.

I PROPOSE, in this lecture, to bring under your notice a case of syphilitic rheumatism, a case of rheumatic gout, and a case of rheumatic ophthalmia. The first is that of Joseph M——, aged 29, a sign-painter, admitted into the hospital on the 27th of September, 1859. He states that three years ago he had a chancre, for which he was treated with Mercury, and he afterwards had a copper-coloured eruption over the greater part of his body. He was then treated for secondary syphilis, probably with Hydriodate of Potash, and apparently cured; although the lower third of both legs are still marked with patches of this eruption. Six weeks ago he was attacked with his present symptoms, which have been steadily increasing up to the present time. These are, a small ulcer surrounded with a dull-red margin on the right tonsil, which causes sharp pain on swallowing. He complains of pain in all his joints, but especially in the hips and ankles. There are painful nodes on the tibia; there is swelling of both ankles; the pains are worse at night; there is copious perspiration in the lower parts of the body; he has no appetite, and for some time past has been rapidly losing flesh, so that he is now much emaciated.

Prescription—Kali Bichrom., 6th dil., gutt. 1, ter die.

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Sept. 30th.—Throat is better; he now complains of severe pain in the right clavicle, aggravated by pressure, and of pains in the shin-bones.

Prescription—Daphne Mezereum, 2nd dil., gutt. 1, ter die.

Oct. 4th.—Great improvement; pain in clavicle much less; has slept better.

7th.—Complains of much pain in the right ankle-joint, and some return of pain in clavicle.

Prescription—Rhus Tox., 3rd dil., gutt. 1, four times a day.

18th.—General improvement; less pain; more appetite.

19th.—Complains of pain in both ankles; there is a puffy swelling before the external malleolus of both sides.

Prescription—Hepar Sulph., 4th dil., a pilule four times a day.

24th.—All the symptoms improved.

On the 1st of November he was discharged, perfectly recovered from all the symptoms of his present attack. The throat was well; he had no pain; his appetite was good; he slept well. The copper-coloured eruption was the only remaining sign of any disorder of his system.

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We are warned, by practical authorities, to be on our guard against taking it for granted that all cases of periosteal rheumatism are of a syphilitic origin. Dr. McLeod says—"Many seem to regard almost all cases of nodes as of syphilitic or mercurial origin; but I have seen numerous instances in which I believe, and some in which I am quite satisfied, that neither of these causes have been in operation. What I have looked upon as rheumatism of the periosteum, has been, after exposure to cold, some part where there is a bone beneath, but thinly covered with integument, becomes painful and tender, with some degree of puffiness. It may occur on the cranium or across the bridge of the nose; on the clavicles or sternum, more especially the latter; and on the extremities, more particularly the tibia and the ulna." After describing the chronic form of the complaint, he adds—"This variety of the disease is chiefly met with in persons of debilitated frame, and having a cachectic state of the system—circumstances which have, no doubt, contributed to the disease being somewhat unhesitatingly attributed to other causes than rheumatism. I have met with this disease, however, in some whose constitutions evinced none of the circumstances alluded to, and where the whole history of the cases left no doubt on my mind of these being rheumatic."

Dr. Fuller says—"There is yet another form of rheumatism which is apt to occur in cachectic conditions of the system, and is well deserving of especial notice: I mean that known as periosteal rheumatism. * * * This form of disease is frequently described as occur-

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ring only among those who are tainted with venereal poison, or whose systems are saturated with Mercury. Nothing, however, can be more erroneous than such a statement. True it is, as already stated, that this form of the complaint is most common in cachectic states of the system, and is therefore met with most frequently—nay, almost exclusively—among those who have been depressed by the operation of the syphilitic poison, or by long-continued mercurial action. But it is not necessarily confined to cases of this sort. I have known inflammation of the periosteum occur during the course of a well-developed attack of acute rheumatism; and, on several occasions, have met with nodes in persons among whom I am convinced no such agencies had been at work, and in some of whom it is morally certain they never could have been. Even the existence of a cachectic state of system does not seem to be a condition *essential* to its development, though the disease is certainly most common among, nay is usually confined to, those in whom a state of cachexia exists."

I have quoted these two passages because there is no error fraught with direr consequences than attributing a simple affection to a syphilitic origin. A hastily-formed and rashly-announced opinion on this point may be a source of life-long bitterness to the patient so wronged, and of not altogether undeserved disgrace to the practitioner. Besides the moral importance of accuracy and caution in forming our judgment in this class of cases, the question has considerable scientific interest; for we naturally ask whether syphilis has the

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power of combining with rheumatism, or merely of predisposing, like any weakening agent, certain tissues to be attacked by rheumatic action? It would occupy too much time to pursue this inquiry here, and to point out its importance in reference to therapeutics.

In the case before us, we can hardly doubt, that whether as a predisposing or a proximate cause, syphilis had to do with the symptoms presented by this patient. In the first place, not many years before, he had, by his own acknowledgment, been treated for secondary syphilis, and he never had lost the peculiar coppery eruption indicative of that disease. On his admission, besides rheumatic symptoms in his limbs, his throat presented the well-marked appearances given by syphilis or Mercury, or the joint action of both.

The first medicine prescribed in this case was the Bichromate of Potash. We have every reason to expect good from this remedy in syphilitic rheumatism. Dr. Drysdale, to whom we are indebted for the introduction of this powerful drug into the *Materia Medica*, thus expresses his opinion in reference to its relation to syphilis:—"The resemblance, in many respects, between the action of this medicine and that of syphilitic virus, and also its analogy to Mercury, would lead us to hope that we may find in it another remedy for that disease. * * * We have in this remedy the rash on the skin; *then the sore throat*, which has been mistaken for syphilitic; then the periosteal pains; then the rheumatism; and, lastly, the diseases of the skin, &c." In regard to rheumatism,

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Dr. Drysdale writes—"Of its utility in this disease, various examples will be found under the individual organs; it seems most suitable to the chronic form, unaccompanied with much swelling." The special relation of Bichromate of Potash to the throat, naturally induced its selection in the case under consideration. Symptom 77, in the proving, records—"The uvula and tonsils become red, and swelled, and painful, and finally ulcerated, and were suspected by a surgeon to be syphilitic." Mr. Moore, of Liverpool, published a case of syphilitic ulcerated sore throat, in a woman thirty years of age, which had lasted six months when she came under his treatment. After taking the Bichromate of Potash for a week, there was manifest improvement, and, at the expiry of a month, perfect recovery. Dr. Watzke, of Vienna, bears testimony to its efficacy in the cure of those sore throats which follow chancre. The patient whose case we are now considering, took this medicine for three days, and apparently with benefit to his throat, of which he did not again complain during the remainder of his treatment in the hospital.

On September 30th, he complained of "severe pain in the right clavicle, aggravated by pressure, and of pains in the shin-bones." These were evidently periostic pains, and the medicine prescribed was Daphne Mezereum. This shrub was introduced to the notice of the profession by Dr. Alexander Russell, physician to St. Thomas's Hospital, about the middle of last century. There is a very interesting essay, by Dr. Russell, in the third volume of the *Medical*

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Observations and Inquiries (1757), giving an account of a series of seventeen cases in which he administered decoction of Mezereum. At first he employed it in a very complicated recipe, containing some eight or ten other substances, given him by some one who professed to cure, by its means, syphilitic nodes. With the tact of an inductive philosopher, Dr. Russell gradually simplified this mixture until he arrived at Mezereum as its active therapeutic ingredient; and he defines rather exactly the class of cases for which it is suited. "The diseases," he says, "for which I principally recommend the decoction of the Mezereum-root as a cure, is the venereal node, that proceeds from a thickening of the periosteum from other causes. I have seen very good effects from it; and it is frequently of service in the removal of those nocturnal pains with which venereal patients are affected." In the second volume of the *Archiv*, there is a summary of its action by Stapf; and its full proving is given by Hahnemann in the third volume of his work on Chronic Diseases. The following symptoms there occur:—"Stabbing bone-pain in the clavicle," 460. "Pain in the bones of the thigh and leg," 482. "Severe pain, after midnight, in the shin-bones, as if they had been beaten, or as if the periosteum were torn from them; the pain disturbed the sleep, and was attended with rigor of the whole body, and intense, enduring thirst," 484. "Pressive pain in the right shin-bone, often recurring." The resemblance of the above symptoms to those complained of by our patient is sufficiently obvious; and after taking

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a drop of the first dilution three times a day for four days, the pain in the clavicle had almost gone, and we heard no more of the pain in the tibia. I may observe, that Dr. A. Russell, who introduced it, gave it in large doses, and says it was only then it did good. At the same time he seems to have looked upon it as a specific, for he does not propose any theory of its curative power.

On the 7th, the patient complained chiefly of an aching pain in the right ankle, besides some return of the pain in the clavicle; and for this Rhus Toxicodendron was prescribed, as the rheumatism seemed disposed to settle upon the ligaments of the ankle-joint; and to remove this form of the complaint, especially when it affects the feet, Rhus is well suited. The symptoms which correspond to it are thus recorded by Hahnemann.

722. Stabs as from a knife in the left ankle.

723. Drawing pain in the right ankle.

731. Stabs as from a knife in the *tendo Achilles*; worse when the part is touched, and on lying down.

734. Early in the morning, pain in the foot as if dislocated or sprained.

735. Cramp-like contraction of the inner side of the sole of the foot, lessened by stretching it and bending down the sole.

The administration of Rhus was continued from the 7th to the 19th, with marked advantage. The pains diminished, both the general aching over various parts, and the more acute local pains of the clavicle and the ankle; his appetite improved, and he slept well;

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altogether, he was very much better; indeed, all that remained was a dull pain, or rather a sense of uneasiness in both feet, with a puffy swelling of the part. For this Hepar Sulphuris was prescribed, chiefly on account of its well-authenticated powers of acting as an antidote to mercurial poisoning; for the weakness and swelling of the feet were looked upon rather as the remains of a general dyscrasia, than as a fresh outburst of the rheumatic action upon the part now affected. The symptoms recorded by Hahnemann, of the effects of Hepar Sulphuris upon the feet and ankle, are as follows:—

205. Great weariness of the feet, especially felt when ascending.

206. Sense of stiffness in the joints of the lower part of the foot, with a feeling of numbness and fulness.

207. At night, after a somewhat restless sleep, and turning in bed, he was affected with a pain as from a blow for half-an-hour, so severe as to make him cry out; it was felt on the external side of the foot on which he had been lying without suffering previously; change of posture did not relieve it; but grasping the foot, and stroking it with the hand, removed the pain.

208. Pain in the lower part of the foot, especially about the joint, as if it were suppurating.

209. Tearing pain in the feet at night.

210. Drawing, burning pain in the feet as far as the bones, of an evening in bed.

212. Swelling of the feet about the malleolus, attended with dyspnœa.

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The correspondence of these symptoms with those of our patient will be at once perceived; and so far as we could judge, the medicine produced a beneficial effect; at all events he improved steadily, and was soon perfectly restored to such health as he had before the attack of rheumatism for which he was admitted into the hospital.

The next case I wish to bring under your notice is one of gouty or neuralgic rheumatism. H—— S——, aged 49, a farmer by occupation, was admitted into the hospital on the 18th of June, 1861. He states that, ten years ago, he was laid up for three months with an attack of rheumatic fever, and that since that time he has never been free from rheumatism. The severe attacks generally last from six weeks to two months; seldom less. They occur most frequently in spring and autumn. The wrists and joints of the fingers are much thickened, swollen, and painful; and on the fore-finger of the left hand there is a large patch of chalky deposit. The heart is hypertrophied, the impulse being preternaturally loud and distinct, and felt below the ensiform cartilage. There is no murmur, however, or indication of any affection of the valves. His present attack began two weeks ago, and has continued to increase in severity up to the present time. The pain is of a very sharp, shooting character, like toothache; it is not long stationary in any one place, being felt now in one knee, then in the other knee; again in the elbow and wrist, and finger-joints. It is not worse at night. The pulse is 93. There are nightly sour-smelling, fœtid perspirations. The appe-

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