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THE

HOMŒOPATHIC MATERIA MEDICA,

Arranged Systematically and Practically

BY

A. TESTE,

Graduate of the University of Paris, and Member of the *Société Gallicane* of Homœopathic Medicine, etc.

TRANSLATED FROM THE FRENCH, AND EDITED

BY

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EDITOR'S PREFACE.

The work which is here offered to the public, is not the production of a trifling mind, but of a man who made it his business to reflect deeply on the present character of the Homœopathic Materia Medica. He felt, with a host of other intelligent practitioners, that the present arrangement of our drug-symptoms, which constitute our guides in the use of drugs as remedial agents, is exceedingly arbitrary and complicated, and that it is therefore eminently desirable to simplify the Materia Medica, by expunging all such symptoms, or even drugs, as have proved useless in practice, or by substituting for the present incoherent arrangement of our materials, a system of symptomatic relations based upon subjective analogies. Pursuing this mode of investigation, Teste was gradually led to arrange the principal remedies of our Materia Medica into twenty classes, which he terms groups. Each group is headed by a leading remedy or type, to which the other members of the group are related, not only by a similarity of symptoms, but likewise, by the internal affinities of

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the drug-diseases which these remedies are respectively capable of exciting in the healthy organism.

The plan of presenting our drugs as a coherent series of groups, is somewhat novel, but neither fanciful nor repulsive to the reason. On the contrary, it is fair to inquire: If all the creations of nature constitute orders of varieties, why should medicinal substances form an exception to this general law? And if it should be true that drugs and their effects upon the healthy body, likewise constitute a generalization of natural phenomena, would not this simplify their study and their application to the treatment of disease? The first question, then, would be, to investigate the law under which drugs and their dynamic properties are combined into a series; a knowledge of this law would imply, or lead to, a knowledge of their orderly application in the treatment of disease, and would put a stop to the unjustifiable abuse which many homœopathic practitioners are guilty of, in prescribing a number of remedies not only successively, but simultaneously, in a case where one or two only, would prove amply sufficient in the hands of a scientific physician. Teste is one of the few inquirers in our School, who consider it their duty to simplify the Materia Medica by expunging all that seems unworthy of confidence, and classifying all our reliable drugs and symptoms in accordance with the unmistakeable analogies which the proving of these drugs upon the healthy, has revealed to us. The

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present work gives us the results of our author's investigations and discoveries in this direction. Whether he has discovered the whole truth, or only a part thereof, experience will decide. This much is certain: that his work is a treasure of interesting facts, observations and reasonings, and that every physician will find it to his interest and to the eminent advantage of his patients, to study the present work with care and attention.

A most interesting portion of the work are the contributions from Old-school literature. A history of the empirical use of the drug is given in every case, and it will be uniformly found, that, wherever a drug had the reputation of being a specific in a certain disease, and really did effect, striking, rapid and permanent cures, such a result was invariably attributable to the homœopathicity of the drug-action with the nature of the malady.

Speaking of the homœopathicity of a drug to a disease, the reader will not fail to observe that, according to our author's mode of viewing it, a drug is only homœopathic to a disease when the drug-disease is analogous to the natural malady. Both the primary and the secondary action of the drug must correspond to the primary and the secondary action of the natural malady. An inflammatory fever, for instance, first commences with a chill; this is its primary symptom. The bounding pulse, the hot and dry skin, constitute symptoms of vital reac-

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tion, and the drug which is to be truly homœopathic to this disease, must not only have the chill, but likewise, corresponding symptoms of reaction, or commonly termed, secondary symptoms. It is well known that Aconite has both the chill and the heat and dryness of the skin, together with the bounding pulse, and that it is, therefore, equally homœopathic to the primary as well as to the secondary symptoms of fever. In the books, Aconite is generally recommended for the secondary symptoms only, namely, for the bounding pulse, heat and dryness of the skin, thirst, etc. It might therefore seem, if we were called to a patient who was still under the influence of the primary chill, as though Aconite could only be administered upon the principle of *contraria contrariis*; but this would simply be a seeming antagonism; for Aconite would not only hasten the vital reaction, but might have to be continued after this reaction had fully set in, until the primary as well as the secondary phenomena of the natural malady should have been subdued. A similar rule applies to the use of every other drug in our Materia Medica, and can, of course, only be properly applied where both the primary and the secondary action of the drug is positively known. It is our author's aim to furnish many useful hints, instructive suggestions, and positive indications concerning this important point in the pharmaco-dynamics of our school.

One word as regards the translation. I have

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endeavored as much as possible, to preserve the expression of the original, except where a strictly literal rendering of the text was incompatible with English grammar and a correct and fluent style. In all such cases, I have deemed it my privilege so to modify the original text, as would leave the author's meaning unimpaired, and, at the same time, be considered an acceptable phraseology in our own language.

It may be proper to state in this place, that the business of translating is not as easy of accomplishment as some may be disposed to imagine. The several extracts which Teste was obliged to make in the course of his work from other authors, and more particularly from Jourdan's translations of Hahnemann's Organon, and his Materia Medica, contain a number of important errors. In his preface to Aconite, for instance, Hahnemann mentions as one of the most characteristic indications for the use of Aconite, "*ein agonizirendes Umherwerfen.*" The meaning of this is, "a tossing about as if the patient were in great agony:" but in Jourdan's translation, as well as in various English publications, it is rendered, "a tossing about such as characterizes Aconite." The translators were evidently misled into this absurd mistake by the apparent similarity of the spelling of "*agonizirendes*" and "Aconite;" not to mention a variety of equally interesting misapprehensions of Hahnemann's text. Being perfectly acquainted with

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Hahnemann's original expressions, I have, of course, avoided a repetition of all such errors. In connection with this subject, I must be permitted to state that several reviews of Teste's work have been recently laid before me, which are filled, from beginning to end, with the most absurd misconceptions of the author's meaning, and evince a shocking ignorance of his language. *Ne sutor ultra crepidam!*

With these brief remarks, I recommend this work to the careful study of the profession, and sincerely trust, that it may stimulate others to similar efforts in the noble task of imparting to our art a universally acknowledged scientific basis.

CHARLES J. HEMPEL.

New York,
January, 1854.

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To Doctor Petroz,

I HUMBLY DEDICATE THIS BOOK TO YOU, MY TEACHER AND FRIEND;

TO YOU WHO HAVE DONE SO MUCH

FOR THE PROPAGATION OF A DOCTRINE

THE TRUTH OF WHICH HAS BEEN SO

OFTEN AND SO LOUDLY PROCLAIMED

BY YOUR SUCCESS IN THE TREATMENT OF DISEASE;

TO YOU WHOM I DO NOT HESITATE TO REGARD AS THE MOST

EXPERIENCED OF ALL HOMŒOPATHIC PRACTITIONERS,

AS A MOST SKILLFUL DIAGNOSTICIAN,

AND, IN ONE WORD,

AS ONE OF THE GREATEST PHYSICIANS OF OUR TIME.

ALPHONSE TESTE.

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INTRODUCTION.

THE Homœopathic Materia Medica differs from the Materia Medica of the Old School, particularly in this, that it is susceptible of being constituted as a science, which is, in some respects, independent of the other branches of the healing art; by which is to be understood, that the Homœopathic Materia Medica contains, within itself, its primary facts or fundamental principles, its laws of development and practical application, in one word, the reason of its own existence.

But, inasmuch as every science necessarily implies the idea of multiple and correlative definitions, or propositions which are methodically developed out of, and therefore depending upon, each other, it is impossible that a science should exist without a system.[1]

Hence, the Homœopathic Materia Medica cannot become a science, in the true acceptation of this term, except by first being systematised; otherwise, it would

[1] I have defined the term "*system*" as follows: "A complete series of beings or facts compared amongst each other by their common properties, and disposed, either agreeably to the unchangeable order of nature, or in such a manner as to form the terms of a progression, which can be continued, by the reason, beyond the limits of positive observation.—(Encyclopedia of the XIX. century, article SYSTEM.)

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simply be an assemblage of incoherent facts which would exclusively appeal to the memory, and being increased in number from day to day, would necessarily be forgotten after a while, at least in a great measure, and would thus remain a dead letter in the archives of our science.

Indeed, at all times physicians have felt the necessity of systematically arranging the elementary facts of therapeutics, and hence it is, that the systematic arrangement of the Materia Medica has always been an object of the efforts of the most eminent practitioners.

They, as well as we, understood by systemisation, or systematical arrangement of the Materia Medica, the logical classification of drugs. But previous to the reform, which was introduced by Hahnemann, every classification of this kind was radically impracticable. The principal obstacles to the practical application of these classifications were the following:

1. A vague and even erroneous notion of the drug in general.

2. Ignorance of the law governing the true relation between the drug and the disease; and, for the same reason,

3. Ignorance of the law which governs the relations of drugs to each other; and lastly,

4. Blind, absolute and final submission of therapeutics to the abstract speculations of general pathology.

This last point alone would have been sufficient to ruin at once, and from its very foundation, every attempt to achieve a systematic arrangement of the Materia Medica. Indeed, how was it possible to conceive a permanent order in the science of therapeu-

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tics, when every hypothesis which gave rise to a new system, became for the pathologist a new source of indication?

The complete absence of a fixed point of comparison, which might have served as a basis for a somewhat satisfactory classification of drugs, is clearly manifest in all the works on Materia Medica, which have been published from the time of Dioscorides until now. In one treatise, the various drugs are arranged with reference to their physical properties; in another, with reference to their physiological properties, although almost entirely unknown; or even, to their therapeutic properties, concerning which, erroneous notions only, generally prevailed. At last, as if in despair, their classification as drugs, is entirely discarded, and their medicinal history is given empirically, without any other order being assigned to them, than the kingdom, class, family, species, or, in one word, the category to which they belong in natural history.

Let us observe, however, that, howsoever negative, in a therapeutic point of view, at least, this last mode of classification may have been, it was nevertheless, for the very reason that it was such a perfectly negative system, the least deficient that had been followed so far. For the very reason, however, that it was a tacit protestation against the various pathological systems, no school could adopt it without forswearing its principles. This is the reason why, since Murray's[1] *Apparatus medicaminum*, which all modern innovators reject as a shapeless

[1] Murray et Gmelin, *apparatus medicaminum tam simplicium, quam præparatorum et compositorum*, Gœttinguæ, 1796, 8 vol. in 8.

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compendium of empirical prescriptions, the spirit of classification has again prevailed in the Materia Medica. Indeed, it was impossible that Rasori and Broussais, those modern hippocratists, (although Broussais, especially, by referring every species of disease to one and the same circumstance, an irritation, rejected both pathology and therapeutics,) should not have had their respective systems of Materia Medica, as the Galenists, Paracelsus, Stahl, Brown, etc., had had theirs in regular succession.

God be praised! we have every reason to believe that the Materia Medica has been forever freed from these dangerous wanderings in the regions of speculation.

A precise and lucid perception of the character of a drug, obtained by observations on the healthy organism, and serving as a guide in the appreciation and observation of the phenomena of disease.

Evident and incontestable proofs of the curative virtues of the drug in a given case of disease.

Hence the determination of a fixed, unchangeable relation between the phenomena of the disease and the action of the drug.

This it is that we owe to the immortal founder of homœopathy; these are the great truths which a change of systems will never overthrow, and which will prove permanent acquisitions to the healing art.

And yet, in spite of these lucid, positive and eminently suggestive facts, there still exist homœopathic physicians, who regard the systemization of our Materia Medica as something impossible. I go farther; I believe that Hahnemann himself would

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have rejected all ideas of a systematic arrangement of our Materia Medica, as something conflicting with the fundamental axioms of homœopathy. But such a rejection would simply have been the extreme consequence of his own absolute principles, with which it must be confessed, he finds himself, every now and then, in direct antagonism. Let me endeavour to explain this. Hahnemann's doctrine, rests almost entirely upon the following four propositions :—

Diseases are dynamic alterations of the healthy life-principle.

Drugs are likewise dynamic modifiers of the healthy life-principle, and, by reason of the principle subsequently expressed, dynamic modifiers of disease.

Likes cure likes, or *similia similibus curantur.*

Every disease is necessarily and rigorously individual.

Let us examine these four propositions as briefly as possible.

A. Hahnemann, who was a declared spiritualist in philosophy, was a vitalist in physiology, and hence in medicine. That is to say, instead of holding with Descartes and Stahl, to the doctrine of a human dualism, he distinguishes in man, three substantial principles, namely : matter, the soul proper, and another substance, immaterial like the soul, a sort of intermediate principle between the soul and body, to which he refers all diseases, and all our vital functions.

The general idea of this hypothetical force, is, however, not any newer in medicine than it is in philosophy. Hippocrates, and all the vitalists,

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except Stahl, and his exclusive followers, admit something similar in their doctrines. "In health," says Hahnemann, "the vital force which dynamically animates the material body, exercises an unlimited power. It preserves every part of the organism in an admirable vital harmony, as regards sensation and action, so that the spirit which resides in us, and which is endowed with reason, is able to freely employ these living and healthy instruments, for the purpose of accomplishing the high end of our existence."[1]

The vital force, therefore, whose physiological mission is as lucidly as possible expressed in this paragraph, represents very nearly the sentient soul of Buffon and of the *spiritualistic* opponents of Descartes.[2]

[1] *Exposition of the homœopathic doctrine*, or *Organon of the healing art*, Paris Edition, 1845, p. 108.

[2] Hahnemann's vitalism differs from that of Hippocrates, and more particularly from that of Stahl, who regarded the soul as the only vital principle in man, in this, that his vital force, so far from being an intelligent substance, and capable, if left to itself, of bringing about salutary crises in diseases and curing them, is, on the contrary, "this gross nature which cannot, like an intelligent surgeon, bring together the gaping lips of a wound and unite them by the first intention; which, in a case of fracture, no matter what quantity of osseous matter this force may cause to shoot out, is nevertheless unable to set and adjust the two ends of the bone; which, not knowing how to tie a wounded artery, allows a man full of life and strength, to succumb to the loss of his blood; which is ignorant of the art of replacing in its normal situation the head of a bone that had been displaced by a luxation, and which, in a very little while, renders the reduction even impossible in consequence of the swelling which it causes all around; which, in order to get rid of a foreign body that had been forcibly introduced into the

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"In disease," adds Hahnemann, "this spiritual force, which is active in itself, and universally present in the body, is the only one which, at first, perceives the dynamic influence of the agent hostile to life. Having been disturbed by this perception, this force becomes capable of communicating to the organism the disagreeable sensations which it experiences, and of driving it to those unusual actions which we call diseases, etc."[1] And further on. "It is only the disturbed vital force that produces diseases, etc. etc." . . . . . .

Whence it follows that every disease which is inaccessible to the mechanical processes of surgery is not, as the allopathists define it, something distinct from the living organism, etc.[2]

Is this theory correct, or is it a specious sophism? God alone knows. To me it seems, at least, certain, that there exists no doctrine which is as plausible, and which can be as satisfactorily brought to bear upon an explanation of the pathological facts as well as of the most abstract combinations of medical philosophy. Hahnemann, who starts from this irrefutable principle, to which we shall have occasion to

cornea, destroys the whole eye by suppuration; which, in strangulated hernia, has no other means of removing the obstacle than gangrene and death; which, in dynamic diseases, frequently causes such changes of form as render the situation of the patient much more unpleasant than before, etc." (Organon, p. 31.) This shows that, so far from reducing the physician to the role of a mere-expectant observer, as was the case with the system of the *naturalists*, who, at most, had no other object in view, in the treatment of disease, than *to aid nature*, Hahnemann's vitalism imperiously requires an active system of therapeutics.

[1] *Organon, loc. cit.* [2] *Id. p.* 109.

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revert more than once, that a dynamic force can only be modified by another dynamic force, and vice versa, quotes for the corroboration of his theory, and as a proof of the dynamic character of our diseases; those which are so often seen resulting from purely moral emotions, a great joy, a chagrin, a fear, etc., all of which are evidently immaterial causes of disease. But in order to show in the most conclusive manner, if not the initial, at least the indispensable part which the vital force acts in all our diseases, is it not sufficient to allude to the complete inertia of all morbid agents in their action upon the dead body, that is to say, upon the body after the vital principle has left it?

It should be mentioned that Hahnemann does not define disease as some independently existing being or state; and in this he is right, for an absolute definition of disease could only be a sophism or an error.

Hahnemann's doctrine is, indeed, a condemnation of all such definitions proposed either before or after him by the system-makers. These theorists deduce their general idea of disease almost invariably from some contingent truth which is falsely taken for the absolute truth. To consider *spasm* or *atony*, an *excessive* or *deficient excitability*, *hyposthenia* or *hyper-sthenia*, the *irritability* or the *contractility of the muscular fibre* as so many absolute principles of disease, is, in my opinion, as far from the truth, as to define color in this abstract manner: color is the red; color is the blue; color is the yellow; color is the violet, etc. Homœopathic physicians certainly accept spasm, atony, the various degrees of excitability, hyposthenia

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or hypersthenia, the irritability and contractility of the muscular fibre, as physiological and pathological facts, but they believe that Hoffmann, Brown, Rasori and Broussais, have each taken some particular and purely contingent manifestation of the vital force for a fundamental principle and the elementary basis of their respective systems. And, in this respect, they maintain, and justly too, that all those systems, which seem more or less specious, if judged with reference to each other and the consistent facts upon which they are primarily based, are nevertheless false in their totality, absurd before the tribunal of the searching reason, and disastrous in the treatment of disease.

But, if Hahnemann, in order to avoid an useless bandying of theories, does not stop at defining the nature of disease, he gives us of diseases the correct and happy definition which we have cited as one of the corner-stones of his doctrine. Yes, this simple formula: diseases are dynamic and virtual alterations of health, contained within itself the programme of an immense revolution in the domain of medical philosophy.

We have seen what Hahnemann understands by the dynamism of disease; we have now to agree about an understanding of the term "virtuality" or inherent force.

By the virtuality of disease we have evidently to understand the special and totally distinct character of the disturbance which constitutes the malady.

Since we have to admit that the symptoms, which are the only perceptible manifestations of diseases, are necessarily subordinate to their inmost nature,

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that is to say, their virtuality, it follows from this, that every disease necessarily manifests itself to the observer as a particular assemblage of symptoms. But is it not exceedingly probable that every disease, by reason of its inherent force or virtuality, must, in its manifestations or materializations, if we may so express ourselves, affect certain organs or systems in preference to others? At any rate, it cannot be denied that the observation of pathological facts, and more particularly of epidemic diseases, seems every day to confirm this hypothesis. Albeit a disease no matter howsoever local it may appear, confessedly affects the whole organism, because the vital principle is an indivisible whole, yet I cannot help thinking that a disease, without losing any thing of its dynamic nature, or of its universal presence in the organism, manifests a more or less marked tendency super-induced by its inherent force, to assume a distinct form in one part of the animal economy rather than in another.

I trust that no one will do me the injustice to confound this theory with that of the organists; for the dynamic nature of diseases is certainly not impaired in the least, by attributing to them an *elective sphere*, not of activity, but of manifestation. We shall soon discover that the same theory is applicable to the effects of drugs, or to what we shall hereafter designate as *drug diseases*. Unless we accept the doctrine of a distributing force, which is inherent in the diseases, as well as the drugs, I confess that the former would seem to me nothing but impalpable myths, and the doctrine of drugs a pure chimera.

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Most, or, at least, a great many of the substances which we regard as drugs, are susceptible of affecting the animal economy in three different ways, namely :—

1. Mechanically.
2. Chemically.
3. Dynamically.

The *mechanical action* of a drug, whether applied to the surface of the body, or introduced into the intestinal canal, or any other natural passage, is determined by the same conditions that govern the action of any other inert substance placed in a similar situation, namely : volume, density, weight, shape, or in one word, its physical properties. Drugs can only exercise a mechanical action, when employed in massive doses ; this is so evident, that it seems useless to dwell at length upon this point.

The *chemical action* of drugs consists in the chemical reaction, which they exercise on the material elements of the organism, with which they are brought in contact. Does it not follow from this definition, that the chemical action of drugs is no less than their mechanical action, subordinate to their ponderable quantity ? Wherein, indeed, consists the chemical action of a drug, if not in the atomic displacements and transformations, in other words, in the combinations which take place between the molecules of the material drug, and those of the living tissues, or of those tissues which the chemical agent had succeeded, by its presence, in depriving of their vitality, and decomposing them ? This shows that the molecular affinity operates in this case without the aid of the vital

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force, or, rather, against it. But who is not acquainted with the existence of the well-established law, that every chemical combination between the atoms of bodies, rests upon definite and invariable numerical relations, so that each quantity of a given re-agent, as regards volume and weight, can only saturate a determinate quantity of the substance with which it is capable of forming a new compound? Hence it follows, that, in order to effect perceptible chemical modifications in the organism, a drug has to be employed in a corresponding quantity.

Nevertheless, it is not always easy to distinguish the chemical action of drugs from their dynamic action, of which we shall speak presently, inasmuch as the massive doses which are indispensable to the production of chemical results, are not always an obstacle to the manifestation of dynamic effects.[1]

It is in the *dynamic action* of drugs that their inherent force exclusively consists. This action bears only upon the vital force, and manifests itself exclusively in the living organism.

The important and fundamental distinction of the action of drugs on the organism, into mechanical, chemical, and dynamic, is not new in medicine. Strange, it is precisely the materialists, (Rasori, for instance,) who have endeavored to establish it.

[1] This result takes place in the cauterizations effected by means of the corrosive sublimate, the arsenic-ointment, &c. The chemical wound sometimes shows itself complicated by frightful symptoms induced by the inherent dynamic force of these agents. The redness, the vesicles, &c., which, according to my own experience, are caused by the application to the skin of the twelfth attenuation of Rhus toxicodendron, cannot, certainly, be regarded as chemical effects.

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Admitting, however, this distinction, these philosophers have, on the one hand, failed in profiting by it, owing to their inability, from ignorance, to separate the dynamic properties of drugs from their chemical and physical effects; and, on the other hand, what ideas they had of the dynamic action of drugs, were limited, false and confused. The followers of Rasori, for instance, who affect to prescribe only dynamic remedies, employ, nevertheless, mercury, acids, stibium, etc., in enormous doses, and more than sufficient to give rise, in the organism, to chemical reactions, and even to purely mechanical disorders, the simultaneous effects of which, disturb, alter, and disguise, most frequently, the dynamic phenomena. It is, moreover, known how the inherent medicinal action of drugs is understood by the School of Rasori. It is denied, or nearly so; that is to say, although allowing to the modifying agents, which it calls dynamic, a special action on such and such tissues or systems, it limits this action to two opposite directions, and classes all drugs under two general heads, as *hyposthenisants* or *hypersthenisants*. The fundamental conception of Rasori, would be incompatible with any other mode of viewing the action of drugs.

It is then exclusively to the founder of homœopathy, that belongs the honor, if not of having discovered the dynamic drugs, but, at least, of having taught us the means of distinguishing their morbific force from their mechanical and dynamic properties.

B. Hahnemann saw from the first, that there was but one way of attaining this end, the extreme reduction of the doses. He instituted experiments

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in conformity with this idea, and it may be said, that his success went far beyond his hopes. It is more than probable, indeed, that he was only gradually led to the employment of infinitesimal doses, and that he had not even suspected at first, that the millionth, trillionth, or even decillionth portion of a grain of some substance which was often found to be inert in massive doses, became endowed, when thus reduced quantitatively, with the extraordinary power of which he then found it possessed. Carried away by this discovery, which was the most astonishing he had yet made, he was led to think that the inherent power or principle of the drug might perhaps be separated from the material envelope; a hypothesis which, in his judgment, changed all remedial agents to purely dynamic forces.

This hypothesis agreed perfectly with his opinions concerning the nature of diseases, and the known causes of several of them. "The causes of disease cannot possibly be material, since the least foreign substance introduced into the bloodvessels, however mild it may appear to us, is suddenly repulsed by the vital power, as a poison; or, where this does not take place, death itself ensues. Even when the smallest foreign particle chances to insinuate itself into any of the sensitive parts, the principle of life, which is spread throughout our interior, does not rest until it has procured the expulsion of this body, by pain, fever, suppuration, or gangrene."[1] This is, indeed, in the doctrine of Hippocrates, the general theory of disease, which, according to this great observer, is nothing else than a reaction of the

[1] Organon, p. 34, American Edition.

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organism against a material foreign principle. Hahnemann says, moreover, "What nosologist has ever seen one of those morbid principles, of which he speaks with so much confidence, and upon which he presumes to found a plan of medical treatment? Who has ever been able to exhibit to the view, the principle of gout, or the virus of scrofula?" And further on, "Even when a material substance applied to the skin, or introduced into a wound, has propagated disease by infection, who can prove (what has so often been affirmed in our works on pathogeny,) that the slightest particle of this material substance penetrates into our fluids or becomes absorbed?" . . . . . "How much of this material principle — what quantity in weight, would be requisite, for the fluids to imbibe, in order to produce, in the first instance, syphilis, which will continue during the whole term of life, etc.?" Final conclusion of Hahnemann: virus, miasms, in one word, most of the causes of our diseases, are immaterial, that is to say, purely dynamic agents, like the diseases themselves, and therefore, capable of being perfectly assimilated to the moral causes whence the diseases so frequently result.[1] Evidently, Hahnemann here goes too far.

Now can we admit, with him, that a foreign substance, even the mildest, cannot penetrate into the

[1] Hahnemann goes so far in his views concerning assimilation that, in his memoir on the effects of coffee, in the organon of the healing art, he speaks of coffee, mercury and *chagrin* as things belonging to the same category. "Coffee," says he, "is the substance which, next to mercury and chagrin, contributes most towards spoiling the teeth."

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blood-vessels, without being immediately expelled by suppuration or gangrene at the risk of life, when we see madder (which is a foreign principle, not very hurtful, it is true, still not assimilable,) penetrate so far into the tissues of animals which had been fed on this root, that its presence can even be discovered in the bones to which it imparts a red color? But this is trifling. Who does not know that, in many cases of poisoning with arsenic, the poison has been discovered by Marsh's test, not only in the intestinal canal, the liver, spleen, bladder, &c., but also in the blood, the muscular tissue? In all such cases, the poison had passed through all the ramifications of the vascular apparatus without occasioning either suppuration or gangrene, or even immediate death. I have seen a gilder who had left his shop for upwards of six months, and who had, of course, ceased to be exposed to the vapors of mercury, but whose body was still impregnated with this poison to such an extent that every time he took a hot vapor bath, the mercurial emanations which this bath occasioned, literally whitened a gold ring which this patient carried on his finger. A perceptible quantity of mercury must, therefore, have been absorbed, and must have remained, for six months, at least, in the body of this unfortunate workman, without occasioning either gangrene, suppuration, or any other febrile phenomenon; for the symptoms of my patient presented the following group: nocturnal bone-pains, alternate anorexia and canine hunger; irregular periodical paroxysms of neuralgia in the left half of the cranium and face; trembling of the limbs; slight swelling at the left elbow; general emaciation, (not

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very considerable) and lastly, every now and then, involuntary jactitation of the lower limbs, in different directions, and of a more or less peculiar and odd character. We are compelled to admit that, if this observation does not altogether invalidate the doctrine of a complete disengaging of the inherent toxical forces from their material agents, it shows, at least, beyond a doubt, that these latter are absorbed. Facts similar to those which we have quoted, abound in the annals of medicine, as is well known.

Upon what grounds, in fact, is the immateriality of viruses, miasms, and of the causes of diseases in general, based? Upon facts which are more than doubtful, and which, so far from proving the conclusions which are drawn from them, simply exhibit the imperfection of our senses, and of our artificial means of investigation. Who has seen, exclaims Hahnemann, who has touched, weighed, the syphilitic virus, the marsh miasm, etc.? Nobody, assuredly. But who sees, by a bright sky, the watery vapor, of which the atmosphere consists in a great measure? Who suspected, before Lavoisier, that the air had weight? Who suspected, previous to the decisive experiments of modern chemists, that particles of copper, iron, sulphur, phosphorus, etc., etc., although invisible, impalpable, imponderable, are constantly floating in the air we breathe? In support of Hahnemann's dynamism, which is a sort of universal pneumatism, existing independently of the material element, the fact is often cited that a grain of musk may for ten years, without losing an atom of its weight, give out its penetrating and distressing emanations, causing dizziness, sick headaches, spasms and other unpleasant

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accidents in thousands of individuals; whence the conclusion is derived that the odor of musk is a purely dynamic substance. Such a proof, however, to men who, like us, are used to prescribe day after day, as efficacious agents, the millionth, trillionth, decillionth, portion of a grain, seems really puerile. Admitting that a grain of musk loses every day a decillionth, or, if you please, a thousand decillionth portion of its weight, that is to say, a thousand medium homœopathic doses, must it not be evident to every one who has some idea of numbers, that the total loss which this grain of musk would undergo in the course of a thousand years, would still remain inappreciable by the most delicate of our instruments of weight?

As regards homœopathic attenuations, which, for want of a better term, we have agreed to call dynamisations, no matter to what an extent they may be continued, even the highest must still contain some material portion of the original drug, unless we assume that matter ceases to be divisible beyond a certain point. I assert even that there exists an undeniable relation between the dynamic activity of a drug and its material quantity. If this were not so, we should have to admit, which we happily need not, that a poison which, like arsenious acid, for instance, is capable of causing death *dynamically*,[1]

[1] I say dynamically, for the symptoms which are produced by certain poisons when given in massive doses, are evidently of the same nature as those which are produced by their dilutions, and differ from the latter only by their greater intensity. This is so true that even the traces of the chemical action of arsenic are often inappreciable in the organs of individuals which had been poisoned by this metal.

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when given *in small quantities* of the crude substance, would be just as deleterious in the thousandth attenuation as it was before undergoing the process of dynamisation.[1]

But if the dynamic activity of a drug depends, in a measure, upon the number of its material atoms,

[1] The absorption of the material drug, does, in reality, not invalidate the dynamic power inherent in the material constituents, and by which the drug acts upon the vital force. In analyzing chemically the different parts of the human body, various and irregularly distributed quantities, according to the nature of the analyzed tissues, of a large number of the material agents which we employ as dynamic remedies, have been discovered in them, a curious fact which may one day shed light on the practice of homœopaths. We read in J. Müeller:—"The elements of the human body and of the superior animals are oxygen, hydrogen, carbon, nitrogen, sulphur, (especially in the hair, albumen and cerebral substance,) phosphorus, (principally in the bones, teeth, cerebrum,) chlore, fluor, (especially in the bones and teeth,) manganese and silicium, (in the hair,) iron, (principally in the blood,) the black pigment and the crystalline body. (*Manual of Physiology*, vol. I., p. 2.) Finally, according to the same author in the *Comptes rendus de l'Académie des Sciences*, Vol. XII., p. 1076, and foll., it is maintained that the human body, in its normal state, contains arsenic and even some other metals. I am persuaded that, with more perfect means of analysis, we should find not only the simple bodies mentioned by Müeller, but also a large number of other substances, and more particularly of such as constitute, if not our drugs, but their active elements. Is it not worthy of remark, on the one hand, that, in the normal development of the individual, certain principles should be directed towards certain regions or organs in preference to others, and, on the other hand, that clinical experience should show, that a given drug is especially efficacious in those cases where the disease manifests itself more especially in the regions and organs where this agent naturally exists in the healthy organism? The principal therapeutic properties of sulphur, manganese, silicia, phosphorus, lime, &c., seem to tend to confirm this proposition.

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it depends still much more upon the degree of attenuation to which the atoms have been reduced. We do not yet know, and we may probably never know, the relation which exists between the progressive diminution of the dynamic power of a drug consequent upon the quantitative reduction of its volume, and the equally progressive augmentation of the same power occasioned by the atomic attenuation of the drug from dilution to dilution. What is certain is, that, if the effects of these two opposite causes do not reciprocally counter-balance each other, (if they did, a poison, as we said before, would be just as dangerous in dilution as in the mother-tincture, or in massive doses of the crude substance) the diminution of the drug action by quantitative reduction, becomes the less perceptible, the more the mechanical operations by which the diminution is effected, are multiplied. There are even physicians, and I am one of them, who pretend to have observed, in *certain* patients and *certain* maladies, that the dynamic power of the highest attenuations manifests itself more promptly, and, therefore, more efficaciously, than that of the lower.

Be this as it may, I am fully convinced that the dynamic power of drugs (which I desire to be distinguished from the morbific force inherent in each drug respectively) is strictly subordinate to the spontaneously or artificially developed attenuation of their molecules. This is the reason why all naturally inert substances, or substances of a doubtful activity, such as marble, charcoal, lycopodium, etc., are fixed, insoluble, tasteless and inodorous, whereas substances that are naturally medicinal, such

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as arsenic, phosphorus, ambra, moschus, most of the acids and poisonous plants, have, generally speaking, a taste and odor, and are more or less volatile.[1] Whence I do not hesitate to infer, that it is simply by breaking the cohesion of inert substances, and by attenuating more and more their atoms, that the Hahnemannean dynamisation transforms these substances into therapeutic agents.

Miasms, those subtle emanations, which Hahnemann represents as purely dynamic forces, are, probably, nothing else than the material effluvia of

[1] It is worthy of remark that several substances which, in their natural state, are inert and inodorous, become odoriferous after acquiring medicinal properties by the artificial division of their molecules. "Horn, ivory, bones, the lime-earth impregnated with petroleum," says Hahnemann, (Materia Medica Pur., vol. I., p. 79,) "are inodorous in themselves, but, as soon as they are filed or rubbed, they spread an odor, which, finally, becomes even intolerable." "It is true," says Hahnemann in another place, "that a substance which is naturally poisonous, may not have any smell," and, in support of this assertion, he quotes the fox-glove and the anemone of the meadows, which are well known as deleterious plants, but, at the same time, have no odor. But because a substance is not odoriferous, does it, therefore, follow, that it is not volatile, or not even diffusible upon being introduced into the animal economy? What is an odor, if not a perception caused by the special action, upon the olfactory nerve, of the substance which produces it? In experimenting with a drug it is quite possible that the most powerful agents may be incapable of producing among their symptoms a peculiar smell. Mercury, for instance, is inodorous. But this does not hinder its volatility, which is so great that it can be distilled at a moderately elevated temperature. We know from the accidents which are occasioned every day among the workmen who, by their business, are exposed to mercurial emanations, that, although almost without any smell, mercury is nevertheless one of the most frightful poisons with which we are acquainted.

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organic substances in a state of decay, dynamized by nature, and floating through the atmosphere which becomes their vehicle, together with the gases produced by the putrid fermentation that gives rise to the effluvia.

In my opinion, therefore, there is no radical difference between miasms and drugs. Both are *germs*, or, in order to avoid a dubious metaphor which might be taken literally, causes of diseases, the legitimate effects of which can be compared amongst each other. In one word, I regard a dynamic drug, as a *fixed miasm*, or, if you choose, a *virus*, which a physician makes use of in case of need, in order to produce a malady which shall be capable of neutralizing another one, precisely as he would use for a similar end, the typhus, small-pox, cholera-miasm, if he could seize and handle it according to his own pleasure.

Nevertheless, Hahnemann protests against this assimilation of drug diseases to miasmatic diseases. But the difference which he establishes between these two classes, seems to me without any real foundation.

"The physical and moral powers, which are called morbific agents, do not possess the faculty of changing the state of health unconditionally; we do not fall sick beneath their influence, before the economy is sufficiently disposed and laid open to the attack of morbific causes, and will allow itself to be placed by them in a state where the sensations which they undergo, and the actions which they perform, are different from those which belong to it in the normal state. These powers, therefore, do not excite disease

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in all men, nor are they at all times the cause of it in the same individual.

"But it is quite otherwise with the artificial morbific powers which we call medicines. Every *real* medicine will at all times, and under *every* circumstance, work upon every living individual, and excite in him the symptoms that are peculiar to it, (so as to be clearly manifest to the senses, when the dose is powerful enough,) to such a degree, that the whole of the system is always (*unconditionally,*) attacked, and, in a manner, infected by the medicinal disease, which, as I have before said, is not at all the case in natural diseases.

"It is, therefore, fully proved by every experiment, and observation, that the state of health is far more susceptible of derangement from the effects of medicinal powers, than from the influence of morbific principles and contagious miasms; or, what is the same thing, the ordinary morbific principles have only a conditional, and often very subordinate influence, while the medicinal powers exercise one that is absolute, direct, and greatly superior to that of the former."[1]

These remarks, as is easily seen, proceed rather from a preconceived idea, than from actual observation. Hahnemann, supposing that drugs effected their cures, by substituting for the natural maladies, artificial diseases, which were at the same time more intense and less permanent than the former, found himself obliged to admit, in order to justify his theory, that the medicinal forces possessed an activity far superior to that of the natural morbific

[1] *Organon*, p. 108, American edition.

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agents. But, on the one hand, this pretended substitution of a drug disease for a natural malady, does not bear a moment's examination, as everybody knows now-a-days, except the Allopaths, who, by a strange singularity of reasoning, have appropriated to themselves the only error which Hahnemann has probably committed.[1] And, on the other hand, experience has, long since, refuted the facts upon which the three paragraphs of the Organon which I have quoted, are based.

1. If it be true, according to Hahnemann, that the morbific agents do not possess an absolute power of altering the healthy functions, and that they make us sick, only in so far as the organism is predisposed for the reception of their disturbing influence; it is likewise true, according to all careful observers, that, when some violent epidemic, like the cholera, for instance, manifests itself, all those who, by reason of some pre-existing, generally chronic, affection, or in consequence of extraordinary physiological or hy-

[1] This theory of substitution necessarily implies the doctrine of *medicinal aggravations*. For, how could a disease be more powerful than the one which it replaces, without, at least, a momentary aggravation of its symptoms? Now let me ask, what practitioner has not frequently seen the most painful maladies, neuralgias, for instance, disappear almost *instantaneously* without the slightest appearance of an aggravation of the pains, under the influence of a well-selected remedy? I go farther, I am persuaded that the medicinal aggravation only takes place in cases where the prescribed remedy is only *imperfectly* homœopathic. But it is useless to combat a theory which Hahnemann himself abandoned when he had become enlightened by experience. The method of substitution now-a-days has remained the exclusive property of Messrs. Trousseau and Pidoux, to whom, I doubt not, a *medicinal aggravation* is never wanting.

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gienic measures, do not possess a sort of immunity against the prevailing disease, are, more or less, at extremely various degrees, it is true, affected by the epidemic.

2. It is likewise an established fact, at least, for every physician who has devoted himself with more or less systematic perseverance to the proving of drugs with infinitesimal doses, that these drugs do not affect all provers, either in the same manner, or with the same degree of intensity; and that it frequently happens that persons are completely insensible to the action of the drug, apparently, at least.[1] Hence, we are obliged to conclude, that the influence of drugs, as well as that of any other morbific cause, is only perceived on condition that a sort of peculiar receptivity should pre-exist, or, in other words, that the organism should be endowed with a certain aptitude, to be impressed by the action of the drug.

It may, therefore, be doubted whether the human organism is, as Hahnemann believes, possessed of a greater degree of willingness to be disturbed by medicinal, than by natural morbific agents, such as contagious miasms.

Lastly, as regards the preponderance which Hahnemann attributes to the action of the drugs over that of the natural morbific causes, this portion of his doctrine of substitutions, is undoubtedly, that which bears less than any other, the double criticisms of reason and experience. What! because belladonna prevents scarlatina, shall we therefore infer that this

[1] Nevertheless, when these persons are sick, they become sensible to such small doses of the drug, as would not have produced any *perceptible* effect upon them during health.

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drug acts with more certainty or energy, than the scarlatina virus? "In order that drugs should be able to preserve the organism from an epidemic malady, their power to modify the vital force, must be superior to that of the epidemic."[1] Not in the least. The drug and the contagious miasm are two principles which neutralize *each other*; for, if belladonna prevents the *effects* of the scarlatina-virus, the virus, in its turn, opposes the development of the symptoms inherent in the belladonna,[2] which would only manifest themselves in case the virus should not yet have been absorbed. Does the vaccine, which is a preventive against small-pox, possess in a higher degree than the disease, the power of modifying the vital force? Nobody believes this. A single objection is sufficient to reject this erroneous hypothesis; if the vaccine prevents the development of small-pox, does not, on the other hand, the small-pox miasm prevent the development of the vaccine virus? It is not then from the relative superiority of their dynamic power, that the natural or artificial morbific agents derive their efficacity against diseases similar to those which they themselves would produce, if allowed to act alone, without being irresisti-

[1] Organon, p. 120, note.

[2] Is it not moreover evident that an individual who takes a drug, or is inoculated with a virus, vaccine for instance, voluntarily favors the absorption of the modifying agent, whereas he generally uses every effort in order to withdraw himself from the influence of the epidemic miasm? At a time when the inoculation of the small pox virus was still the fashion, it frequently happened, especially in the country, that children were sent in the very midst of the epidemic, where they became infected with the virus without it having been necessary to inoculate it.

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bly opposed in the development of their natural effects, by the presence of these very maladies.

We consider it, therefore, an established fact, *that there is no essential difference between the dynamic drug and the contagious miasm, no essential difference between the drug disease and the natural malady.* Accordingly, nature itself sometimes employs one disease in order to blot out a pre-existing analogous malady; so that the former becomes, with reference to the latter, a real drug disease, in other words, one of those salutary infections, of which our drugs constitute the *viruses.* Hereafter, I shall have occasion, more than once, to return to this doctrine concerning the assimilation of drug diseases with natural maladies; for this is one of the fundamental facts upon which my systematic arrangement is founded.

C. *Similia similibus curantur.*—"There have been physicians from time to time," says Hahnemann, in his Organon, p. 100, who have suspected that drugs cured diseases by virtue of the power with which they were endowed of producing analogous morbid symptoms. "The term *suspected* does not express the exact truth. The law of similia has been clearly expressed: first, by Hippocrates, or, if you choose, by one of the authors of the Hippocratic collection; secondly, by Paracelsus; thirdly, by Stahl.[1] But,

[1] Hippocrates, after having explained the rules of healing *by contraries,* says: "Another proceeding: the disease is produced by similars, and by similars which the patient is made to take, he is restored from disease to health. Thus, that which causes strangury where there is not any, removes strangury where it exists; a cough, as well as a strangury, is caused and removed by the same substances." (Works of Hippocrates, translated by Littre, Vol. VI.,

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although the application of this law, which is the most general and the best proven in medicine, has been, on several occasions, crowned with success in the hands of Old School practitioners, the law had, nevertheless, a very limited bearing, owing to the paucity of their observations concerning the physiological properties of drugs, on which account the law became fruitless in the immense majority of

p. 335.) Stahl is still more explicit: "The rule which is admitted in medicine, of treating diseases by contraries or by remedies which are opposed to the effects of these maladies, is completely false and absurd. I am persuaded, on the contrary, that diseases yield to agents which determine a similar affection, (*similia similibus,*) burns by the heat of a stove near to which the parts are held; congelations by the application of snow and cold water; inflammations and contusions by the application of spirits. I have removed a disposition to acidity by small doses of sulphuric acid, in cases where a quantity of absorbing powders had been employed without any benefit." (J. Hummel, *Comment de arthrit. tam tartarea quam scorbutica*, etc. Buding, 1738, in 8vo., p. 40–42.) Hahnemann, who relates this passage, and who, after having mentioned Hippocrates, quotes, as having made more or less similar assertions, Boulduc, Detharding, Bertholon, Thoury, Stœrck, says nothing of Paracelsus. And yet, of all his scientific predecessors, Paracelsus, is the one whose ideas Hahnemann has most faithfully adhered to. His hypothesis of a double immaterial principle in man; the cure of diseases by substances which are capable of causing similar diseases in the healthy organism; the material reduction of these substances to the highest possible degree, (*quintessences*); all this may be found in the book of Paracelsus, which is entitled *Archidoe.* What then was wanting in order that this extraordinary man should have founded the doctrine which emanated from Hahnemann? Only one thing, but an immense and fundamental thing, a thing which all his successors, from Van Helmont to Tommasini, have failed to perceive, and which will forever constitute the great glory of Hahnemann: the physiological proving of drugs with infinitesimal doses.

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cases. Indeed, with the exception of certain specific virtues which were attributed rightly or wrongly to a small number of therapeutic substances, whose mode of action on the animal economy was totally unknown, all that was known of the properties of drugs was, that some caused vomiting, others a diarrhœa, some acted on the urine, others caused sweat, etc. It was, moreover, known, it is true, that vomiting had been seen arrested by emetics, a diarrhœa by purgatives, an excessive secretion of urine or sweat by diuretics or diaphoretics. But, after all, vomiting, diarrhœa, diuresis, or sweating, are symptoms which are common to a great many diseases, and could only, in very few cases, be looked upon *as idiopathic maladies*. The manufacturers of systems even, who, in their theories, endeavored to refer the numberless diseases to which man is subject, to one or two fundamental elements, were obliged to admit that these diseases, in spite of the pretended sameness of their natures, nevertheless, manifested themselves in forms that were as numerous as diversified, and whose *similars* were as unknown in therapeutics, as their *contraries* were unknown in pathology. The *similia similibus*, as well as the *contraria contrariis*, was frequently without any meaning to a practitioner who had occasion to apply it. It is by pursuing a steady course of experimentations for thirty years, that Hahnemann succeeded in organizing a complete Materia Medica, and fecondating a law, which others, as he himself admits, had undoubtedly divined before him, but which had remained until then, an empty and unmeaning formula.

To discover in the physiological and dynamic

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effects of drugs, representations of the diseases, or, in other words, series of symptoms which corresponded to the perceptible manifestations of the natural diseases, this was the thought which guided Hahnemann in his work. The conviction which had induced him to impose upon himself this immense task, reposed upon innumerable facts which, although due to chance, were not the less conclusive for all that. Unfortunately, the method which he pursued, in collecting and arranging the results of his provings, was, in my opinion, essentially defective. This method evidently emanated from the paradoxical distinction, which, as I have shown above, he supposed existed between the drugs and the miasms, or the natural morbific agents. Hence it followed, that Hahnemann, unwilling to recognise every drug as the principle of some essential affection, in the same sense as the miasms of variola, whooping-cough, marsh fevers, etc., constituted each the principle of some other essential affection, did not care, as he certainly should have, to give us a picture of his drug diseases in their unitary completeness. His provings are nothing more than mere *lists of symptoms*. But a mere list of symptoms, were it ever so complete or numerous, is not the image of a disease. We shall return to this important subject bye and bye.

Be this, however, as it may, it having been shown by Hahnemann, that the law of similitude was the basis of the *specific action* of drugs, which had remained unexplained until then, it necessarily happened that a portion of his disciples forsook the principle of an absolute individualization of diseases, which will be examined hereafter, and looked upon

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the proving of drugs simply as a means of realizing the old utopia of Sauvages, and of the nosologists of his School, namely, to place after the name of every malady, the name of its *specific remedy*.[1]

In conformity with this notion, the followers of the Homœopathic specific system, not perceiving that all attempts at founding therapeutics upon the constantly varying data of pathology, led them back into the erroneous fancies of the past, and resulted in building upon sand, conceived the project of doing, by means of the physiological proving of drugs, for each malady, considered as a concrete and definite being, what, three centuries ago, chance, in their opinion, had done for syphilis, and what, since then, the same chance (in spite of many contradictory facts,) had done for chlorosis and the marsh fevers. "Let *stomatitis*, *gastritis*, *enteritis*, *ascites*, *coryza*, *pulmonary catarrh*, *pneumonia*, *pleuritis*, *articular rheumatism*, *sciatica*, etc., have each their specific remedy, as syphilis has its, and medicine will, hereafter, be the most positive of all sciences." We may as well admit that there is perhaps, not one among us, who, when first commencing to practise homœopathy, did not, for some weeks at least, hug this chimera, natural fruit of the prejudices which had been inculcated by our former teachers. Unhappily, when, at a later period, enlightened by meditation and a more thorough study of things, we again examined with a calm judgment, this doctrine which had seemed to us so simple, so correct and comprehensive, we soon

[1] Paracelsus and many others, had entertained the same idea, which was superseded by the *methodical nosology*.

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discovered, that insurmountable obstacles opposed its realization.

When I mention the terms *gastritis*, *enteritis*, *bronchitis*, *ascites*, *catarrh*, *rheumatism*, etc., I feel very well that I use a deficient language, which is constantly rendered unintelligible by the almost unlimited multiplicity of acceptations belonging to each of these technicalities. It is useless to state in proof of the constant identity of this or that disease, to which I give the name which the school has sanctioned, that the pathologists of every age and period have given of every malady a similar description, it does not require a long experience to perceive that all pathologists may have been misled by the same illusion. At least, I have become satisfied by positive proofs, that a morbid condition, which is called alike, requires, in many cases, a different treatment.

And what intelligent homœopath, after having practised his art for two or three years, feels disposed to admit, for example, that there exists a specific remedy for rheumatism, for bronchial catarrh, for diarrhœa? Do we not know from our Materia Medica, that almost all our drugs produce conditions which are so nearly alike, that if our pathologists had to give them a name, the same name would have to be chosen for all of them? And has not every physician on the other hand, had many opportunities of convincing himself at the sick-bed, that each of their drugs cured only, at least, in a prompt and certain manner, a particular shade; a purely individual symptom of these pretended maladies?

All this, however, is only the weak side of the specific doctrine; for it has also a specious truth in its

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favor; let us examine the doctrine in its favorable aspects, in order to do it full justice.

Although it frequently happens that the mere names of diseases mislead the practitioner much more frequently than they enlighten him, we are, nevertheless, obliged to acknowledge that this is not always so. When I say *croup*, *measles*, *purple-rash*, *scarlatina*, *variola*, *itch*, *typhus*, *yellow-fever*, *plague*, *cholera*, and various other maladies, I am certain that each of these diseases, so far from awakening in the minds of those who hear these names, a vague symptomatic abstraction, as is the case when we say *angina*, *catarrh*, *ascites*, *rheumatism*, etc., presents, on the contrary, the fixed image of a pathological state, which scarcely ever varies in its manifestations, and is, therefore, always, or nearly always, identical. I repeat, *almost always*, not in every case, for after all there does not seem to be anything absolutely true in pathology; an absolute pathological truth seems to be a mere fiction, a sort of ideal, whose realization seems incompatible on the one hand, with the infinite diversities of the human organism, and, on the other hand, with the constant change of conditions in which the morbific cause, be it ever so unchangeable itself, is obliged to act at more or less prolonged intervals. This is the reason why one variola epidemic is not exactly like another, one scarlatina epidemic not exactly like another, etc. Nevertheless, it is incontestably true, that all epidemic diseases, be they observed in any country or at any period, preserve, if not all their symptoms, at least all those which belong to them characteristically. Hence, the same drug, or rather the same series of drugs, have been

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found applicable to most of the cases of a particular epidemic. Consequently it was in itself a rational proceeding to look for a *specific* remedy or a specific mode of treatment in this or that epidemic. Even Hahnemann had sometimes to resort to such a proceeding.

But if this be the plausible side of the specific doctrine, it is not the less true that in order to have a perfectly legitimate basis of existence, this doctrine should, above all things, have demonstrated the validity of the following two principles:

1st. Essential sameness or symptomatic invariability of all diseases.

2d. Essential sameness of the physiological effects of all drugs.

We shall find out presently, in examining Hahnemann's opinions concerning the individualization of diseases, to what an extent all diseases, whether natural or medicinal, may be considered *essential*.

D. "Every physician," says Hahnemann, "adopting a treatment of such a general character, however unblushingly he may affect to be an homœopathist, is and will always remain, a generalizing allœopathist; *as without the most especial individualization, homœopathy has no meaning*."[1] This maxim rigorously excludes empiricism of whatever name, and upon whatever data it be based, and in this respect, I consider the maxim just, and accept it explicitly. But is it, as has been supposed, the negation of diagnosis or prognosis; in one word, does it imply the complete upsetting of pathology? Such a conclusion seems to me to go beyond Hahnemann's own ideas.

[1] Organon, p. 28, note.

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It is true, this great observer lays it down as a principle, (to which he did not always adhere as rigorously as he ought to have done,) that every case of disease has its individual shades, which require a particular treatment; in consequence of which he protests against every treatment which is simply based upon the *general character* of diseases. But does this authorize us to believe that he denied the existence of these general characteristics? On the contrary, the more we study his writings, the more we become convinced that he firmly believed in the existence of types in pathology. And a proof that he believed in them is this, that he takes care to describe them whenever an opportunity offers; the following quotations which have been extracted at random, are more than sufficient to justify this assertion.

"In a sudden affection of the stomach," says, Hahnemann, "with frequent nauseous eructations, as of spoiled food, (sulphuretted hydrogen,) accompanied with depression of mind, cold at the feet, hands, etc., physicians, till the present time, were in the habit of attending only to the degenerated contents of the stomach. A powerful *emetic* must fetch it out entirely," etc. Then follows a judicious criticism of the processes to which allœopathic physicians have recourse under similar circumstances, after which Hahnemann adds: "These gastric affections of dynamic origin are commonly produced by a disturbed state of mind, (grief, fright, anger,) cold, exertion of the mind or body immediately after eating, and sometimes even after a temperate enjoyment of food." What is this gastric affection, the symptoms of which are described by Hahnemann with so much precision, the habitual

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causes of which he indicates, and to which he seems to think every body is more or less liable? He does not name it, I admit; but what matters it, provided it is true that he regards this affection as a type? Well, this is undeniable; for notwithstanding the absolute principle of individualization which he had laid down a moment ago, he indicates *specifically*, perhaps too much so, the remedy indicated by the general malady which he had just described. "If, instead of those powerful and often injurious evacuating medicines, the patient should only smell once of a globule of sugar the size of a mustard seed, impregnated with the thirtieth dilution of pulsatilla, which infallibly restores the order and harmony of the whole system, and that of the stomach in particular, then he is cured in the space of two hours." Here, then, we have pulsatilla mentioned as the real *specific* of a certain disease of the stomach, to which pathologists might undoubtedly have assigned a general appellation without incurring the censure of Hahnemann.

"It is the custom," says Hahnemann, in another place, "at the present day, when gastric acid becomes superabundant, (which is frequently the case in chronic diseases,) to administer an emetic to relieve the stomach of its presence. But the following morning, or a few days after, the stomach contains just the same quantity, if not more; on the other hand, the pains cease of themselves, when their dynamic cause is attacked by an extremely small dose of dilute sulphuric acid, or with another antipsoric remedy, homœopathic with the various symptoms."[1] In this

[1] Organon, p. 31.

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passage Hahnemann is a little less explicit than in the passage previously quoted. Nevertheless, he leaves us to infer, that in certain cases at least, *acidity of the stomach* may constitute a disease for which sulphuric acid is the best remedy. Pathologists might therefore mention acidity of the stomach, as a typical form of disease, without disagreeing with the founder of homœopathy.

But more than all this. Does not Hahnemann mention the *goïtre*, the *spasmodic gastralgia*, the *epidemic whooping-cough*, *croup*, *measles*, *scarlatina*,[1] etc., as typical diseases, which can therefore be defined and described in general terms without reference to any particular case? And lastly, *syphilis*, *sycosis*, and *psora*, these three pillars of the Hahnemannian pathology, are they not alone sufficient to show how little founded is the reproach which has been visited upon our illustrious teacher, that he denies the existence of definite diseases, and thus repudiates the whole past of medical experience?

But if Hahnemann does not reject the essential nature of diseases, or at least of some of them, as a principle, he denies, and justly, the complete identity, in different persons, of such and such a morbid condition, which is generally designated by the same name, whence he concludes, that, at least, in the vast majority of cases, (and I should not hesitate to say in all cases,) every disease, if observed with sufficient attention, constitutes a true individuality, the treatment of which, in order to be strictly homœopathic, requires to be conducted in a special manner.

[1] See his memoir: the belladonna, a preventive against scarlatina.

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It does not seem difficult, for that matter, to account for the undeniable tendency which is inherent in some maladies, (epidemics, for instance,) to adopt essential and generic characteristic signs. This tendency arises from the peculiar character of the forces which produce them. This now has to be explained.

Among the causes of disease, some act upon us mechanically and physically; hence, they have no specific character. Such causes are, external injuries, dampness of the atmosphere, changes of temperature, draughts of air, etc.

Other causes act dynamically and specifically, such as viruses and miasms.

Each of the causes belonging to the first class, may, according as the individual is predisposed, give rise to pathological affections which are very different among each other. A draught of air, for instance, may occasion a coryza, a pleurisy, a rheumatism, etc. Is it not evident that, in such a case, the malady, which is subordinate to the age, sex, constitution, temperament, idiosyncrasy of the patient, to his hygienic habits, his degree of vitality, the greater or less degree of congenital or acquired, habitual or momentary irritability, or atony of this or that part of his organism, must necessarily present, in every individual, not only a peculiar degree of intensity, but also a peculiar development and combination of the symptoms? It seems to me, that these facts are confirmed by every day's experience, notwithstanding all that has been said, and can be said, in favor of the essential character of diseases. The plan of classifying diseases, in accordance with the physical

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causes which produce them, would therefore seem purely chimerical, and, on the other hand, it would seem absurd, to regulate, in accordance with mere names, the treatment required by each malady.[1]

In *miasmatic diseases*, on the contrary, the inherent force of the cause governs the individual physiological conditions among which it acts, so positively, that, whatever these conditions may be, the effects produced, will always consist of certain functional or determinate organic disorders, much more changeable in their degree of intensity than in the mode of their development.

Hence, of all known diseases, the so-called miasmatic or epidemic diseases would undoubtedly be those whose generic character it would be the most easy to establish, and which could be most readily subjected to the exigencies of a methodical classification.

But miasmatic and dynamic diseases being, as was shown above, strictly corresponding[2] to each other,

[1] Evidently the choice of the remedy is subordinate, both to the symptoms of the disease, and *to the pre-existing physiological condition of the patient.* The remedy which would unite the greatest number of chances of success, would be the one which, in a healthy individual, having as nearly as possible the same age, sex, and temperament of the patient, had produced a disease similar to the one with which the sick person is affected.

[2] Monsieur Orfila, in his letter of the fourth of January, 1853, to the president of the Académie de Médecine, in order to announce to this learned body the presents which he offered to it, and the prize which he instituted, goes so far as to propose the following subject, as the subject of a prize-essay: An investigation of the subtle poisons, whose absorption engenders epidemic diseases. "For thirty years," writes Orfila, "I have taught in my lectures, that intermit-

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it follows that drug diseases, which are comparable to natural diseases, (for this constitutes the foundation of the Homœopathic doctrine,) are, at least, as much as the latter, comparable to each other, and susceptible, therefore, of being classified with reference to their reciprocal analogies and dissimilarities. The systemization of the Materia Medica is entirely included within this last proposition.

But before exhibiting the grounds upon which we propose to base our realization of this idea, let us resume what has been said so far.

1. All diseases, whether natural or medicinal, are, according to the happy definition of Hahnemann, virtual and dynamic alterations of the health.

2. The effects of drugs are (contrary to Hahnemann's opinion,) neither more nor less absolute, more nor less constant than those of the other (dynamic) causes of the diseases to which man is subject.

3. That the law of similarity, *similia similibus*, which is the reason of the specific action of remedial agents, not to be understood, however, in the sense of some homœopathic physicians, for their specificism is an erroneous deduction, is so much the more productive of happy results the more strictly it is applied to the *totality* of the two diseases which are intended to neutralize each other.

tent fevers, typhus, contagious and eruptive phlegmasias, dysentery, puerperal peritonitis, cholera, diphtheritis, etc., are specific diseases, which are occasioned by a poison that has developed itself in the animal economy, or has been introduced from without, into the respiratory passages, to be finally mixed with the blood," etc., (Bullétin de l'Académie de Médecine, Vol. XVIII., p. 307). I am of Orfila's opinion, but I do not believe that a chemical analysis will ever enlighten us concerning the inmost nature of miasms.

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4th, and lastly, that of all diseases those which are least subject to the principle of absolute individualization established by Hahnemann, are epidemic and medicinal diseases, which nevertheless, does not prevent either from presenting marked differences in single individuals; so that the same morbific cause (this point is of great importance for us, as will soon be seen,) even when of a dynamic character, produces by its action upon different individuals more or less dissimilar effects, whereas, different morbific causes, acting equally in different mediums, seem on the contrary, capable of producing in certain cases, effects that are more or less similar.[1]

Without insisting any further on these propositions, which in a treatise of medical philosophy, would undoubtedly require very long commentaries, let us at once enter upon an examination of the question which constitutes the special object of this work, namely: the classification of drug diseases, or which is the same, of drugs.

And to begin, is it not evident that in order to compare long diseases between themselves and to classify them afterwards, the first requisite is that they should be known? Now, do we know them? or how ought we to proceed to acquire this knowledge in case we should not yet possess it? An imposing question, for it not only implies criticism, but also, as we shall see presently, a thorough remodelling of the

[1] This is precisely the reason why the drug which acts best in epidemics, is but seldom the same for all patients. But there certainly exists a relation between all the drugs which succeed by turns in combatting one and the same essential malady: the formation of my groups rests principally upon this consideration.

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immense labors of Hahnemann; for I make bold to affirm that, up to this moment, drug-diseases are, for the most part, only very little known to us.

Hahnemann has collected the pure effects of a hundred drugs, with a perseverance that is above all praise, and often with an acuteness of observation that was peculiar to him. But as I have already stated on a previous page, a series of symptoms juxtaposed at random, that is to say, according to an arbitrary rule, and which, in most instances, inverts the natural order in which the symptoms originally developed themselves, does not by any means, exhibit the image of a disease. This is so true, that if we would isolate the symptoms of a most perfectly defined and characteristic malady, typhus, for instance, as has indeed been done until now with all drug-diseases, we should have great difficulty in recognizing the original malady.

Every disease presents, independently of its mere symptoms, a special mode of development which imparts to it a characteristic distinction from all other diseases, and, in a great measure, gives its symptoms their true meaning. In other words, every disease, whether natural or medicinal, has its own course, its own phases of invasion, growth, condition, decrease and termination, and, in my opinion, it is only by an exact description of these different periods, that it becomes possible to give a true idea of the whole disease. There does not exist anything like it in our systems of pathogenesis,[1] immediate or

[1] Hahnemann, it is true, states *sometimes* in his *Materia Medica Pura*, in how many hours or days such and such a symptom has

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consecutive, principal or accessory, constant or exceptional symptoms, all, generally, are classed alike, and occupy the same rank, what was to be done, in order to avoid this unpleasant confusion? Precisely that which I invite my colleagues to do with me.

Let us suppose, that we can count upon the aid of fifteen or twenty provers of both sexes, intelligent and devoted.[1] Each of these provers, trying upon himself, in previously determined conditions, the same drug in the same attenuation,[2] has only to note faithfully, from hour to hour, and from day to day, the symptoms which he perceives in himself, in order to be able, after a certain period, to furnish for the study of others, the complete *history* of the drug disease, at least with reference to his age, sex, tem-

manifested itself. But it is evident that neither he nor his disciples have made it a rule to proceed in this manner, which would, moreover, have been insufficient. The frequently admirable abstracts of morbid conditions which are often quoted in this work, and which Hahnemann places in front of his provings, in his work, entitled, *Doctrine and Homœopathic treatment of chronic diseases*, abound, to be sure, in characteristic traits; but they are not, and could not be, the synthetic images of drug diseases, such as I understand them. As regards the duration of the effects of drugs, which depends upon the vitality of the prover, upon the nature of the drug, and upon its degree of dynamization, it has frequently been fixed very arbitrarily.

[1] It is an organized Homœopathic society that is capable of accomplishing such a work, which, if carefully done, would redound to its glory.

[2] This condition is so much the more important, as the course of drug diseases is, to my certain knowledge, subordinate to it. I have become convinced, for instance, that drug diseases, if produced by the same drug, run their course the more rapidly, the higher are the attenuations which had been used for the proving.

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perament, etc., conditions which should be scrupulously mentioned in front of his report.

Let us now suppose, that these fifteen or twenty individual observations, instead of being all mixed up in one incoherent list, according to the common usage, are arranged and combined by an experienced nosographist, a generalizing mind, another Hahnemann, provided nature were a little more prodigal of men of such calibre; is it not true, that, by this means, we shall arrive at the true synthesis of a drug disease, the imaginary type of which will be found sketched in the general synopsis, and will be necessarily elucidated by the fifteen or twenty individual observations that have served to establish it, and to represent all its shades?[1] Let us suppose, moreover, that the same method of investigation is successively applied to all drugs, and the Materia Medica will then become a true nosology, *entirely independent of the old pathology*, and thenceforth susceptible of a systematic arrangement in the closet of the physician.

We readily comprehend the immense advantages which would result to practitioners from such a revision of the Materia Medica. The more immediate of these advantages seem to emanate from the following considerations.

All drugs, whatever may be the special nature of their action, give rise in every part of the organism where this action manifests itself, to two orders of symptoms, which are generally, if not always, opposed to each other. Hahnemann attributed no other

[1] This is precisely the method which all good nosographists of every age have followed.

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symptoms to the drugs directly, except those which he had seen develope themselves under their influence, and which he therefore called *primary symptoms*, whereas, he considered as simple reactions of the organism, all those symptoms that succeeded the former, and which he therefore designated as *secondary*. I shall not stop to inquire how far this theory of organic reactions is founded. This is purely speculative, and I attach only a mediocre importance to it. But the fact itself, is undoubtedly, one of the most interesting which the founder of Homœopathy has observed; and the striking contrast which it implies, seems to merit a profound study. It would be curious to know how far the secondary symptom is always the *contrary* of the primary, and how this contrary is understood and realized by nature in certain cases. What we know positively, is, that such a drug which *primarily* causes diarrhœa, is *secondarily* followed by constipation, whereas, such other drug gives rise to phenomena of an inverse order. One drug, *first* occasions a stoppage in the nose, and a dry cough, *afterwards* a fluent coryza and bronchial catarrh, whereas, another drug causes precisely the reverse symptoms. Here is a drug which *first* slackens, *afterwards* accelerates, the circulation, whereas another occasions first an increased speed, and afterwards an increased slowness of the pulse; opium *first* makes one drowsy, *afterwards* wakeful, whereas coffee makes one wakeful *first*, and *afterwards* puts one to sleep, etc. Since I have named two drugs, the alternate effects of which are generally known, at least in their totality, I will avail myself of them in order to show how important it is for us to discover

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by pure experimentation the opposite effects of all therapeutic agents. This simple proposition which seems to me self-evident, *that natural maladies, as well as drug-diseases, have their primary and their secondary symptoms*, would render all demonstration superfluous, for, if this be true, who does not comprehend that it is not sufficient that a drug, in order to be really homœopathic to a given disease, should be capable of producing symptoms similar to those of the natural malady; but that the alternate effects of the drug and those of the disease must develop themselves in the same order. For instance,

Somebody complains of sleeplessness; he is restless, talkative, the cheeks are flushed, the extremities cold, etc. Is it *coffee* that he should take? Perhaps. . . In questioning him we learn that this state of agitation has *followed* a sort of *coma*, or even somnolence only, which had lasted one or two days, etc. Well, on this simple hint, I affirm that it is not coffee that he must have, *opium* alone will quiet him, and will restore his sleep; I say this from my own experience. Another patient, on the contrary, is sad, depressed in spirits and strength, drowsy; he is moreover costive, chilly, irritable, etc.; but this group of symptoms was ushered in by an excess of foolish mirth. Hence, I conclude that, notwithstanding these present symptoms, it is coffee he must have, and not by any means, opium. I need not say why. These cases evidently imply a general rule, and explain the fact that in a *number of cases* where not coffee or opium, but the foxglove,[1] especially in

[1] I scarcely need remark, that in either of these cases, the remedy should be indicated by more symptoms than I have deemed necessary to mention.

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phthisis, or musk, belladonna, henbane, etc., were given, and effected a cure, the *contraria* principle may have *seemed* to succeed, but where in reality the cures were effected in conformity with the law *similia similibus*. This shows how valuable for the homœopathic physicians would become all indications derived from a historical report of drug diseases, with an accurate distinction of the primary and secondary effects of drugs.

Unfortunately the elements of such a scientific organization of our Materia Medica were wanting; for, I regret, the history of drug diseases, as I understand them, is only confessedly and obscurely perceived from the provings in our possession. It seems therefore as though the classification which I offer, were rather premature. However, I may do myself the justice to believe that, in reference to the totality of the effects of each of the drugs of which I have spoken in this work, I possess notions sufficiently correct, not to have committed any considerable errors in the formation of my categories or *groups*, according as either term has been adopted by me. Besides the provings, which I have subjected to a careful study, I have consulted the following sources in the arrangement of my materials: 1st. The natural history of drugs. 2d. Their known effects on animals of different species. 3d. Lastly, and principally, the history of their empirical applications.

1. *Natural History.*—By the natural history of the drugs I do not here mean the designation of the kingdom whence they are drawn, nor of the family, genus, etc., to which they belong in the systems of naturalists. Although I have deemed it necessary to mention

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these indications in front of the history of every drug, yet I think that they are only of secondary importance to the physician. What is, in my opinion, of far greater importance to a practitioner is, that he should be acquainted with the regions of the globe whence the drugs are obtained, and with the special nature of the localities which produce them spontaneously. I say *spontaneously*, for every body knows that plants can be, and are transplanted every day, and that those which grow spontaneously in the South, can be made to grow in the North; that plants which naturally prefer a damp and marshy soil, can be made to grow in a dry soil; that those which are met on slopes and mountain-plains, can be made to grow in valleys and low regions, and vice versa. But independently of the well known fact that drugs which have been thus transplanted, lose either totally or partially the medicinal properties of which we know they are possessed, it is really only by studying their geographical and topographical conditions that we can hope, as we shall soon see, to discover certain special peculiarities of their destination. I am unable to say how far the outlines which I am going to offer, are founded and new as scientific facts, but they undoubtedly deserve to be taken into consideration.

The more we investigate the general relations of our reputed drugs with the diseases to which man is subject, the more we are struck by the curious circumstance that it is precisely in the districts where certain pathological affections prevail, we meet, by some admirable arrangement of the Creator, an abundance of the substances which are most capable

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of curing them. This coincidence may only be the necessary result of climacteric, hygrometric or telluric influences which, acting simultaneously upon the plants, animals and men of one and the same region, create in them certain elements of similitude, of which the *similia similibus* explains to us the consequences in the pathological order. Let this coincidence be accounted for in any manner you please, what seems to me irrefutable is, that it exists. To cite a few examples, the *bitter-sweet*, which is so often successfully given for the effects of a temporary or prolonged stay in a cold and damp atmosphere, prefers damp and cool localities. The *wolf's-bane*, on the contrary, which grows on mountain-tops, corresponds, as is well known, to inflammatory fevers and acute phlegmasias, to which the inhabitants of mountainous regions are particularly exposed in consequence of the habitual vigor of their constitution and their sanguine temperament. Whilst the *nux vomica* which is so often given with success for dysentery and bilious affections, grows in the East-Indies, the classic home of these kinds of affections, we derive from the north-east of Europe where the scrofula is indigenous, the *wild pansy* whose efficacy in this disease has been so often verified. *Copaiva* is perhaps the only remedy with which the plica polonica has ever been cured, and this drug is nowhere more abundant than in Poland. The *cedron*, which is an admirable antidote against the poison of the crotalus and the coral snake, grows almost exclusively in regions inhabited by these dangerous reptiles, etc. But should we conclude from these facts which it would be easy for me to multiply to an infinite

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extent, that each of our drugs is exclusively adapted to the endemic maladies of the countries whence it is obtained, or at most to individuals whose constitution is identical with that which is generally possessed by the inhabitants of these countries? This question, however strange it may seem at first, is nevertheless of a high interest. Without undertaking to answer it for the present, I propose it as a subject of study for homœopathic physicians, who will undoubtedly agree with me, even without much thought or experience concerning this subject, that the natural history of drugs, if studied from the standing-point which I have selected, will most probably furnish us useful and precious inductions.[1]

2. *Known observations and effects of drugs on animals of different species.*—In relating the observations of toxicologists, or the accidental cases of poisoning, I take care, as is seen, to add the words "*of different species*," for it is upon this distinction that the practical value of this question depends.

It is strange that, in experimenting with poisons on animals, physiologists, albeit they must have observed a difference in the effects of the poisons according as they were administered to cats, sea-hogs, goats, rabbits, birds of prey, fowl, etc., should never have taken the trouble to investigate the causes

[1] Example; *arsenic* and *veratrum* have both frequently cured the cholera, the principal symptoms of which they contain. But what class of patients have been principally cured by veratrum *which comes from the north of Europe and grows on mountain tops?* Patients with a sanguine temperament, quick, lively, and not having been weakened by a long attack, like those who were principally cured by arsenic.

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of their difference. To say, in general terms, that animals, to whatever species they may belong, whatever climate they may inhabit, on whatever food they may live, resist the deleterious action of any poison the better the more vigorously they are organized, would be to assert a thing which is contradicted by experience. Indeed, I intend to show hereafter, and more particularly in speaking of pink-root, arsenic, the nux vomica, etc., that certain species of animals resist certain poisons *the less the more vigorous* these animals are. Now, inasmuch as, on the one hand, these poisons constitute those of our drugs which we employ most frequently, and inasmuch as, on the other hand, I am compelled to recognize the existence of evident physiological analogies between the idiosyncratic varieties of the human species and the principal types of the animal series, from the carnivorous inhabitant of the desert to the peaceful ruminator of our stables; it is easily seen how the proving of the same poison on different species of animals may have suggested to me every now and then a variety of useful hints.

3. *Empirical application of drugs.*—In every age physicians have constituted two classes of minds, speculative and practical. The former, who are disposed to indulge in abstract generalizations, have almost always been mediocre practitioners. The latter, on the contrary, who do not attach much importance to systems, and never submit to them blindly, do not recognize any other truths but those of an immediate and evident use, without even always caring to know upon what grounds their usefulness is

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founded. All great practitioners have been, and probably always will be more or less *given to empiricism*. Some among them (and I might mention one or two instances) seem to be endowed with a sort of intuition, that is to say with a faculty which is neither the judgment nor the memory, and which suggests to them, in all difficult cases, the best method of treatment without they themselves ever being able to account for the reasons of their proceeding. Be this as it may, all the true observations of the Old School emanate from this latter class.

Among these observations, there are many which it would seem could not have been arrived at, except by pure experimentation, and which, obtained as they were by intuition, or an *a priori* mode of reasoning, must appear strange and even incomprehensible to homœopathic practitioners. We may remark in passing, that allœopathic physicians even are not aware of the mine of this kind of wealth, which is buried in the annals of their own doctrine. They are lost truths to most of them, and this need not astonish us, since these truths are not furnished with a suitable *criterium* in their estimation. But it is easily perceived why such documents should have been invested with the highest interest to me, and why I should, therefore, have considered it my duty to collect as many of them as possible.

In the first place, I was sure that I should find in them a new and striking confirmation of the homœopathic principle; for an appreciative comparison, such as I have instituted at the head of every drug, of the successful cures which have been effected by

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empiricists and homœopathists in the same cases, shows that they must result from the same law, *the law of similitude*. I may safely defy any serious and sincere physician who has read my book, to doubt the reality and immutability of this law. But independently of this proof which must seem superfluous to any one who has practised homœopathy for some weeks only, the empirical traditions of the old school offered to me inductions of a different kind, and which were more directly connected with the special object of my work. Is it not, indeed, evident, that the cure of certain pathological conditions, or, if you please, of certain symptoms, by means of a given drug, authorized me to attribute to this drug physiological effects, which, if not similar, were at least analogous in such a manner that, if pure experimentation had henceforth become the beacon light of therapeutics, clinical experience might, in its turn, be appealed to, in order to confirm the results obtained by our physiological provings? And besides, in verifying, according to the reports of faithful observers, the authentic cures, by means of a certain number of drugs, of various pathological conditions, but which are sufficiently similar to justify a belief in their identity, how could the idea have escaped me that these drugs are possessed of analogous properties?

In this way I found even in allœopathic traditions, that is to say, in the records of clinical experience, and independently of all pathogenetic investigations, the first data for a logical systemization of our Materia Medica.[1] Why should I hesitate to admit it? The

[1] In proportion as opportunities offer, I shall indicate the sources

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work which I here offer to the public, rests in a great measure upon such data carefully weighed, compared with each other, and verified in the crucible of pure experimentation.

Thus, having devoted several years to the task of collecting as complete and accurate facts as possible concerning each of our drugs, I then proceeded to collate, and, finally, to class them.

After this, the determination of a certain number of *types*, around which *analogous* drugs could be grouped, became the object of my endeavors. This method which has been invariably followed by the naturalists ever since its first adoption by Antoine Laurent de Jussieu, was the only one that corresponded to my views.

If various considerations did not impose upon me the necessity of suppressing the purely analytical labors of my work, in order to leave only its conclusions, as it were, it would be seen after how many long and painful gropings, I was finally induced to adopt the following twenty types.[1]

[1] It is not by any means by design that I have adopted this number. After many modifications, by addition and substraction, this number was found to be the number of drugs to which I had given a preference without counting them.

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1. Arnica montana,
2. Mercurius solubilis,
3. Sulphur,
4. Arsenicum album,
5. Pulsatilla,
6. Sepia,
7. Causticum,
8. Ipecacuanha,
9. Bryonia alba,
10. Dulcamara,
11. Chelidonium majus,
12. Acidum muriaticum,
13. Lycopodium clavatum,
14. Zincum,
15. Aconitum napellus,
16. Conium maculatum,
17. Thuya occidentalis,
18. Chamomilla vulgaris,
19. Atropa Belladonna,
20. Ferrum metallicum.

These twenty drugs are so arranged, agreeably to the order indicated by the general relations which the various groups that are governed by these remedies, respectively occupy towards each other.

These groups are as follows :—

GROUP I.	*Type.*	Arnica montana.	
	Analogies.	Ledum palustre.	Rhus toxicodendron.
		Croton tiglium.	Spigelia anthelmia.
		Ferrum magneticum.	
GROUP II.	*Type.*	Mercurius solubilis.	
	Analogies.	Argentum foliatum.	Creosota.
		Arsenicum album.	Plumbum.
		Sulphuris acidum.	Stannum.
		Mercurius corrosivus.	Nitri acidum.
		Crocus sativus.	
GROUP III.	*Type.*	Sulphur.	
	Analogies.	Croton tiglium.	Lobelia inflata.
		Mercurius corrosivus.	Mercurius solubilis.
		Bovista.	Asterias.
		Æthusa.	Cicuta virosa.
		Creasota.	Ratanhia.
GROUP IV.	*Type.*	Arsenicum album.	
	Analogies.	1st series (1).	Veratrum album.
		Argentum.	Zincum.
		Mercurius.	Lycopodium.
		Nux vomica.	Colocynthis.
		Sepia.	Copaivæ balsamum.
		Alumina.	Plumbum.
		Indigo.	Bryonia alba.
		Sulphur.	Cina.

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		Lachesis.	Carbo vegetabilis.
		Ferrum metallicum.	Bismuthum.
		Petroleum.	Nux moschata.
		2d SERIES. Belladonna.	Bryonia.
		Carbo vegetabilis.	Opium.
		Capsicum.	Aconitum.
		Cedron.	Thuya.
		3d SERIES. Argentum.	Ferrum metallicum.
		Zincum.	Opium.
		Plumbum.	Arnica.
		Capsicum.	
		4th SERIES. Lobelia.	Sepia.
		Alumina.	Ferrum.
		Sulphur.	Argentum.
		Mercurius solubilis.	Merc. corrosivus.
GROUP V.	*Type.*	Pulsatilla.	
	Analogies.	Silicea.	Graphites.
		Calcarea carbonica.	Phosphorus.
		Hepar sulphuris.	
GROUP VI.	*Type.*	Sepia.	
	Analogies.	Copaivæ balsamum.	Alumina.
GROUP VII.	*Type.*	Causticum.	
	Analogies.	Cocculus.	Nux vomica.
		Coffea cruda.	Staphisagria.
		Corallia rubra.	Arsenicum.
GROUP VIII.	*Type.*	Ipecacuanha.	
	Analogies.	Pulsatilla.	Silicea.
		Nux vomica.	Dulcamara.
		Arsenicum.	Bryonia.
		Chelidonium majus.	Spongia tosta.
		Iodium.	Zincum.
		Chamomilla.	Ignatia.
		Phosphorus.	Belladona.
		Felix mas.	Antimonium crudum.
		Tartarus emeticus.	
GROUP IX.	*Type.*	Bryonia alba.	
	Analogies.	Allium sativum.	Lycopodium.
		Colocynthis.	Nux vomica.
		Digitalis.	Ignatia.
GROUP X.	*Type.*	Dulcamara.	
	Analogies.	Sulphur.	Chelidonium.
		Corallia.	Pulsatilla.
		Bryonia.	Calcarea carbonica

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GROUP XI.	*Type.*	Chelidonium majus.	
	Analogies.	Capsicum.	Viola odorata.
		Hepar sulphuris.	Corallia rubra.
		Allium sativum.	Cannabis indica.
		Dulcamara.	Cina.
		Digitalis.	Bryonia alba.
		Pulsatilla.	Silicea.
GROUP XII.	*Type.*	Acidum muriaticum.	
	Analogies.	Agnus castus.	Hyoscyamus niger.
GROUP XIII.	*Type.*	Lycopodium clavatum.	
	Analogies.	Natrum muriaticum.	Antimonium crudum.
		Viola tricolor.	
GROUP XIV.	*Type.*	Zincum.	
	Analogies.	Plumbum.	Colchicum.
		Sambucus.	Arsenicum.
		Argentum.	Drosera.
		Nitri acidum.	Ferrum metallicum.
		Mercurius corrosivus.	Platina.
GROUP XV.	*Type.*	Aconitum Napellus.	
	Analogies.	Cocculus.	Cannabis.
		Chamomilla.	Conium.
		Dulcamara.	
GROUP XVI.	*Type.*	Conium maculatum.	
	Analogies.	Jatropha curcas.	Chamomilla.
		Phosphoris acidum.	Senega.
		Solanum nigrum.	Cantharis.
GROUP XVII.	*Type.*	Thuya occidentalis.	
	Analogies.	Platina.	Bismuthum.
		Castoreum.	
GROUP XVIII.	*Type.*	Chamomilla vulgaris.	
	Analogies.	Gratiola officinalis.	Helleborus nigra.
		Viola tricolor.	
GROUP XIX.	*Type.*	Belladonna.	
	Analogies.	Agaricus.	Lachesis.
		Cedron.	Stramonium.
		Opium.	Opium.
		Arnica.	Clematis erecta.
		Ruta graveolens.	Tabacum.
		Aurum.	Camphora.
		Cannabis.	Hyoscyamus.
		Bryonia alba.	

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GROUP XX.	*Type.*	Ferrum metallicum.	
	Analogies.	Plumbum.	Magnesia muriatica
		Phosphorus.	Ratania.
		Carbo animalis.	Bovista.
		Pulsatilla.	China.
		Zincum.	Baryta carbonica.
		Secale cornutum.	Cuprum.

Each of these twenty groups represents a series of drugs, or rather of drug diseases, which resemble each other more or less, by their course and symptoms, if they develope themselves in physiological conditions that are similar; or, which offer, in certain cases, the appearances of an almost complete similarity, if they develope themselves in physiological conditions that are different.[1] Hence, we may infer, that diseases occasioned by the drugs of one and the same group, may, to a certain extent, be abstractly considered as the various shades of one and the same malady, the most acute form of which, (almost in every group,) would be represented by the *type*. I have described at the head of each group, under the title of "*common characteristics*," the principal symptoms, but not the course (this I found impossible,) of this artificial malady which any other member of the group is likewise capable of producing with more or less completeness.

In perusing the preceding list of my groups, the same drug will be found mentioned in several

[1] Ipecac., and tartarus emet., for instance, if proved successively, and at convenient intervals, by the same prover, would probably point in this individual to two distinct maladies, and yet evidently analogous to each other; whereas ipecac., if given to a little child, and tartarus emet., if given to an adult, might produce, in these two individuals, two apparently such similar diseases that a nosographist might not hesitate to give them the same name.

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groups. A moment's reflection will suffice to show that this could not be otherwise. Who does not know that every malady, whether medicinal or otherwise, may not, according to the light in which it is viewed, be compared, and, in certain respects, be considered similar to other maladies which are notoriously dissimilar among each other?[1]

The order according to which the drugs in each group are arranged, expresses their degree of affiliation with the typical drug.

With every drug, I have combined its natural and therapeutic history, and its recent applications as derived from the pathogenetic provings. As regards the pathogeneses themselves, I shall only relate my own, or such as exist only in works of small circulation, and shall, for all other provings, refer the reader to the special works, where they may be found, and which works are in the hands of all Homœopathic physicians. I need scarcely observe, that I have not been able to class all the drugs now known; this was impossible, for the simple reason, that I did not possess sufficient data for the accomplishment of such a task. This is the reason why such substances as manganese, mezereum, and several others, have been omitted in my work for the present; they are in pretty general use, it is true, but my information concerning their therapeutic value was not suffi-

[1] *Scarlatina*, for instance, might be at the same time classed among the *anginæ* and the acute *cntaneous diseases*. It is true that, in order to be classed logically, it should be placed in the first rank of dermatoses, and in the last rank of anginæ: considerations of this kind have always guided me in the classification of drug diseases.

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ciently positive to permit me to receive such drugs among my categories.

Lastly, among the general observations belonging to each group, I have indicated the *diseases corresponding* to the drugs of which each group is composed. But to be of any real value, this co-relation should be preceded by an almost total revision and remodelling of our pathological sciences; I therefore attach no very great importance to this part of my work for the present.

Nevertheless, the practitioner will often find useful indications in the relations which I have established. This, at least, is my firm belief. All things considered, my work, whatever time and labor I may have bestowed upon it, is only an incomplete sketch of such an one as the vastness of the end which I have proposed to attain, would render necessary. If it should fulfil no other use, may it, at least, have this good, to inspire some day, a man of genius, with the thought of more worthily accomplishing my task!

February, 1853.

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THE HOMŒOPATHIC MATERIA MEDICA;

ARRANGED SYSTEMATICALLY AND PRACTICALLY.

GROUP I.

TYPE; ARNICA MONTANA.

ANALOGOUS REMEDIES:

LEDUM PALUSTRE.
CROTON TIGLIUM.
FERRUM MAGNETICUM.
RHUS TOXICODENDRON.
SPIGELIA ANTHELMIA.

COMMON CHARACTERISTICS.

FEELING of weariness and soreness all over, as after great fatigue, or as from some external violence.

Rush of blood to the head, as in apoplexy.

Stupefying headache, with shuddering, sensation of coldness or actual coldness all over, except about the head, face, and sometimes the hands and feet.[1]

Pressive, cutting, burning, or lancing pains in the outer parts of the head, especially at the temples, in the parietal regions, and at the occiput.

Swelling of the bulbs of the eyes, with or without lachrymation.

Red, erysipelatous swelling, or else paleness of the face; obstinate nose-bleeding.

Pressive, contusive, cutting, tearing pains, which are sometimes frightful, especially at the nape of the neck, loins, shoulders, hands, in the fingers, legs, feet, and big toes.

Pain in the joints, as if sprained or dislocated.

Numbness and paralytic weakness of the limbs.

Red swelling of the fingers and hands.

[1] Except, perhaps, in the case of Spigelia.

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Red, blueish swelling, or infiltration without swelling, of the big toe, the instep, ankle and leg, up to the knee.

Formications in the skin.

Acute inflammations of the skin, adopting the following forms:—phlegmon, erysipelas, pustules or vesicles, which are filled with a clear liquid, that is either colorless, or else is slightly tinged like amber.

Effusion of blood under the epidermis (ecchymosis), petechiæ.

Red or colorless, but always painful swelling of the subcutaneous glands.[1]

Mouth dry, hot, the tongue being covered with a kind of pellicle, under which a number of small vesicles are seen, similar to those which, at the same time, are noticed on the skin.[2]

Anorexia, thirst, bitter taste of the food, loss of taste, bilious eructations, and vomiting; vomiting of blood.

Tingling, burning, pinching, or cutting pains in the stomach and bowels.

Painful engorgement of the liver and spleen; jaundice, intermittent fever.

Constipation, sometimes with tenesmus, or alternating with diarrhœa; small, slimy, sanguineous stools, or consisting of pure blood, accompanied with a violent cutting colic.

Spasmodic cough, which is sometimes very violent.

Agitation of the blood in the chest; hæmoptysis.

Sensitiveness of the chest to contact; pressure on the chest; dyspnœa; violent shootings in the chest and region of the heart.[3]

Irascible temper; moroseness or imaginary apprehensions; attack of fainting, as after a fall or hæmorrhage.

Drowsiness in the day time, without being able to sleep; sleeplessness in the evening, in bed; dreams about quarrels, murders, fires.

[1] Except, perhaps, in the case of Spigelia.

[2] I have noticed this symptom, which explains a great many others, more particularly in the case of ledum, rhus and croton.

[3] Especially in the case of Spigelia.

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Intermittent neuralgic pains, sometimes recurring at long intervals.

Aggravation of the symptoms in the evening, at night, in artificial warmth, *and during motion*, (especially in the case *of arnica*,) sometimes during rest (particularly in the case of *rhus* and *spigelia*.)

CORRESPONDING MALADIES.

Traumatic lesions of every variety, even burns of the different degrees. Active hæmorrhages. Simple and phlegmonous erysipelas. (especially of the face.) Zona. Pemphigus. Eczema. Urticaria. Anthrax. Boils. Acne. Wens. Warts. Parotitis. Articular rheumatism. Gout. Muscular rheumatism. Cerebral congestion and paralysis of the extremities. Traumatic or rheumatic cataract. Neuralgia. Angina. Bronchitis. Pneumonia. Hepatitis. Traumatic affections or affections consequent upon the retrocession of an acute eruption upon the skin, (acne or eczema,) etc., etc.

The six remedies which compose this group, possess such symptomatic affiliations amongst each other, that, in many respects, they seem to represent the shades of one and the same malady. However, they are far from producing, in the same degree, under perfectly identical circumstances, the symptoms which have been classed under the head of *common characteristics;* nor are they in the same degree or indiscriminately, adapted to the diseases which we have just now named as corresponding to them. In giving the history of each drug, the physiological and pathological conditions upon which its use depends will be mentioned. What I may affirm, however, even now, is, that it frequently happens that several among them may, in the same individual and in the same malady, be successively indicated. This remark is, indeed, applicable to almost every one of the twenty groups which I have adopted.

The remedies of the *Arnica* group, which are truly sovereign in a large number of acute affections, occupy, moreover, (and more particularly those last named,) an important rank in the treatment of chronic maladies. I ought to observe, however, first, that with the exception of spigelia and the

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magnetic iron, which constitute the transition-points between this group and the following, they exercise only a very limited action upon the osseous system; second, that their feeble power to alter the nature of the secretions, renders them almost entirely inefficacious in degenerations of tissues. It is thus that, among cutaneous diseases, they only reach those which manifest themselves in the simple forms of erythema, phlogosis of the dermis or of the subcutaneous cellular tissue, pustules and colorless vesicles; or, lastly, the warts and callosities, which, as is well known, emanate from an excess of local secretion of the epidermis-matter, induced by some mechanical cause.[1]

The remedies of the Arnica group only respond to a small portion of the series of known cutaneous disorders. It is among the symptoms of *Mercurius* and *Sulphur* that we have to look for its completion. Let me state that, among cutaneous diseases, I include all those which, by their nature, are susceptible of invading every part of the organism, but the primary seat of which *seems* to be the skin.

From such considerations, upon which the contiguousness of my first three groups is based, emanates the line of demarcations which I draw between the members of the *Arnica* and those of the *Bryonia* group, whose action seems to me to proceed inversely to that of the former; that is to say, from the centre to the periphery, and not from the periphery to the centre.

Finally, it may be well to allude to a few relations existing between the *Zincum* and *Arnica* group, which, perhaps, may be of use to practitioners.

Arnica Montana, *leopard's-bane*.—A species of the genus *Arnica*, family of the radiata, class syngenesia polygamia superflua.

This aromatic plant was described for the first time with correctness by Tabernæmontanus, naturalist of the sixteenth

[1] Callosities, corns and warts, are concretions of dried serum, but not sensibly altered in its composition.

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century. It grows on the high mountains of the south of Europe and in the plains of the north of France, where some varieties of it exist, distinguished by the large size of its leaves, the height of its stems, etc. It has black, thin, fibrous roots, which emanate from a sort of rhizoma; single stems; leaves oval, and marked with lines, entire, opposite on the stem; flowers radiate, large and of a beautiful yellow color; fruit with plumose tufts, enclosed in a common double calice or involucrum.

Notwithstanding the acrid and bitter taste of this plant, it does not, according to Linné, exercise any deleterious action on herbivorous animals: "Oxen and goats," says he, "eat it with pleasure."[1]

The *arnica* of Bohemia was the one which was formerly the most valued.[2] It was prescribed in the shape of infusions, decoctions, and locally. The root, stem, and blossoms were successively given a preference by physicians, who, however, gave up the root for good, for this reason, that it rapidly loses its taste and aroma by drying. It is this root, but fresh, that is used for homœopathic preparations.[3]

Empirical applications.—For a long time already popular empiricism had used the properties of arnica, when a Belgian physician, named Fehrius or Fehr, drew the attention of his colleagues to this plant. The facts which were published by this physician, tended to show that the arnica, whether used externally or internally, was a specific remedy for *sanguineous effusions*, *sugillations*, *ecchymoses*, etc.[4] A large number of German, Swedish, and French practitioners, among whom we distinguish Buchner, Schulz, Rosenstein, de la Marche and Collin, confirmed Fehr's observations with great readiness, and the use of arnica soon became very extensive. According to Murray it was successfully used against the following maladies: *external lesions, such as are*

[1] *Flora sulcica*, p. 295.

[2] De la Marche, dissert. de arn. veræ usu, p. 14.

[3] See Hahnemann, Mat. Med. Pur., vol. I.

[4] Murray, *apparat. medicam.*, vol. I., p. 158.

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caused by a blow, a fall, a contusion, etc.; a certain form of *fall pleurisy; cachexia; œdema; atrophy; traumatic peripneumonia; suppression of the menses, or lochia; uterine hæmorrhage; calculous nephritis; gout; muscular contractions; gangrene; jaundice* caused by contusions; *paraplegia; hemiplegia; paralysis of the bladder; amaurosis*, caused by a cerebral affection.[1]

The pathogenesis of the arnica explains to us the cause of these successful applications, which were purely accidental, and which, being deprived of a fixed principle, must have remained without result to the healing art until homœopathy was discovered.

More fortunate than Borda and the Berlin physicians, who regarded the arnica as a calming agent in inflammations of the lungs,[2] Stoll used it with success in certain forms of dysentery, especially in *epidemic dysentery*,[3] and cured with this drug several cases of *intermitting fever*, a circumstance which induced this celebrated physician to term it the *quinquina of the poor*, a designation, however, which it does not seem to deserve.

Lastly, at a more recent period, *arnica* has been lauded as a remedy for *spasms, convulsions, tetanus*,[4] *convulsive cough, trembling*, and even for the *itch*.[5] It is true, that in the last named disease, care was had to add a good dose of sea-salt to the decoction of the plant, which was prescribed in lotions, so that it would be difficult to say to which of these two agents the removal of the psoric eruption was due, which is of very little consequence so far as we are concerned; for the result of such a system of medication could only be pitiable.

After having passed in review the cases where the arnica

[1] Murray, apparat. medicam,, vol. I., p. 158.

[2] *Flora ticinensis*, vol. II., 1823.

[3] Stoll, Med. Prat., vol. I., p. 129; vol. II., p. 52 and 376. Stoll was right. Without being a specific remedy, the *arnica* as well as *rhus tox.*, its analogous remedy, corresponds to several symptoms of this disease.

[4] *Arnica* may have been successfully employed in tetanus caused by traumatic lesions.

[5] *Revue medicale*, vol. XXII., p. 336.

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had effected cures, Murray mentions the accidents which it is capable of producing when administered out of season, or in too large doses. He says that it has occasioned vomiting, anxiety, sweats, an aggravation of pain around injured parts, (*which, however, never lasted long,*) sensitiveness of the abdomen, weakness of the senses and nerves, tingling, lancing and burning pains, or shocks resembling those produced by the electric fluid. Hence Murray concludes, but wrongly, that the presence of fever forbids the use of arnica. Be this as it may, nothing can be more correct than his observations, which, however, have been taken from Plenck, Diltney, Schulz, Collin, and from several other authors.[1]

The arnica is undoubtedly one of those drugs, the therapeutic properties of which have been most justly valued by allœopathic physicians. This is so true, that a complete collection of all the cases in which it was successfully employed by them, would almost furnish the complete pathogenesis of the drug. Was it mere accident that led empiricism to these successful applications of the arnica? I confess that I feel disposed to view them in the light of the maxim of Jamblicus: "Medicine is the daughter of dreams." But how is it possible that, in spite of such precious traditions, the arnica should have fallen into such a complete disuse that it is not even any longer mentioned in the modern systems of allœopathic Materia medica?[2] Do systems enjoy the privilege of blotting out facts which they are unable to explain?

Homœopathic applications.—See the pathogenesis of *arnica* in Hahnemann's Materia Medica Pura, Vol. I.[3] It is enough to read this pathogenesis, in order to perceive how far the law of similitude explains and justifies the surname of

[1] Like external lesions of some magnitude, the arnica seems at first to impede or circumscribe the circulation; but this phenomenon, which almost always precedes the traumatic fever, is of short duration.

[2] Especially in that of Messrs. Trousseau and Pidoux.

[3] The pure effects of arnica are so well known by all Homœopathic physicians, that I do not deem it necessary to indicate them, as I shall hereafter do with other remedies.

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panacea lapsorum, which was formerly given to the arnica by those who used it empirically.

The sphere of *arnica* comprises, then, all *traumatic lesions*, (*contusions, cut and torn wounds*,) with their immediate consequences, (*internal* or *external hæmorrhages*, *fractures*, *luxations*, *sprains*, *traumatic fever*, *syncope*, *tetanus*, *paralysis*, *pneumonia*, *hepatitis*, etc., etc.,) or their remote consequences, (*partial emaciation*, *neuralgia*, *intermittent fevers*, *encysted tumors*, etc., etc.) But since we now cure these maladies also by *ledum*, *rhus*, and other analogous remedies, it is important to determine the cases where arnica deserves a preference.

The arnica is particularly adapted to sanguine, plethoric persons, with lively complexions, and disposed to cerebral congestions. It acts but feebly on persons that are positively debilitated, with impoverished blood, and soft flesh. This may be the reason why it is eaten with impunity by herbivorous animals, as Linné remarks. It does not do them any harm, and probably, would not do them any good in diseases where it might otherwise seem indicated The case would be different in regard to *spigelia*, whose general action, which tends to depress vascular action, is, so to say, diametrically opposite to that of arnica. The latter would destroy life by exciting the vital force to excess, whereas the former would produce death by depressing the vitality.[1] Hence I conclude, as a general rule, that *arnica* is particularly useful in the inflammatory period of the maladies to whose symptoms it corresponds.

This drug acts principally on the muscles and the cellular tissue. Hence the *boil* is the one of all cutaneous affections which arnica most readily occasions, and, of course, cures. Hence again, it is more particularly adapted to the treatment of *phlegmonous erysipelas* and *deep burns*, than to that of *simple erysipelas* and *superficial burns*, diseases in which *rhus* generally deserves a preference. It is evident that, in such cases, the alternate use of these two drugs must be frequently indicated.

[1] This kind of contrast will be met with in a good many of our groups.

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From the fact that *arnica* frequently cures *acne* and *boils*, independently of any traumatic cause, we infer that it likewise cures internal maladies which emanate from the retrocession of these cutaneous efflorescences. I have treated a man of 30 years and a sanguine temperament, in whom the formation of boils constituted a veritable diathesis. For months a large number were seen in the face, on the neck and shoulders. Afterwards they disappeared in order to give place to an intense angina. This process had been going on for several years. I prescribed arnica, which arrested in a few days the throat-disease, and the boils which had disappeared when this disease set in, have not reappeared since. This fact is another proof of the importance which the historic development of the disease possesses for the physician. I doubt not that, by carefully investigating the antecedents of arnica, one would have hit upon some cutaneous affection which arnica cures, and the previous existence of which would have accounted for the efficacity of arnica in the pretended *fall pleurisies*. We may be allowed to ask in this place whether the pleurisies were any thing else than simple pleurodynias, accompanied by pulmonary engorgement.

Every body knows what success has been obtained with the arnica in the homœopathic treatment of *gout*, (especially of the foot;) *idiopathic rheumatism*, that is to say, a rheumatism which is not preceded by the affection of some viscus, and of certain kinds of *neuralgia*, (especially of the head,) characterised by the cutting, tearing, or wrenching pains which the arnica produces.

Arnica may, after *rhus*, prove useful in the painful engorgements of the subcutaneous glands, and even of the vesical glands in persons with a lymphatico-sanguine temperament, but not really scrofulous. It is especially in individuals thus constituted that *arnica* has effected cures of *intermittent fever* combined with hypertrophy of the liver or spleen, which was painful to contact.

In its general action *arnica* exhibits some distant points of

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similarity to the action of *Belladonna.* It is one of those drugs, small in number, the external use of which is allowed in homœopathic treatment (only in traumatic, or strictly local affections.) But it must not be supposed that, in such cases, it is absolutely necessary to employ the mother-tincture. Experience has demonstrated to me that the sixth, twelfth, and fifteenth alcoholic attenuations of arnica, spigelia, colchicum, were, as a general rule, preferable, both externally and internally, to the mother-tinctures of these drugs.

"Camphor," says Hahnemann, "is the antidote of arnica when administered in large doses and in cases where it was not homœopathic. Wine aggravates its hurtful effects." Positive experience has convinced me that, in many cases at least, cocculus indicus antidotes arnica much better than camphor.

Ledum palustre, *wild rosemary.* Genus *ledum,* family *rhodoracea,* Class decandria monogynia.

This bush, which is also cultivated in gardens, grows in the damp regions of the north of Europe, in the mountains of Vosges, etc. Except by the goat, it is not eaten by animals, on account of the strong and resinous smell of its leaves, which keeps off the lice, prevents floors from getting mouldy, and it is said, imparts to Russian leather the particular odor of which it is known to be possessed.[1]

Empirical applications.—The *medical history* of ledum is very brief. Scarcely any other than the Swedish physicians, have endeavored to employ this drug. A decoction of it was used to free oxen and pigs from their lice; a practice, which

[1] Mèrat and Delens, *Dict. universel de mat. médic. et de thérap. générale.* Paris, 1832, vol. IV., p. 82. Murray disputes this peculiarity; he says of it: "Oleo hujus et cortici betulæ albæ olim creditum corium russicum odorem suum specificum debere, sed testis autopes gravis nuper declaravit ledum omitti." (Pallas, *travels,* vol. I., p. 46, and vol. II., p. 189.) The truth is that Russian leather owes its odor to the birch-bark which is used in tanning it, instead of oak-bark.

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has led me to a very curious application of ledum. Linné, to whom we are indebted for a knowledge of this fact, informs us, that the same decoction, if taken internally, has cured *violent headaches*, and a species of *angina*, against which other medicines had been used with much less effect.[1] Westring, likewise, praises ledum highly in a very *fatal epidemic and contagious angina*, characterized by a convulsive cough, rapid and considerable swelling of the cervical glands, which was very painful, and accompanied with a slow fever.[2] Rosenstein, Scopoli, and Jacquin, relate similar facts. Some of the symptoms of ledum account for this success.

"This plant," say Mérat and de Lens, "if applied in the form of a lotion, cures the *itch* and *scald head;* it is supposed to be possessed of narcotic properties, and of the faculty of quieting exanthematic fevers, etc."[3] If these observations were a little more precise, they would be correct. Ledum, indeed, cures neither the itch nor scald head; but it destroys the acarus and lice, and, by this means, may sometimes have facilitated the removal of these eruptions. Without being a *narcotic*, properly speaking, *ledum* has *stupefying* properties, like all its analogues. And like these, it has acute cutaneous symptoms, which, blindly applied, may have given rise to the idea, which was admitted much too generally, however, that ledum possesses *calming* properties in the treatment of exanthematic fevers.

Be this as it may, the Allœopathic traditions concerning ledum, are evidently exceedingly vague and scanty. Indeed, this drug had almost been lost sight of, when Hahnemann published its pathogenesis.[4]

Homœopathic applications.—"Although the action of ledum upon the healthy organism," says Hahnemann, "has not as yet been studied in anything like a complete manner; the symptoms which we know of this drug, are sufficient to show that it is scarcely of any use except in chronic maladies,

[1] Linné, *Flora laponica*, p. 121. [2] Dissert. de led. palustre. [3] Loc. cit.
[4] See Dr. Roth's Mat. med. pura, vol. I., p. 106, and following.

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which are principally characterized by cold, and a deficiency of animal heat."[1]

Doctor Roth, who has drawn from various sources a few additions to Hahnemann's pathogenesis, expresses himself as follows, in regard to the action of this drug: "If we would believe what the various authors say of the medicinal virtues of ledum, we might feel tempted to class this drug among those that offer resources against a large number of maladies; but in verifying the sources of these assertions, we will find ourselves disabused."[2]

The former of these two opinions, which was admitted by its author to have been premature, has, to some extent at least, been refuted by experience. As regards the opinion of Doctor Roth, it simply goes to confirm a thing that we had been aware of for a long time past, namely, that the Allœopathic physicians, whose assertions have been collected by our learned colleague, have never had the least suspicion of the true properties of ledum, and have, therefore, been unable, to avail themselves of them in practice.

Ledum, whose sphere of action is contiguous to that of arnica, and is frequently identical with it, seems to me to exercise a special action on the capillary system in parts of the body where the cellular tissue is wanting, and which present in most men a resisting and dry texture, such as the fingers and toes. It is perhaps for this reason, that it acts better on the small than on the large joints. Be this as it may, I have become convinced by numerous facts, that in the treatment of *traumatic whitlow*, in persons of a sanguine temperament, it is incomparably superior to arnica.

A remarkable fact, and which I believe I have been the first to point out, is this, that ledum is to wounds inflicted *with pointed instruments*, what arnica is to contusions.

Guided by a few of its cutaneous symptoms, which seemed to me to agree with the use that was made of this drug in domestic practice at the time of Linné, I commenced with

[1] Mat. med. pura, vol. II.

[2] Loc. cit., p. 141.

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trying it against mosquito bites, and the result astonished me. A single teaspoonful of a tumblerful of water, in which a few globules of the fifteenth dilution of ledum had been dissolved, quieted completely, in a few minutes, I might even say, in a few seconds, the itching caused by the bite, without any external application being necessary. From mosquito bites, I passed to the stings of bees and wasps, etc., as soon as an opportunity was offered, which, happily, was not very long. Here the result was less prompt, but still very satisfactory. In the space of two years which followed these first trials, I treated with ledum in the most satisfactory manner, 1st, several *whitlows*, which had been caused by pricks with the needle, or by stings of insects; 2d, a violent *bite of a water-rat* at the index-finger of the right hand, in a young man who was catching crabs; 3d, a serious wound in a young lady, who fell with an *embroidering needle in her hand*, which was pierced through and through. No hæmorrhage had resulted from this accident; but I observed in the patient this intense cold which accompanies and characterizes the ledum fever. In from six to seven days the patient was cured.

I have strong reasons to think that ledum is less adapted to the acute arthritis of the large joints, than to the *gout* proper, when it had been seated for a long time in the toe or finger-joints, without causing a swelling of the hand or foot. Ledum is particularly indicated when the violent tensive or tearing pain in one of the small toe or finger-joints, is accompanied with a circumscribed redness and little swelling, general coldness, great depression of spirits, and a sediment of uric acid in the urine.

It is known that ledum produces, and, therefore, cures in some cases an *obstinate swelling* of the feet.

The action which this drug exercises on the skin, differs from that of the arnica in this, that the former causes not so much a boil as a sort of blueish or violet-colored tuberosity, especially on the forehead, and an *eczematous eruption, with a tingling itching*, that spreads over the whole body, pene-

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trates into the mouth, probably also into the air-passages, and occasions a spasmodic cough which is sometimes very violent, and which might be mistaken for *whooping-cough*. The same phenomenon takes place with rhus and croton. In a gouty subject, I have seen cough precede by two days the breaking out of vesicles upon the skin, which could not fail to suggest the use of ledum. These vesicles which had probably existed on the bronchial mucous membrane, before showing themselves in the face, on the shoulders, etc., became quite apparent on the tongue, where they might be traced to the root of this organ.

The ledum eczema, and in this it acts like the rhus and croton eczema, is frequently seen concentrated on one leg, or (which is less frequently the case,) on both legs, at one and the same time. It then shows itself from the instep to the rotula, in the shape of a blueish, hot, rough surface, with or without itching or swelling, but very tenacious. The cure of this unpleasant eruption almost always requires the alternate exhibition of ledum, rhus and croton; we need not recur to it in speaking of these two latter drugs. According to Hahnemann, camphor antidotes, wine heightens the effects of ledum, like those of arnica. *Rhus tox.*[1] is, however, the principal antidote of ledum.

Rhus toxicodendron, *poisonous sumach.*—Genus *rhus*, family terebinthaceæ, class pentandria trygynia.

Rhus toxicodendron which, according to Bosc, is identical with the rhus radicans of Linné, is a bush which grows in North America, on the borders of rivers or in marshy districts, and grows very tall in a soil which suits it. Its lateral branches are numerous and tufty; leaves indented and pubescent, flowers hermaphrodite; fruit, like that of every other species of rhus, small black berries.

[1] I had not yet discovered this peculiarity when I indicated (in my treatise *on children's diseases*) the alternate use of *rhus* and *ledum* against eczema. This treatment has been successful in several cases; but I now believe that the treatment would still be more successful, if the two remedies were given at longer intervals than I have indicated.

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The odor which emanates from this bush, is not very strong. The juice of its leaves blackens the hand like caustic; nevertheless, according to the report of Barton and W. Bartram, cows and horses eat them without being in the least incommoded by them.

"In handling this plant, it produces blistering effects upon the skin, which are very remarkable, as has been witnessed by Gouan and Amoreux. Sometimes the head swells to double its size; this happened three times in succession to the celebrated Fontana, while he was experimenting with rhus.[1] Doctors Roth and Doxet have published in the *Homœopathic Gazette, of Paris*, several observations which confirm the facts cited by Alibert. It is known, moreover, that it is not by contact alone that the sumach causes these accidents. To be attacked with them, it is sufficient to inspire the air impregnated with its emanations. The results of the inhalation of the atmosphere of *rhus toxicodendron*, develop themselves in a few hours, and sometimes in a few days; they consist of itching, swelling, redness, pain and pustules, which are more or less vesicular, on the part which had been in contact with the plant, and even on those parts of the body which had not been in contact, like the face, scrotum, eyelids, etc. They are generally accompanied with fever, malaise, oppression lasting for several days, etc. A fatal case is mentioned, where a person touched the several parts after having handled branches of this bush."[2]

In 1825, Lavini, published some remarkable observations concerning the inoculation of the juice of rhus. To the first phalanx of the index-finger, he applied two drops of the juice, and left them for two minutes only in contact with the epidermis. *Twenty-five days* after this, the following symptoms suddenly showed themselves: great heat in the mouth and throat; rapid and considerable swelling of the left cheek, the upper lip and eye lids. In the night following, swelling of

[1] *New elements of Therapeutics*, etc., vol. I., p. 456.

[2] Merat and Delens, *Diction , de Mat. Med.*, vol. VI., p. 82.

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the forearms to double their natural size; dry, tense, and burning skin, intolerable itching, etc.[1]

Empirical applications.—The old school has endeavored to improve the powerful properties of Rhus, but blindly as usual.

Dufresnoy, army physician and professor of botany in Valenciennes, employed it with success against *tetters* and *paralysis*. Of the twelve observations which he published in 1788, seven refer to cutaneous affections, and the rest to paralysis consequent on convulsions.[2]

Similar results were obtained by several physicians of Brussels, among others by Verdegen, Kok and Van Baerlem.[3] Poutingon, professor at the school of Montpelier, cured with this plant, a paralytic patient in a fortnight, and Gouan cured in a similar manner, and in a few weeks, a young lady afflicted with hemiplegia. Several almost similar facts are contained in the manuscript notes which Dr. Petroz has furnished me. Lastly, ever since the year 1793, Alderson published in England, seventeen observations which went to prove the efficacity of *Rhus* against *paralysis*, and in general against all affections characterized by a sinking of the apparatus of locomotion.[4]

In spite of all these successful trials, the sumach shared, in France at least, the fate of the arnica.[5]

It was lauded to the skies, it was said to have wrought miracles, and after that it was abandoned, more perhaps than arnica, because it was more dangerous. It is well known that one of the problems which the allœopathic healing art has been endeavoring for some time past to solve is, to find remedies which would not hurt, even if given out of season; in other words, remedies that are not remedies.

[1] *Journal de chimie médicale*, June, 1825.

[2] Anc. Journal de Médecine, vol. LXXX., p. 136.

[3] Alibert, *ouvrag. cit.* vol. I., p. 459.

[4] *An essay on rhus tox.* in 8°. Lond. 1793.

[5] *Rhus tox* is frequently used by the German allœopathic physicians; but among the French allœopathic physicians I only know (Dr. Bretonneau of Tours) who has made use of it recently.

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Hahnemann, to whom we are indebted for the pathogenesis of rhus,[1] says that the effects of this drug and those of bryonia are analogous. It is, indeed, true, that except the differences which Hahnemann indicates, this analogy exists if we simply compare their symptoms according to the regions, organs and tissues that are respectively affected by these drugs. But, in order to reduce this analogy to its proper value, it suffices to contrast the symptoms of these two drugs with reference to the mode in which they develope themselves. If we succeed in fixing the true starting point and mode of development belonging to the respective series of their symptoms, we cannot fail to recognise that they develope themselves in opposite directions as it were. Let us remark, in passing, that the same observations are applicable to spigelia and digitalis, which, in my first attempts at systemization, I endeavored to unite under the same general view.

Homœopathic applications.—There are few drugs whose effects are better and more characteristically known than those of rhus. Every symptom almost reveals the action of a corrosive caustic, which, on account of its extreme subtlety, shows a tendency to invade large surfaces, rather than to penetrate deeply into the tissues. Hence the acute pains and the ataxic effects caused by rhus, and which constitute phenomena that so frequently accompany the affections which resemble those occasioned by the action of rhus, such as burns, erysipelas, erythematous enteritis, etc. Although rhus, like arnica and ledum, acts principally upon the head and the organs of locomotion, yet it differs from arnica in this, that it affects the integuments and membranes, rather than the cellular tissue and the muscles, and from ledum in this, that its effects tend to spread, instead of confining themselves to narrow spaces. The following are the pathological conditions, which, according to the pathogenesis and the

[1] See the pathogenesis of *rhus tox*, in the third volume of his Mat. Med. Pura.

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clinical observations of the Homœopaths, this drug has the best chance of curing.

Sense of fulness about the head, worse when stooping, sensation in the brain as if bruised or fluctuating. Stupefying headache, such as exists in acute fevers, or as is caused by intoxication with brandy, with redness or livid paleness of the face, margins around the eyes, pointed nose, comatose drowsiness, occasional reveries, delirium, coldness of the body, numbness of the limbs, general sinking of strength, frequent and depressed pulse. *Acute hydrocephalus; serous and sanguineous apoplexy. Paralysis. Epistaxis.* Tingling in the hairy scalp, at the forehead, nose, and in the whole face. Cracking and ulceration of the vermilion border of the lips. Hot swelling of the upper lip. *Burning pustules around the mouth, followed by crusts which resemble dried honey.* Heat and smarting all over the face. Bloating and deformation of the face. *Parotitis.* Enormous swelling of the whole head. Itching of the skin of the trunk and extremities, especially of the hairy parts; it is at first a tingling, afterwards a burning itching, and is made worse by scratching. *Burns* (see page 74); *chilblains. Consequences of sunstroke,* (even in cases of *meningitis,* as we know from experience). *Erysipelas, pemphigus, zona, eczema.* (see page 78.) Hot and painful engorgements of the subcutaneous glands. Rheumatic pains, which are sometimes very violent, and always spread over a large surface, at the nape of the neck, loins and extremities. *Gout,* (especially when characterized by cutaneous symptoms.) *Hydrarthrosis. Warts* on the hands. Red or colorless infiltration of the extremities with burning pain. *Erythematous gastritis* and *gastro-enteritis,* with hot mouth, as if burnt, keen desire for cold drinks, red and dry tongue, and covered with a sort of false membrane, beneath which vesicles are perceived; tingling in the œsophagus and stomach; sense of burning at the stomach, nausea, vomiting, dull colic, or *pinching* pains, or prickings in the abdomen, which is hot, tense, tympanitic, but only moderately sensible to pressure; constipation fol-

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lowed by, or alternating with, serous diarrhœa; scanty and red urine; frequent and depressed pulse, nosebleed; coma and other ataxic phenomena.

Have we to conclude from this, that rhus tox. is particularly indicated in *typhus?* I think not. Although it is more than probable that rhus develops in the gastro-intestinal mucous membrane, symptoms similar to those which it produces on the skin, that is to say, extensive erythematous inflammations, with raising of the epithelium by means of pustules or serous vesicles, yet pathological anatomy forbids assimilating these phenomena to the organic lesions of typhus. These, like the variola-pustules, to which they have been compared, run a fixed course, and are possessed of essential characteristics, to which rhus corresponds only in rare and exceptional cases, as for example, in the typhus of 1813, against which, Hahnemann states rhus was found efficacious. It is quite natural that this drug should be successfully employed in certain forms of *very acute enteritis*, complicated with ataxic symptoms. But these forms of enteritis, which are falsely termed *typhoid enteritis* by modern Allœopaths, differ essentially from true typhus. In the former, the ataxic symptoms constitute sympathetic effects of the acute inflammation of the skin and mucous membranes, when this inflammation affects a large number of the nervous papillæ, which are spread over these surfaces; whereas, in typhus, adynamia, coma, etc., seem to constitute the fundamental character of the disease. It is, therefore, only now and then, that rhus will be found really indicated in typhus.

What I have said of ledum (see page 78,) concerning its use in acute affections of the air-passages, is likewise applicable to rhus and croton tiglium; cases may occur, however, where these drugs may be specifically indicated in what is vaguely termed *angina*, *bronchitis*, or *pneumonia*.

Rhus is often indicated after *arnica*, as *spigelia*, *zincum*, and *colchicum*, are often indicated after rhus.

The maladies to which it is best adapted, are such as occur most frequently in the spring, rheumatism, gout, erysipelas,

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eczema, etc. Most of its symptoms, like those of arnica, ledum, etc., are aggravated by artificial heat, sometimes by motion, but more frequently by rest; they are most fully manifested in the evening and at night.

Rhus is antidoted by *Bry.*, *Camph.*, *Coff.*, *Sulph.*, but especially by *Ledum.*

Croton Tiglium.—Genus *Croton*, family euphorbiaceæ, class monœcia monadelphia.

The fruit of this tree, which grows in the East-Indies, consists of small, oblong, blackish and rugose seeds, which are known in commerce under the name of croton tiglium, or pineus nucleus Moluccanus. A yellowish oil is extracted from them, of a nauseous odor, an acrid, burning, horrible taste, and which Allœopathic physicians pretend to use as a drastic and rubefacient.

Empirical applications. — Although mentioned in the Materia Medica of Ferrein, which was published in 1770, yet this oil, which was imported in Europe by a merchant of the East India Company, named Cromwell, was scarcely used in France previous to 1824, if we may credit the report, which, on the 13th of January, 1824, was read by M. Friedlander, before the Royal Academy of Medicine.[1]

Like the juice of rhus, the croton, if applied to the skin, causes a vesicular eruption, and, having been absorbed, a similar eruption on the mucous membranes of the intestines, or at least of the rectum. "It often happens," say Messrs. Trousseau and Pidoux, "that the person who has to make the frictions, is attacked with a vesicular eruption on the face although these parts had not been touched by the oil. Doctor Ernest Boudon, has seen an eruption develope itself on the scrotum, when different parts of the body were rubbed with the oil. It is probable that this eruption arises from the oil having been transferred to these parts."[2] These gentlemen,

[1] Journ. compl. des, sc. méd. vol. XVII. p. 340.
[2] Traité de thérapeutique, vol. I. p. 627.

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who cannot deny the facts, do not seem to comprehend that an eruption may be produced without any direct application of the irritating agent to the real part.

The negroes of Bourbon employ the croton against dropsy, a practice which the English and French physicians have hastened to imitate. This drug is used as a drastic for *lead-colic ; tænia*, which it is said to kill, which must sometimes be of dangerous consequences to the patient ; and lastly, as a derivative (in the shape of an embrocation,) in acute and chronic *cystitis*, and in *urethritis*. Happily, the blessings which a wise use of the croton is capable of rendering, are proportionate to the dangers which this agent exposes patients to, when treated by the opponents of Homœopathy.

I know of no other pathogenesis of the croton than that published by Jahr, to which the reader is referred.[1]

Homœopathic applications.—But few Homœopaths so far seem to have employed the croton. In Beauvais' Clinique, not a single case treated with croton can be found. I am, perhaps, one of the first, who has employed it in infinitesimal doses.

The croton is a precious drug, whose effects are intermediate between those of rhus and sulphur.[2] I have proved it on myself for a few days only. For want of precise indications, I only use it in very few cases ; but since these cases occur most frequently in practice, the consequence is, that, in reality, I employ the croton, perhaps, more frequently than any other remedy.

The itching which is caused by the croton, is, at first, less burning than tingling, (the contrary takes place with rhus ;) there is, to my knowledge, at least, no more intolerable itching than this. It resembles perfectly the itching which is caused by the powder sold by certain jugglers, under the name of *scratching powder*. But this itching

[1] Nouveau manuel de méd. homœop., 5th ed. Paris, 1850, vol. I. p. 275.

[2] There is another drug with which I have made a few experiments, and which probably occupy the same rank as rhus, croton, and perhaps even sulphur : it is the *essential oil of the cashew nut.*

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changes to a burning pain, like the itching of Rhus, if the drug is taken in large doses or applied externally. Then the skin becomes inflamed, red, burning-hot, and a yellowish and coagulable serum exudes from it, especially in the palms of the hand, at the genitals, on the abdomen, chest, between the shoulders and behind the ears. Small vesicles, resembling those of urticaria, break out on the inflamed parts, and this eruption may spread rapidly over the whole body.

Guided by a knowledge of the phenomena, which I knew resulted from the allœopathic use of the croton, I first tried it homœopathically, but without much success, in *erysipelas*, and afterwards with very great success in, 1st, *urticaria*,[1] especially when the skin of the abdomen was the seat of the disease; 2d, against *large copper-colored spots*, likewise on the abdomen, itching, especially all around, and resembling very nearly *hepatic spots*, which the patient, (probably correctly,) took for syphilitic spots, although sepia, mercurius, sulphur, sulphuric and nitric acid had no effect upon them; 3d, against small *red blotches*, not very apparent, on the thighs, abdomen and genitals, *of upwards of fifteen years standing*, and causing an intolerable itching, especially at the vulva, in the case of a young lady who was driven to despair by them; 4th, against recent itch in a great many persons, but conjointly with *lobelia inflata*, and *mercurius corrosivus*; 5th, in the case of a little girl of four years old, of a delicate, cachectic, and essentially psoric constitution. After a vesicular eruption on the chest and neck, and which, I was told, had disappeared of itself in three or four days; the child was attacked with a fetid coryza, or rather, discharge from the nose, which had remained ever since, a period of two years, without interruption. During the winter season, this discharge became less copious and fetid, but as soon as the hot weather set in, it returned with all its unpleasant features. *Sulph.*, *Merc. salub.*, *Calc. carb.*, which I tried first, had no effect whatsoever. The eruption which had

[1] In my treatise on *diseases of children*, I have mentioned *ledum* for urticaria; this is either a misprint or a lapsus pennæ; it should be *croton*.

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existed previous to the discharge, led me to try croton, but with very little hope. The result was contrary to my expectations; in less than a fortnight, the symptoms lost three-fourths of their intensity, although we were in mid-summer, at which period the symptoms had always been the most troublesome. It took about six months to complete the cure. *Croton*, *Lob. infl.*, *Kreasot.*, prescribed alternately, and at convenient intervals, were the only remedies employed.

The most decisive result which I have yet seen of the croton, is the following:—

In the month of March, 1850, I was consulted by a merchant of about forty years old, and very fleshy, who, for fifteen years past, had been subject to attacks of the gout, which returned invariably every spring. Only twice, at an interval of four years, the attack had not come on at the usual period; but without being of any use to the patient, who, in the place of the gout, was troubled with a most fatiguing and obstinate exanthem. This exanthem consisted in an intense redness of the whole body, accompanied with a burning itching, especially in the hollow of the hands, at the chest, and behind the ears. These parts were the seat of a yellowish, plastic exudation, emanating from a multitude of small vesicles, in close contact with each other, and which were only distinctly perceived in places where they were less numerous, and where a greater degree of resistance on the part of the epidermis, imparted to them a certain persistence. Each time when this eruption broke out, it remained three months, in spite of purgatives, the baths of Barèges, and a season spent at the baths of Aix, in Savoy. At the period when I saw the patient, he had neither his gout nor his eczema, but a dry, racking, almost convulsive and unceasing cough. The skin was rather hot, he was thirsty, had a little headache, heat in the chest, without dyspnœa; sometimes, especially in the evening, but only for a few days, he showed a tendency to syncope, which was a very remarkable circumstance in a person as robust as he was; there was little or no fever, (the pulse was from 60 to 65 in the minute). I first

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prescribed *Nux vomica*, then *Bryonia*, *Coral.* and some other drugs, but all in vain, for at the end of three weeks there was no change whatsoever. Weary of waiting any longer, and it must be admitted that the patient had sufficient reasons of growing tired of my treatment, he took it into his head one day to suspend my treatment, and to swallow, of his own accord, three or four tablespoonfuls of the *sirop of white poppy*, before going to bed in the evening. The effect of this preparation was really curious, and was not slow in manifesting itself. The cough ceased entirely for some hours, and then returned with the same intensity. But during this intermission, the malady had come out upon the skin, and, at day-break, the patient found himself covered from head to foot with this horrible eczema which he had been afflicted with before. I must say, that I scarcely recognized him, and that I found him in a state of anxiety and despair, which it is impossible to describe. From experience, he knew that the prospect before him was three or four months of intolerable tortures. In this condition I gave him the croton, and in less than five or six days there remained not a trace, either of the cough or the eruption; the horrible itching disappeared almost on the same day.[1]

What is remarkable in this case is, that the same malady is presented under three different forms: *gout*, *eczema*, *bronchitis*, and that this multiform malady yielded to the same drug. I doubt not, that croton, if given in time, would have prevented the exanthem, and cured the cough from the commencement.

It is to be hoped that a great many facts similar to the preceding one, will soon determine the practical value of the somewhat vague indications which the pathogenesis of croton seems to contain.

[1] This patient having left Paris, I do not know whether his cough, his eczema or his gout have returned. Unfortunately such a thing is not impossible. It is even probable that the principle of his disease still exists; nevertheless, I am persuaded that at the period when I treated him, croton oil would have cured him of his gout as well as of his bronchitis, for a time at least.

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According to the statement of a very conscientious and intelligent person, who has had the kindness to prove a great number of drugs for me, dulcamara is the antidote of croton.

Spigelia Anthelmia, pink-root. — Genus Spigelia, family gentianeæ, Class pentandria monogynia.

This small annual plant, which grows in almost all the countries of South America, has black, hairy roots, an almost simple stem, terminating in four lanceolate leaves, out of which starts a thin, elongated spike, loaded with a multitude of greenish blossoms, which furnish a big lobular fruit. When recent, it exhales a poisonous and fetid odor. Its leaves have a nauseous taste, which remains a long time in the mouth.

Spigelia is a violent poison. The cattle that eat of it, perish with horrible pains. It causes vomiting, dizziness, stupor, dilatation of the pupils, subsultus tendinum, pulsations in different parts of the body, and an excessive dyspnœa, which increases until death.[1]

From the period (1739,) when Patricius Brown first promulgated in Europe the properties of this powerful drug, until the period when Hahnemann studied it systematically, physicians contented themselves with slavishly imitating the negroes of Jamaica, and using it solely for worms. In the numerous treatises on Materia Medica, from that of Bergius to that of Trousseau and Pidoux, who, bye the bye, omit this drug altogether, I have not met with any other application of spigelia. It is true, that it possesses vermifuge virtues, which are much more powerful than those that have been attributed to many other plants, for undeniable cures have been made with it. I would even add, that, among its symptoms, there are many that correspond to the sudden changes which the presence of entozoa in the digestive canal frequently determines. But independently of its not always being the most convenient vermifuge, this restricted use of

[1] Coxe, *Americ. dispens.* p. 128.

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spigelia would deprive us of a drug whose homœopathicity in many diseases is self-evident, and where no other drug could replace it. "The astonishing and diversified virtues of spigelia, show that it has a far higher destination than to cleanse the bowels of worms."[1]

Homœopathic applications. Spigelia is probably less frequently employed than it should be.[2] There are few diseases, however, which are as common as those of which it presents the symptoms. It would seem as though the pathogenesis of this drug represented in a chronic form, all the pathological affections whose acute form is found among the symptoms of *arnica*. I earnestly call the attention of my colleagues to this comparison, which, so far from being purely speculative, as might be supposed, is simply a rigorous deduction, on my part, from numerous and closely observed clinical facts. *Spigelia* is indicated by the following physiological conditions and symptoms:—

Sense of weariness all over, with a sensation of coldness or real coldness of the body; heat about the head or face only; every motion, such as a step, is painfully felt in every limb. *Headache, which deprives one of sense, with vertigo, as though one would fall,* especially in the morning, after rising, and sometimes periodical; *neuralgia;* with pulling, pressive pains, or shootings in the frontal eminences, penetrating far into the brain; also *at the occiput, in the left parietal region;* pain at the sinciput, in contracting the muscles of the face; excessive *sensitiveness of the hairy scalp,* when touching it, drawing it into wrinkles, or when simply touching the hair; *rheumatic ophthalmia, profuse lachrymation* with or without pain, especially of the left eye; vanishing of sight; blurred vision; *dimness of the crystalline lens, rheumatic cataract* (of the left eye); ulceration of the eye-

[1] See the pathogenesis of *Spigelia* in Hahnemann's *Materia Medica pura*, vol. III.

[2] In Beauvais' Homœopathic Clinique, we find only twenty-two cases treated with *Spigelia*, namely, six cases of *ophthalmia*, three of *toothach*, three of *prosopalgia*, one of *carditis*, one of *syphilis, orchitis, cataract, cephalalgia, paralysis, convulsions, grippe, fever and ague*, and *worm fever*.

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lids, agglutination of the eye-lids by a viscous gum; *prickings in the lids;* paralysis of the upper lid; tingling in the inner ear; *otalgia; passing deafness; facial neuralgia;* exostosis at the forehead and zygomatic bone; *neuralgia at the lower jaw*, radiating to the nape of the neck and temple; digging pain in the carious teeth; pressive *odontalgia* from within outwards, with a sensation of coldness at the teeth; *aggravation by cold water*, and *suspension of the pain during a meal*, coming on especially in the *morning*, afternoon, and at night. Yellow, pale, or earthy color of the skin; such an extreme sensitiveness of the skin, that the slightest blow causes acute pain; *cutaneous neuralgias aggravated by cold water: carbuncle* (after *arnica*). Rheumatism at the nape of the neck, with painful numbness, which the lying on the back renders intolerable. *Violent shootings in the walls of the chest*, especially the left side, under the clavicle, or *on a line with the heart;* painful *contraction of the muscles of the chest;* stitches in the region of the diaphragm. *Rheumatism, with pain as if sprained*, in the shoulders, wrists, in the finger-joints, hip, knee, and in the joint which the big toe forms with the first metatarsal bone; pressive, pulling, or cutting pains in the extremities lengthwise; *trembling of the upper extremities;* contraction of the flexor muscles of the fingers; burning itching in the palms of the hands; *cold, viscous sweat in the hollow of the hands;* sub-cutaneous tubercles in this part; contusive pain at the knee; pulling in the legs from below upwards, with heat in the feet, or from above downwards, with coldness of the feet; *sprain at the foot;*[1] burning pain at the instep (without redness); deep-seated and lancinating pain at the sole of the foot, when resting the body upon it.

Dry, pale, and cracked lips; sensation of dryness and of *prickings as with pins*, in the mouth, although it is filled with a tenacious and nauseous saliva; coated tongue; fetid

[1] In sprains, *Spigelia* is often indicated after *arnica*. In the case of an old maid troubled with bad humors, I have employed it even externally with the most satisfactory results; arnica had remained without effect.

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breath; sensation as if a half-fluid body were ascending towards the throat; *anorexia* or *bulimy*, tingling in the œsophagus; nausea in the morning and afternoon; bilious vomiting; neuralgic pains at the stomach; *sensation of a lump in the umbilical region*, as *if rolled upon itself; pinchings* or cutting pains in the abdomen; *swelling of the abdomen;* lancing pains in the abdomen, with falling back of the head, and loss of sense; noisy and sometimes painful borborygmi in the abdomen; emission of flatulence which has the smell of rotten eggs; tension in the groin; *hernia inguinalis*, hard stool, like sheep's dung, and enveloped in a quantity of mucus; mucous diarrhœa, with tenesmus; tingling and prickings in the rectum; *discharge of ascarides;* copious and frequent emissions, especially at night, of a watery or whitish urine.

Tingling in the wind-pipe; chronic hoarseness; catarrh of the air-passages, with fever, heat of the skin, but absence of thirst and sweat; violent cough, with or without expectoration, and sometimes accompanied with a violent dyspnœa, which increases most while the chest is bent forwards; painful angina and bronchitis, *alternating with the rheumatic pains in one shoulder*, and sometimes co-existing with these pains. *Stitches at the heart; palpitations of the heart*, especially in the morning, while sitting quiet; a sort of shuddering at the heart; sensible decrease in the number of the beats of the heart; fever, with predominance of coldness; habitual chilliness; violent gaping; drowsiness in the daytime; sleeplessness in the evening, before midnight; disturbed, unrefreshing sleep, full of disquieting dreams; sour sweat during sleep; quotidian intermittent fever, commencing in the morning with a shuddering, followed by a dry heat, with absence of thirst. Anxious sadness; forebodings of unpleasant occurrences; depression of spirits even to suicide. *Marked predominance of the pains in all the organs of the left side.*

Spigelia, which ought, perhaps, to terminate the series in which I have placed it, presents some of the symptoms which

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characterize the drugs of the following group, namely:— Foulness of the breath and secretions; *blackish* pustules on the skin; general languor and prostration; depression of the pulse; aggravation of the pains in the cold, and especially in cold water; tendency to softening of the bones; striking action upon the periosteum; aggravation of the symptoms during rest, at night or in the morning, or sometimes about two o'clock in the afternoon; production of entozoa; and lastly, predominance of its action upon the left side of the body. It will be seen afterwards, how much importance I attach to this latter consideration.

All this shows, that as a general rule, spigelia is principally indicated in chronic affections, or in recent affections of debilitated, pale, thin, or bloated persons, complaining of chilliness, and disposed to rheumatic pains, without heat or swelling of the affected parts.

This drug is often indicated after *arnica;* after spigelia we often have to give *Zinc. Arsenic,* and sometimes *Digitalis* in affections of the heart.

Cocculus and *Camphor* antidote spigelia.

Ferrum magneticum;—*sesquioxyde of iron: magnetic iron.*

In the Allœopathic materia medica, there reigns such a confusion concerning the compounds of iron, that it is absolutely impossible to find out what statements refer to one or the other of these compounds. Formerly, the so-termed *eau de boule de Nancy* was used in *muscular pains,* in *paralysis, contusions, sprains,* etc., that is to say, in affections to which the magnetic iron seems especially to correspond. But this preparation, which is an impure tartrate of iron, is only remotely related to our ferrum magneticum. In this instance, therefore, empiricism is dumb, or, at any rate, has to be considered so by us.

Jahr, this clever and indefatigable compiler, who has already rendered great service to the cause of homœopathy, gives us in the last edition of his Manual, the synopsis of a pathogenesis of the magnetic iron, (Gaspari's,) to which I

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refer the reader. This synopsis, short and incomplete as it doubtless is, deserves nevertheless to be read and studied.

In some of the symptoms which the magnetic iron produces on the head and eyes, this drug seems to be somewhat analogous to pulsatilla, or rather graphites; all its other symptoms justify the place which I have here assigned to it. I am convinced (and my clinical observations confirm me still more in my belief) that the primary action of *Ferrum magnet.* takes place on the organs of locomotion, and gives rise to general and partial effects, which, by a process of reasoning, may be ranked with those of arnica, and still more with those of rhus and spigelia.

Until now I have employed this drug in a very small number of cases only, with the following results:—

1st. In a case of chronic rheumatism of the nape of the neck, in an old man with bad humors and an irritable disposition, (after Spig.) 2d. In a case of *compound capsular cataract*, in a gouty patient; the patient was not cured, but considerably relieved. 3d. In a case of rheumatism of both thighs, and coming on after violent exercise; the patient was a servant, and was obliged to rub every morning the floors of a suite of large rooms. I treated him at two different periods for the same disease. The first time I gave him *Ferrum magneticum* after *arnica*, but the second time, four or five months after, I gave him Ferrum at once, and the effect was speedy and marked. 4th. Lastly, in a case of mercurial neurosis, in an individual who was very sensitive to medicine, and in whom ferrum developed some of its symptoms almost instantaneously with an incredible vehemence. One of the symptoms which had induced me to prescribe it in this case, was a painful contraction of the posterior cervical muscles, and against which none of the remedies which I had tried, had had any effect. *Ferr. magn.* was given in the sixth dilution, four globules in a tumblerful of water, two table-spoonfuls every day. The first table-spoonful, which was taken in the morning, seemed to produce a sensible improvement; but, a quarter of an hour after the second

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dose, which was taken at four o'clock in the afternoon, the sight became dim; a halo of fire, red and violet, was seen first in front of the right, and afterwards in front of the left eye; soon after, this halo, which formed a circular zigzag-shaped line, became narrower and narrower, and finally produced such a complete blindness, that the patient assured me he was unable to distinguish night from day-light. This condition, which was undoubtedly very alarming, considering that my patient's eyes were very weak, lasted about an hour, and did not pass off entirely until after a meal. This accident was followed by other much more distressing and alarming phenomena. Towards eight o'clock in the evening, the pain in the nape of the neck, which first was seated on the left side, passed to the right side, invading the whole extent of the trapezoid muscle, where it became literally frightful. For two days and nights, this patient who was a brave and strong man, and whom I had seen bear the most painful surgical operations without uttering a sound, suffered to such an extent, that he uttered heart-rending cries. *Camphor*, which was given as an antidote, seemed to aggravate this frightful pain; nor were *Puls.* or *Bry.* any more efficacious; *rhus tox.* effected some relief. This drug, however, did not prevent the recurrence, *for eight days in succession*, of the visual phenomena, although with less intensity than the first time, and at irregular intervals, generally towards six or seven o'clock in the morning, and *sometimes even at night, in perfect darkness.*

A drug which is capable of causing such violent symptoms, must necessarily contain great curative virtues. I therefore recommend to my colleagues the study of magnetic iron, whose pathogenesis requires, above all things, to be completed.

I am not yet acquainted with the true antidote of this drug.

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GROUP II.

TYPE: MERCURIUS SOLUBILIS.

ANALOGIES: ARGENTUM FOLIATUM.
ARSENICUM ALBUM.
SULPHURIS ACIDUM.
MERCURIUS CORROSIVUS.
CROCUS SATIVUS.
KREOSOTA.
PLUMBUM.
STANNUM.
NITRI ACIDUM.

COMMON CHARACTERISTICS.

It is worthy of remark, that several of the substances which compose this group, are, in their natural state, possessed of the power of preserving organic matter from decomposition,[1] and yet exercise an exactly opposite effect

[1] It is known that arsenicum and corrosive sublimate are employed for this purpose by stuffers and naturalists. Kreasot is used for a similar purpose, (in smoking the meat). The soluble salts of silver and lead, especially the nitrate of lead, according to a note which was communicated to the Academy of Sciences by Monsieur Le Maître de Rabodanges, (in the sitting of the 8th of June, 1846,) likewise enjoy the property of preserving animal matter. The *smoking liquor of Libavius* which, when crystallising in damp air, forms the *tin-butter* of the ancient chemists, and which is an escharotic, together with arsenicum, corrosive sublimate, the nitrate of silver, etc., was recommended by Vicq. d'Azyr as an antiseptic in exhumations, etc. And lastly, saffron serves to preserve meat from putrefaction. As regards nitric and sulphuric acid which, on account of their extraordinary affinity for water, carbonise, it is true, organic products, they are both of them possessed of antiseptic properties, and, indeed, justly. This is the reason why, according to Gmelin, (App. Med., vol. II., p. 36,) sulphuric acid was even yet employed at the end of the last century on board ships to keep the water sweet. It ought to be remarked that several substances, as far as their dissolving action on the organic products is concerned, possess properties which are diametrically opposite to those of arsenic, corrosive sublimate, kreasot, etc. I may cite, among others, oxalic acid. "This acid," says Giacomini, "when introduced into a stomach taken from a dead body, dissolves all its coats in a few hours; on the contrary, if injected into a living stomach, it does not extend its action beyond the mucous coat, and the corrosion does not take place until after death." (*Traité philos. et expér. de Mat. Med.* et de Therap., frunst., from the Italian by Mojon, p. 15.)

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upon the living tissues, a fact upon which their common pathogenetic phenomena and their common therapeutic action depend. Thus all have the following leading symptoms:

Suppression, or more frequently increase of all the secretions, with putrid alteration of the secreted substances.

Foulness of the mouth and breath: putrid taste, like foul flesh in the throat; intolerable odor of the fæces, and often even of the pus discharged from the ulcers; fetid smell of the sweat and sometimes of the urine.

Bloating and softening of the flesh, with tendency to decomposition; nocturnal bone-pains.

Softening, interstitial distention, friability, dry caries of the bones.

Depression of the vital action; cadaverous coldness, general or partial; apparent or real mortification of the extremities, or stinging heat, followed by profuse sweat.

Predominance of action on the left side of the body, that is to say, on the side which is the weakest side of most persons.

Deep derangements of the nervous action; great disorders of the intellectual and moral sphere; weakness of the senses, as at the approach of death.

Sort of violent oscillations of the vital principle; opposite effects in all the functions; paralytic numbness, or frightful pains, with involuntary motions; ravenous hunger, or else anorexia; unquenchable thirst, or else adipsia; comatose somnolence, or else sur-excitation of the whole organism, which absolutely prevents sleep; exaltation of the sexual desire, or else complete extinction of the sexual powers, etc.

Lastly, production of intestinal worms and other parasites.[1]

[1] This is the reason why all these substances are *anthelmintic*. All their symptoms are, so to say, signs of putrid decomposition.

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CORRESPONDING DISEASES.

Syphilis.—Itch.—Variola.—Cutaneous affections, such as erysipelatous, gangrenous, squamous, papulous, etc.—Scurvy.—Scrofula.—Acute and chronic arthritis.—Bone-pains.—Exostosis.—Dry and humid caries.—Production of abnormal tissues.—Inflammations of viscera.—Catarrhal affections.—Passive hæmorrhages.—Ascites.—Albuminuria.—Diabetes.—Weakening and loss of the senses.—Weakening of the intellectual faculties.—Mania.—Dementia.—Idiocy.—Atrophy of one or several limbs.—Neuroses of the most diversified and strange kind.—Frightful neuralgia.—Worm affections, etc.

An absence of the excitement naturally occasioned by light and the business of the day, external cold, (especially when accompanied with dampness,) rest, and finally, lying upon the affected parts, are conditions which favor the essentially dissolvent action of mercury and its analogies.

A characteristic phenomenon of this action, and which the practitioner should well keep in view, is its predominance on the left side, which circumstance seems to me to be founded on a general law.

I here give my observations on this subject without any commentary; I believe they are worthy of notice.

The general idea of Rasori, if not of Brown, was correct; there are drugs which excite, and drugs which depress the vital action, *stimulants* and *counter-stimulants*.[1] In other words, as I remarked in speaking of Spigelia, there are poisons which kill by exalting, and poisons which destroy life by depressing the vital forces. The drugs of which we speak, belong essentially to this latter category, whereas, pulsatilla, bryonia, veratrum, and more particularly nux vomica, might be considered as the types of the opposite category, if we leave their specific propertics out of consideration. I ought to remark, that every drug belongs, more or less, to one or the other of these two classes, although I have

[1] Rasori and his disciples, operating upon the sick organism, have not been able to define either class; their observations almost always implied opposite truths.

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not always been able to determine the fact with correctness. Hence results the general co-relation existing between such and such a drug, and such and such a temperament.

But what I desire more particularly to prove here, in order not to be obliged to refer to this point again, hereafter, is that certain phenomena are connected with the predominance of the action of the drug on this or that side of the body. Thus, from the fact that a drug acts *primarily* and in a marked manner, on the right side of the body, we have a right to conclude *à priori:* 1st, that the symptoms which it produces, are aggravated by light, heat, the open air, and exercise; 2d, that they will be mitigated, on the contrary, by silence, cool air, darkness and rest; 3d, that in the fevers which it causes, a quick and full pulse will prevail; 4th, that in lying down, the pains will be principally felt in parts which do not serve as points of support; 5th, that from the first, an aversion to food, or, at any rate, a speedy satiety will be noticed, but never, except in a few extraordinary cases, which it would be easy for me to account for, that extreme hunger, which shows a pressing want on the part of the organism to repair its exhausted condition; 6th, that if the drug produces amenorrhœa or dysmenorrhœa, these symptoms will never be accompanied with an impoverished condition of the blood, which, if its course is sluggish and painful, will not be any the less rich in fibrin, and will, on the contrary, pass off in black and resisting coagula, as is the case with pulsatilla; 7th, lastly, that cachexia and adynamia are not the general effects which the drug tends to produce, which might likewise occasion as serious disorders of a reverse character.

The *contrary* of all the accidents which have just been enumerated, takes place but in endless degrees and shades, with every drug which acts primarily upon the left side of the body.

In this respect, every careful observer will find, that there is no difference between natural and drug-diseases. Among the former, so far as their organic manifestations are con-

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cerned, several seem positively to develope themselves from left to right, whereas, others proceed in the opposite direction, which simply means that there are diseases, which *essentially exalt*, and diseases which *essentially depress* the vitality; the former was denied by Brown, the latter by Broussais.[1] These considerations are not, by any means, devoid of interest. To prove it, I will content myself with relating the following fact.

In 1848, a patient, whose physician I had not yet become, lost his left eye in consequence of frightful neuralgic paroxysms which were seated in the bottom of the orbit, and it was supposed, proceeded either from an old syphilis, or, which seems to me much more probable, to judge from what I now know of the case, from some allœopathic mercurial treatment, which he had undergone some years before, and which had been carried to the last degree of insane violence; that is to say, the treatment was continued all the time, for no other reason than for the purpose of removing mercurial symptoms which were incessantly reproduced, and which were mistaken for *syphilis* for the whole of *six months*. In 1850, the neuralgia first showed itself at the bottom of the right eye. This was assuredly an exacerbation of the genuine disease. Whether syphilitic or mercurial, the disease had not ceased to exist: it proceeded *normally*, that is to say, from the left to the right, to its work of destruction. The paroxysms lasted three days, almost without an interruption, and were complicated with the most violent ophthalmia.

In a consultation, *Calcarea carb* was proposed. Isolatedly considered, the symptoms pointed to this remedy: I accepted it, less, however, from conviction, than from deference to the eminent colleague who had advised it. The patient took it, and the pains subsided almost instantaneously. It will be seen hereafter, that the action of Calcarea proceeds in an

[1] In support of my theory, the statistics of venereal hospitals may be consulted, and it will be seen how many organs or functional lesions (neuralgia, amaurosis, deafness, etc.,) after a venereal affection, were more frequently observed on the left than on the right side.

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opposite direction to that of Mercury; hence, I had to conclude that my theory was wrong. Unhappily for the patient, this was not the case. After forty-eight hours of suspension, or rather repression, the paroxysms returned with greater violence than ever.

Free to do as I pleased, I followed the idea which I have developed in the preceding paragraphs, and selected *arsenic* accordingly. The result was permanent and decided. Not only was the paroxysm arrested, but alarming symptoms of amaurosis which had been setting in for a long time previous, and were similar to those that, in 1848, preceded the loss of the left eye, were gradually dissipated.

I shall not dwell upon this point any longer.

The energetic, deep, and persistent action of Mercury and its analogies, shows satisfactorily that the diseases which they are specifically called to combat, are such as deeply invade the organism, undermine it without mercy, and tend to dissolve it. But independently of these diseases, which, according to an expression of Broussais, are essentially and primarily chronic, there are others of an acute character, but which nevertheless require to be treated with the drugs of which we are speaking. Thus, certain exceedingly acute rheumatic diseases, with redness and swelling of the affected joints, tearing pains, profuse sweat, sour or fetid odor, etc., frequently yield only to *Merc. sol.* or *corr.* The same remark applies to certain kinds of *ophthalmia*, *hepatitis*, etc.; it is not, therefore, indispensably necessary that a disease should present a *specific* character in order to render the employment of the drugs of this group necessary. It is sufficient that the disease should have the prominent symptoms, from whatever cause it may otherwise have emanated, or whatever be its inmost nature.

All the drugs of this group are anti-syphilitic. This proposition alone would suffice to destroy *the specific system* which, owing to the radical impossibility of generalizing its fundamental principles, never has had any serious chance of existence.

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It is worthy of remark, however, that Hahnemann, whose genius swept every existing medical doctrine, and overthrew all existing systems, seems to have remained more or less undecided all his life, as regards the specific system. Not only does he seem to accept the exclusive efficacy of mercurius in syphilis, in other words, its *absolutely specific action in the disease*, as an immutable, absolute fact; but he pursues even to the remotest corners of medical ontology, his inquiry into the general relations existing between such and such a disease which he discovers, or fancies he discovers, and such and such a drug that cures it. Is not *thuya* his specific remedy for *sycosis? sulphur* for *psora?* It is true, in the treatment of sycosis, he alternates *thuya* with *nitric acid*,[1] without, however, accounting for the homœopathicity of this proceeding, which snatches from thuya a considerable portion of the prestige of its specificity in this disease. It is likewise true, that, compelled to admit that *sulphur* will not cure all non-syphilitic diseases, he declares that "the cure of an inveterate psoric disease can never be accomplished by *sulphur* alone."[2] But as regards the want of success which is frequently encountered in the mercurial treatment of syphilis, Hahnemann does not seem willing to doubt the specific character of mercury in this disease which, however, is of a very remote origin, except when complicated with psora. "Whenever such a complication does not exist, an infinitesimal dose of the best mercurial preparation is sufficient to cure forever, and thoroughly, the whole syphilitic disease."[3] It is moreover evident, that even at the time when Hahnemann first published his Materia Medica Pura, he looked upon *mercurius* and *thuya* as exclusively endowed with the property of curing syphilis and sycosis,—mercurius the former, and thuya the latter; and this is the reason why these two otherwise long-acting drugs are not classed among his *anti-psorics*. The following passage from the Materia Medica Pura shows that my statement is correct:—"To administer the smallest dose

[1] *Chronic Diseases*, vol. I. [2] Ibid. [3] Ibid.

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of pure mercury prepared in the manner which I have just described, Homœopathy must, in the first place, have recognized the indispensable necessity of employing it in a given case of chronic disease, UNLESS *this remedy should be* ABSOLUTELY *indicated by a case of pure syphilis, not complicated with psora, for in such a case a single infinitesimal dose is sufficient* to annihilate the CHRONIC MIASM."[1]

Hahnemann's specificism assuredly differs from that which some German homœopaths are endeavoring to introduce now-a-days, for it leaves a vast majority of all diseases beyond the reach of its influence. But for all that, it is a form of specificism which carries with it several serious defects which I have to point out.

1. It tends to impart false notions to homœopathic physicians, with respect to these two drugs, and, by making them believe that mercury cures exclusively *syphilis*, and thuya, *sycosis*, leads them to the opinion that they exercise only a very equivocal action in other chronic diseases.

2. It seems to place mercury, thuya, and even sulphur, beyond the pale of the law of similitude. At least it seems indisputable, that such is the idea which a great many homœopaths attach to Hahnemann's notion of the specificity of these drugs. How many among them, for instance, when mercury does not help in a case of inveterate syphilis, at once jump at the conclusion that there must be some psoric complication, and, upon the strength of this supposition, prescribe sulphur empirically, without its being at all indicated by the symptoms! And, by a legitimate reciprocity, how many, in a case of refractory psora, jump at the inference that it is a complication of disguised syphilis, and blindly prescribe mercury!

3. Lastly, by attributing the failures of mercury in syphilis to psora, Hahnemann affirms that mercury is not only the *best*, but the *only* remedy for syphilis, which is a very serious error. It is from such an error that the forcible concessions

[1] *Mater. Med. Pura*, vol. III.

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which Hahnemann has made to the specific system, emanate; for, if we admit that a disease without regard to its duration, course, symptoms, the idiosyncracy of the patient, etc., can only be combated by a single remedy, it is evident that the name of the disease is sufficient to indicate the treatment, and that a comparison of its symptoms with those of the drug, must be superfluous. All this is different if, instead of one, we admit several anti-syphilitics. The mere name of the disease ceases to indicate the treatment; we have to observe symptoms, and the law of similarity again reigns supreme.

In this sense, therefore, I had a right to say that my general principle "*all the drugs, belonging to the group mercury, are anti-syphilitic,*" overthrows the sophisms of the specific system; for, by upsetting the specificity of mercury in syphilis, the whole edifice of the specificists falls to the ground.

Mercurius. *Hydrargyrum, Argentum vivum, Argentum liquidum, Argentum fusum, Argentum mobile, Aqua argentea, Aqua metallorum, Aqua sicca, Proteus, Chamæleon minerale, Servus fugitivus, Illusor chymicorum, Impostor chymicorum, Azoph, Zaibar, Zabach,*[1] *Mercurius solubilis,* black oxide of mercury.

This metallic poison which is ranked by modern allœopathic physicians among their alteratives, a term the real meaning of which I do not believe I have ever properly understood, is so much the more frightful in its operations, that its effects do not always show themselves immediately after its introduction in the organism. It was not used as a drug before the fifteenth century. It is generally attributed to J. Wid-

[1] Gmelin, *apparat. medic. corpora. metallica.*, vol. II., p. 1.: "Mercury is indebted for its many appellations to—1st. The mysterious and cabalistic part which the seekers of the absolute and the philosopher's stone caused it to act for so many centuries; 2d. The fact that physicians had made it a rule to hide from their patients its real name which would have (justly) frightened them, or whose real name they (the physicians) desired, from other motives, to keep secret."

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mann, whose treatise on syphilis was published in 1497.[1] Shortly after, mercury became the subject of a multitude of publications which spread its use, until the whole of Europe had become the theatre of its ravages. "If I except bloodletting," says Hahnemann, "the external purgatives, the abuse of opium as an anodyne or as a means to procure artificial sleep, and to arrest diarrhœa and spasms, or the abuse of cinchona in suppressing typical fevers, or strengthening in cases where weakness is solely caused by the continuance of the malady or an exhausting treatment, there is no remedial agent employed by allœopathic physicians, which has more contributed to shorten life, than their much vaunted calomel and corrosive sublimate."[2]

Empirical applications.—Since there is scarcely a single important disease for which mercury has not been used, either on the supposition of some latent syphilis, or because it was simply intended to try it at random, it is easily comprehended what enormous accidents must have resulted from such deplorable abuses. But, on the other hand, such blind trials must have at times led to cures, and, indeed, a knowledge of the pure effects of mercury explains to us, now-a-days, the reasons why it acted successfully in some cases. In analyzing the long chapter which Gmelin devotes to mercury, we find that it was more particularly used in most of the diseases whose symptoms are represented in our provings. These are, among others, *syphilis*, (primary and secondary,) *angina*, *scurvy*,[3] *scrophula*,[4] *catarrhal inflammations of the eyes*, *amaurosis*, *inflammations of the lungs and bowels*,[5] *hepatitis*,[6]

[1] *Tract de pustulis et morbo qui vulgato nomine mal de Frangos appellatur.* Ju. 4, 1497. The Arabs had employed mercury before Widmann, but only externally, in lepra.

[2] Materia Medica Pura, vol. III.

[3] Kramer, dis. epistol. de scorbuto, 1737.

[4] Borden, recueil des pièces qui ont concouru pour le prix de chirurgie, (1759,) vol. III., p. 80.

[5] F. Lind, London Medical Journal, vol. VIII., and Hamilton, Medical Commentaries, collected and published by A. Dunken, vol. XI.

[6] Clarke, Medical and Philosophical Commentaries, by a Society in Edinburgh, London, 1777, vol. V.

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dropsy, dysentery, worm affections, variola,[1] *anthrax, carbuncle, plague,*[2] *rheumatism, gout, cutaneous diseases, whether syphilitic or no, elephantiasis,*[3] *plica polonica, spina ventosa,*[4] *rickets and every other disease of the bones, metritis, venereal and non-venereal hydro-sarcocele, hysteria, epilepsy, mania, tetanus*, and lastly *rage.*[5]

Although physicians, when they effected a cure of one of the above-mentioned diseases, rarely failed to attribute it to the removal of a disguised syphilis by means of mercury, it must not be supposed, on that account, that they ever dreamed of investigating the reasons of the anti-syphilitic specificity of this drug. They supposed that mercury cured syphilis, by carrying off the syphilitic virus during the process of salivation. It was quite an event when, in the sixteenth century the discovery was made that mercury will cure syphilis without the patient being salivated. One error, however, being substituted in the place of another, it was supposed that the sweat, the diuresis, or the diarrhœa which followed the exhibition of mercury, replaced the absent salivation; the gross humoralism which prevailed at that period, did not allow of another explanation.

The numberless accidents which were caused by mercury, revealed in the meanwhile its physiological action in almost all its various shades, and with tolerable clearness. An almost complete pathogenesis of this agent, might be obtained by collecting the effects of a certain number of mercurial intoxications which are so frequently observed, and involuntarily produced by physicians. This pathogenesis, like that which has been obtained by the pure provings, would represent the primitive and secondary symptoms of syphilis in their totality, and with tolerable correctness. What is the

[1] Th. Dinsdale, *present method for the inoculating of the small pox*, 1767, in 8vo., p. 17.

[2] Schreiber, *de pestilentia*, p. 44.

[3] Raymond, *hist. de l'éléphantiasis*, etc., in 8vo., Lausanne, 1767.

[4] Büchner et Niemann, *de remediis mercurialibus spinæ ventosæ*, etc., in 4to., 1754.

[5] Desault, *dissert. sur la rage*, 1734, in 12mo.

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reason that the striking similarity of the effects of mercury and the symptoms of the venereal disease, has not yet opened the eyes of physicians concerning the law of similitude? The history of no other science, perhaps, offers similar instances of obstinate blindness, than is offered by the history of medicine.

What is better still, the opponents of homœopathy themselves institute the comparison which I have pointed out. The symptomatic resemblance of the mercurial disease to syphilis, which is sometimes complete, is recognized and pointed out by them every day, and yet, they seem unable to draw from it its legitimate conclusion. Read what Professors Trousseau and Pidoux write on the subject: "bad humors, ulcerations of the mouth, tongue, pharynx, necrosis of the jaw-bones, diarrhœa, trembling, delirium, mania, acute cutaneous affections, such are the accidents which can be attributed to mercury;"[1] and, they ought to have added, to syphilis. Both mercurius and syphilis induce serious disorders upon the skin. In syphilis, etc., we have pustules, tubercles, crusts, etc. In hydrargyria, we have erythematic papulæ, vesicles, and sometimes (not very rarely) impetiginous pustules.[2] It is true between mercurial and syphilitic diseases of the skin, our authors see *very great differences;* for example: the syphilitic eruptions do not make their appearance until a few months after the venereal infection, whereas the mercurial affections are "*immediate and acute,*" which is not always true, but which would go to prove the enormous size of the doses in which the poison had been administered. Be this as it may, and although they affirm that "there is no attentive physician who is well acquainted with the pathology of cutaneous diseases, who, in the immense majority of cases, is not able to distinguish the generally evanescent forms of *mercurial cutaneous diseases* from the fixed and tenacious forms of those produced by the syphilitic virus," nevertheless, Messrs. Trousseau and Pidoux are compelled to admit that,

[1] *Traité de Therapeutique,* vol. I., p. 172.
[2] Idem, p. 173.

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"in regard to the boundary between these two kinds of alterations, the diagnosis may, in some cases, be very difficult and even impossible." Hence we must conclude that, in these cases at least, the symptoms of syphilis and those of mercury which cures this disease, resemble each other perfectly.

These gentlemen, following up their comparison between the symptoms of syphilis and the effects of mercury, express themselves as follows: "Constitutional syphilis and mercury may bring about a cachexia; but the course and the forms of this malady, are, generally speaking, very marked. Mercurial cachexia, which is *generally* rapid,"—how could it be otherwise, when the mercurial poison is unceasingly administered in massive doses?—"developes itself in a few days under the influence of an *active mercurial treatment:* among the workmen who employ mercury, among miners, among patients who take for a long time small doses of mercury, the cachexia developes itself slowly, but always with its characteristic symptoms; bloating, lividity, bleeding of the gums; bloating of the face and the lower extremities; serous effusions in most cavities; habitual diarrhœa; dulness of the mental faculties, trembling. The syphilitic cachexia is not seen until after the syphilitic disease has lasted for a long time. It is always, or, at least, always seems to be the consequence of chronic organic lesions, or of acute pains, which have deprived the patient of sleep. It is accompanied with excessive emaciation of the face, and with all the symptoms which characterize marasmus."[1]

Paradoxal subtlety, or rather sophism, could scarcely be pushed any farther; for it is false, absolutely false, that mercurial and syphilitic cachexias always exhibit the characters which Trousseau and Pidoux assign to them respectively. The one, sometimes presents, indeed, acute symptoms, which the other has not. But why is this? Because the means which Allœopathic physicians employ, are very often

[1] Traité de Therapeutique, vol. I., p. 174.

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more violent and more destructive than the diseases for which they are given. It will always be so, as long as we shall feel obliged to administer enormous doses of mercury to combat the syphilitic disease.

Trousseau and Pidoux, add moreover: "It has been said that the nocturnal bone-pains belong to the mercurial as well as the syphilitic disease. To this, we answer, that these bone-pains are seldom met with among the workers in mercury."[1] I confess, I have no precise information concerning this point; but Trousseau and Pidoux admit, that these pains exist *sometimes*, at least, among these workmen, since they themselves have seen them in a looking-glass tinner, who was confined in the hospital St. Antoine. Were this even the only fact of this kind, which it is not, it would authorize us to class these bone-pains among both the mercurial and syphilitic symptoms.

But what proves beyond all cavil, the similarity of mercurial and syphilitic symptoms, is the frequent error committed by physicians in mistaking them for each other. How many wretches who had been poisoned by mercury, have again been subjected to a mercurial treatment, because the disastrous effects of the poison, with which they had been saturated, were mistaken for syphilis.

Mercury having been tried, as said before, in all sorts of diseases, ever since the end of the last century, modern allœopathic physicians were unable to employ it in any new ailments. All they were able to do, was to modify its use. Indeed, they have succeeded in going much farther in the use of mercury than the most extravagant of their predecessors.

"The doses of mercurial ointment which Velpeau employed every day, in order to produce a speedy ptyalism, (in puerperal fever,) varied from one to two ounces. We have been bolder, and we have prescribed it in quantities of from three to five ounces. Paul Dubois has even used from one to one pound and a half at one dose."[1]

[1] *Loco citato.*

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Will such enormities be believed some centuries hence?

The mercurial preparation which is more particularly used in homœopathy, under the name of *mercurius solubilis*, or simply *mercurius*, is the black oxyde or protoxyde of this metal. See Hahnemann's *Materia Medica Pura*, Vol. III.

Homœopathic applications.—Soluble mercury is particularly adapted to lymphatic subjects, with bad humors, debilitated in body and mind, chilly, disposed to catarrhal affections or rheumatic pains when exposed ever so little to a damp and cool air, with a sickly or nauseous breath, and sweating easily, especially at night; and lastly, *to women rather than to men.*

Here is a list of the morbid symptoms for which mercury is employed with most success:

Scrofula, syphilis, variola (in young girls); *acute erysipelas, red and round tetters: syphiliform diseases, syphilitic tubercles* in the thickness of the skin; *lepra;* ulcers with shaggy borders, a greyish bottom, and secreting an ichorous and fetid pus; *rhagades at the hands and feet; friability of the long bones*, humid *caries* of the short bones, exostoses; deformation of the nails.

Congestion of blood to the head, with flashes of heat in the face, shuddering over the rest of the body, icy coldness of the extremities; vertigo and sensation of falling or stumbling, especially on rising from one's chair after having been seated for some time, in the morning on rising from bed, during a walk in the open air, or while lying on the back; pressive headache, as if the head were strongly pressed by a cord all around, or pressed down from above downwards; throbbings, *stitches, boring pains in the head*, especially *in the left temple* or occiput; *exostosis at the cranium;* cold, viscid sweat about the head; painfulness of the whole outer head; oozing eruption at the hairy scalp; *falling of the hair. Syphilitic or scrofulous ophthalmia*, especially when the malady commences in the left eye; congestion of the vessels in the eye; *photophobia* with burning lachrymation, fiery points, muscæ volitantes, etc.; *neuralgia in the eye, with frightful pains, which*

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proceeded from the bottom of the orbit, and sense of coldness all around; ulcerations of the conjunctiva and cornea. Tearing in the muscles and bones of one side of the face; red and hot swelling of a whole side of the face. *Otitis*, with fetid discharges and fungous excrescences in the ear. *Caries of the nasal bones. Painful swelling of the salivary glands; greyish ulcers on the inner surface of the lips, cheeks, gums, tongue and palate; shrinking, looseness and indentations of the gums, which lays the teeth bare; nocturnal toothach; caries, looseness and falling out of the teeth; fungous swelling of the mucous membrane of the mouth; intolerable foulness of the breath; swelling of the tongue*, which is covered with a whitish, thick, *tenacious coat*, that is detached in the shape of little skins; *profuse discharge of a viscous and fetid saliva;* sweetish, sour, salt taste, or loss of taste; *caries of the palatine bones; ulcers in the pharynx;* the swallowing is rendered difficult as if the throat were obstructed by a fleshy body; *ulceration of the tonsils;* phlegmonous angina, with lancing pain that extends to the ear, and *gets worse at night.*

Nausea, with vertigo, especially after a meal; hiccough; rancid or bitter regurgitations, or tasting as if one had eaten sugar-plums; pyrosis; violent vomiting; weakness of digestion, *with constant, insatiable hunger;* aversion to food; excessive sensitiveness in the præcordial regions, epigastrium and hypochondrium; burning or cutting pain at the stomach; swelling of the liver; *hepatitis; jaundice;* hardness and swelling of the abdomen, which is painful to contact, especially in the umbilical region; incisive or contusive pains in the abdomen; sense of coldness, from the epigastrium to the throat, where it is accompanied by a sort of scraping; cutting pains after a cold; colic, followed by small mucous or frequent sanguineous stools, with tenesmus; *diarrhœic stools, especially towards evening or in the cool open air;* hard, large-sized, corrosive stools, even if not diarrhœic, grayish, greenish, bloody, excessively fetid; discharge of *ascarides* or *lumbrici.*

Constant desire to urinate day and night; burning and

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smarting urine, which is emitted drop by drop; profuse urine as in diabetes, with extreme emaciation; *albuminuria;* fetid, cloudy urine, which deposits a chalky sediment; bloody urine; swelling of the urethra, in consequence of which, the stream of urine becomes thinner and twisted; inflammation of the orifice of the urethra.

Greenish gonorrhœa; chancres in the urethra, at the prepuce or at the corona glandis; *balanitis, orchitis, buboes;* sensation of coldness in the testicles, especially towards evening; erotism, with painful erections, especially in the night, and emission of a sanguinolent semen; feeble and incomplete erections; emissions without sexual desire; no thrill during an embrace; impotence. Swelling, ulceration and suppuration of the vaginal mucous membrane; *greenish leucorrhœa; chancres at the clitoris* and *labia minora; fungous ulcerations at the neck of the uterus; metritis; metrorrhagia;* suppression of the menses; *ulcerations* and swellings at the breasts.

Catarrhal affections of the air-passages, with a violent *fluent* and corrosive coryza; hoarse cough, sensation of dryness and prickings in the œsophagus; *nocturnal paroxysms of suffocation;* stitches at the heart.

Painful stiffness of the nape of the neck and of the whole neck; coldness on the back; beatings and stitches at the shoulder-blades; convulsive flexion of the trunk on the inferior extremities, with sudden and violent raising of the trunk, a double irregular movement which is repeated a hundred times in one hour; *rickets; caries of the vertebræ and sacrum;* tearing pains in the extremities; trembling of the head and extremities; *acute articular rheumatism, with red swelling of the joints,* fever, burning thirst, *fetid breath and sweat; chronic articular rheumatism,* with nodes in the joints; involuntary and sometimes strange projection of the lower extremities, forwards or sideways; *infiltration of one or more limbs,* or of the whole body; *paralysis* or *atrophy* (secondary effect) of one or more limbs.

General prostration; gaping; comatose drowsiness; fever

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with shuddering, heat at the head and face, with coldness, *if uncovered ever so little;* irregular, frequent or slow, intermittent or tremulous pulse; *profuse sweat* of a *sickly or nauseous* smell, oily, and staining the linen yellow. Excessive depression of spirits; indifference to every thing or every body; apprehension of becoming crazy; imbecility; *religious monomania; mental derangement; strange neuroses; epilepsy; lethargy*, with loss of speech and of the senses, but not of consciousness, etc.

Merc. corr. and *Nitri. ac.* are the best antidotes of *Merc. sol.*

Argentum. *Metallic silver, regula argenti* of the ancient chemists.

Empirical applications.—This metal, which has been known ever since the remotest antiquity, is supposed to be without any medicinal virtues in its natural state. However, Avicenna recommended silver filings for *palpitations of the heart*, and *fetid breath*, both of which applications are justified by the pathogenesis of this agent. After having been used for a long time as an ingredient in the *electuary of hyacinth*, where it played a very obscure part, silver has disappeared from the repertory of Allœopathic drugs, and is only used by Allœopathic pharmaceutists for the purpose of covering the surface of boluses or pills with a view of disguising their taste.

But if silver is no longer used by Old School physicians, except for the ridiculous purposes above stated, some of its salts are recommended for medicinal purposes, for example, *chloride*, by Serres and Ricord, of Montpellier, *against syphilis*, and especially the *nitrate of silver*, which is so woefully abused every day.

Recommended for *dropsy* by Boerhaave, the nitrate of silver has since been used for *dyspepsia, obstinate diarrhœa, lienteria, worm affections, syphilis, whooping-cough, Saint Guy's dance*, (tarantism,) *hysteria*, and especially *epilepsy*.[1]

[1] Gmelin, appar. medic., vol. I., p. 356; Sprengel, hist. de la méd., vol. VI., p. 510; *Biblioth.* médic., vol. LI., p. 365; Mérat and De Lens, Dict. de mat. med., vol. I., p. 401, etc.

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Hahnemann, who was acquainted with these facts, except those of most recent date, seems to place very little reliance in them. "The empirical reputation which the nitrate of silver enjoys in ordinary cases of epilepsy, is probably without any real foundation, and seems to be based upon the fact, that a salt of silver which contained copper, had been employed in cases of convulsions where copper was indicated; for the primary symptoms of fine silver do not by any means show that it is capable of curing the most disagreeable, and at the same time the most common form of epilepsy.[1]

"The so-called hydragogue pills of R. Boyle, and which have been so much praised by Boerhaave, are not at all adapted to their object, not only on account of the large size of the doses in which they are given, but also because silver increases the urinary secretion only during its primary action, which, in consequence of the opposite reaction of the vital force, must necessarily be followed by an opposite condition." I am sorry to be obliged to differ with Hahnemann in this instance. On the one hand, I know of cures performed by the nitrate of silver, which are so positive, that they cannot be doubted, and on the other hand, having myself cured a dropsical patient by the almost exclusive use of silver, I am obliged to admit that, if this drug is capable of curing diabetes, as Hahnemann supposes, it may also, in some cases, be able to cure dropsy.

[1] The following symptoms of silver seem to remind one somewhat of epilepsy:

"Complete dizziness on entering the room after a walk." (Hubert.)

"Before midnight, in bed, while slumbering, I was seized with a dizziness so that it seemed to me that my head was falling out of the bed; followed by a violent and convulsive starting of the body: vertigo and desire to sleep had disappeared." (Idem.)

"After dinner, during my usual siesta, I felt a violent electric shock, which first proceeded from the left, and afterwards from the right hip-joint, and disturbed my sleep. Having fallen asleep again ten minutes later, with my hands above my head, I felt another shock, much more violent, in the left arm, and proceeding from the arm-joint." (Idem.)

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Besides, silver and the nitrate of silver producing effects upon the healthy organism which, probably, differ from each other, it would be wrong to draw conclusions from one of these substances, relative to the result which might be obtained by means of the other. Nevertheless, in comparing the therapeutic effects of the nitrate or chloride of silver to the symptoms of the pure metal, we will be obliged to admit that the latter agree tolerably well with the former, and even account for them in a pretty satisfactory manner.[1]

Homœopathic applications.—The most extensive pathogenesis of silver, that I know of, is that which Dr. Roth has published in the second volume of the *Bulletin de la Société de médecine homœopathique* of Paris.[2] "Until now," says Jahr, in the fourth edition of his Manual, "this agent has only been employed for *mercurial angina*, and very successfully for *chronic laryngitis*, especially in the case of lawyers,

[1] I am disposed to believe that the nitrate of silver is an antisyphilitic, and it is on this ground that I account for the fact that the cauterisation of a recent chancre with the nitrate, may sometimes have succeeded in preventing the constitutional infection of syphilis. Seventeen or eighteen years ago, a student at law, a friend of mine, was taken, after a very suspicious coïtus, with an itching at the corona glandis. Soon after, on one side of the frænulum, a small oblong vesicle, filled with a clear serum, showed itself at this spot. This young man thought he was infected with syphilis, and soon after the woman exhibited unequivocal symptoms of the disease. Before the vesicle broke, it was deeply cauterised with the nitrate of silver, and, in the place of a chancre which would undoubtedly have followed, a small wound showed itself which healed in a few days.

I ought to remark that in similar cases, which are however very rare, for the chancre-vesicle breaks easily and is not always visible, the good effects of a speedy cauterisation do not invalidate Hahnemann's doctrine of an immediate and general infection of the organism; but they go to prove that the nitrate is an *antisyphilitic*. It is said that soon after the coït the virus is absorbed; but why not the *nitrate* likewise? Both starting from the same point, pass through the same channel, meet, and neutralise each other. I will state, however, that I condemn entirely the cauterisation of the chancre, a detestable method which, by destroying the external sign, deprives us of the means of verifying the presence or absence of syphilis in the organism.

[2] This pathogenesis comprises Hahnemann's 223 symptoms, and a similar number by Dr. Hubert of Vienna.

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(advocates,) preachers, and generally of persons who are obliged to speak a good deal, and for a long time in succession." However, in Beauvais' *Clinique homœopathique*, mention is made of a case of *caries*, which silver is said to have arrested. Be that as it may, according to my own observations, silver is destined to act a much more important part than that which has fallen to its lot so far.

Guided by the effects which silver has produced on myself, and which represented *syphilitic symptoms*, (such as *gonorrhœa with contusive pain in the testicles, grayish ulcers with shaggy borders, simultaneously at the prepuce and in the throat,*) I have prescribed this drug for the first time against a *yellow-greenish gonorrhœa, of an indolent character from the first, very profuse*, and of eight months' standing, for which *Cannab. Copaiv. Mercur.* (whether sol. or corr., the patient was unable to say,) had been employed for a long time and in vain. The patient was twenty-six years old, robust, active, intelligent, but had red hair, a white skin, and a very marked rheumatic diathesis. *Argentum* effected a cure in less than twelve days, and suspended for more than a year the rheumatic pains in the extremities.

This latter circumstance has decided me several times to prescribe *Argentum* for *articular rheumatism*, without swelling, and presenting, particularly at the knee, and still more at the elbow, this burning, lancing pain, which resembles a good deal the pain caused by the sting of a wasp. Let us observe moreover, that the action of *Argentum* on the muscular system and on the skin, is very similar to that of *Zincum*, after which it will indeed be found ranked. I have moreover employed argentum with success in the following cases: 1st. In two cases of *albuminuria*, of which I intend to publish afterwards an extensive account, which will be found interesting. 2d, *Seminal losses*, without erections and with atrophy of the penis, (in a man of thirty this organ was no larger than that of a child of ten years;) the primary cause of this spermatorrhœa was onanism. 3d. *Amaurosis* of the left eye, (syphilitic or mercurial, (?) rather

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mercurial,) which was cured in a few weeks, although the sight was already very weak, and the pupil, which was very much contracted, remained insensible at the approach of the light. 4th. *Schirrous ulceration* of the neck of the uterus.

This patient was a washer-woman of Boulogne, aged fifty years, tall, thin, emaciated, of a very irritable temperament; her father had died with a cancer at the tongue. The disease was of long standing. This woman, whose face was of a straw-color down to the lips inclusive, a characteristic symptom of the cancerous diathesis, was troubled with constant distention of the hypogastrium, which was exceedingly sensitive to contact. Every moment she felt lancing pains in this region, which she compared to pricks with a pin. There was a tension in the groins, and from time to time, crampy pains in the thighs. Her breath was fetid, *foul*, her appetite pretty good; the digestion took place without pain at the stomach; the alvine evacuations were irregular; she was often taken with a diarrhœa, or rather lienteria. The urine was pale, fetid, and profuse, especially at night. The mucous membrane of the vagina, which was considerably wrinkled by the descension of the uterus, was almost round; but the neck of the uterus, which was very much swollen, presented only, so to say, a spongy mass so deeply corroded with ulcers in different directions, that it was impossible to discover the os tincæ. The purulent, ichorous, and sometimes bloody matter which flowed from these ulcers, filled constantly the vagina, from which proceeded such a horrible stench that it would have been impossible for one to remain ten minutes in the same room with this unhappy woman, whose near death seemed to me, and indeed was, inevitable. However, she continued to live for six months, which I attribute to the action of *Argentum*. Various remedies, *conium*, *cicuta virosa*, *sepia* and *lycopodium* had been given without any effect. Argentum effected a general improvement almost instantaneously. The diarrhœa ceased and the stools became natural. The desire to urinate was diminished one half. The shooting pains in the hypogastrium diminished, so that the

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patient was sometimes free from them for days. A circumstance which astonished me a good deal was, that the discharge, although still purulent, lost *almost entirely*, and in *less than three days*, its foul smell. Fleshy, rose-colored granulations, of a very satisfactory appearance, showed themselves at the neck of the uterus. Her strength even returned visibly, and for two or three weeks, I flattered myself that the patient would get well. Unfortunately, this illusion was not to last long; a relapse took place. The family attributed it to a fit of anger, to which the patient was subject. The diarrhœa reappeared, and, with it, all the uterine symptoms. This time argentum had no effect. Soon the prostration was at its height. *Arsenic* was of no use. After two days spent in agony death took place; fatal, but inevitable termination of a malady against which, when it has attained this stage, medicine is of no avail; nevertheless, this partial success convinced me that, of all the medicines which I had tried, argentum was the one which had effected the most favorable change, and which, if it had been given six months sooner, might have effected a cure.

Merc. sol. is said to antidote argentum.

Kreasota. A pyrogenous product, discovered by Reichenbach, a chemist of Blausko, in Moravia.

This kind of essential oil, which was first obtained from he distillation of pyroligneous acid, afterwards from that of tr, is colorless, inflammable, a little denser than distilled wter, of a burning taste, a disagreeable, exceedingly pungent smell, similar to the smell of the smoke of green wood. Waer dissolves about 1–100 of its weight. When pure, this subsance acts on the skin, and on the mucous membrane, like acaustic.

Kreosot owes its name (from KREAS, flesh, and OCHO, I preserv,) to the property it possesses, and which it shares with arsenic, corrosive sublimate, etc., to preserve animal matter frm putrefaction. It is sufficient to dip in water in which a sall quantity of kreasot has been mixed, tainted

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meat or fish, in order to remove at once their unpleasant odor, and impart to them the taste of smoked fish. This is accounted for by the fact that the kreasot with which they are impregnated, is contained in the smoke of the resinous woods which are used in smoking meat, and which impart to it its well known taste and flavor, and the faculty of resisting decay. This is the reason why the daily and continued use of smoked meat is hurtful to health; a sort of scurvy carries off the teeth, foul breath, costiveness, a general malaise, and a real cacochymia, are the most frequent consequences of the protracted use of such articles. It even happens that the eating of smoked meat has occasioned death. Doctor Kermes, of Weinsberg, collected, according to Mérat,[1] 135 cases of this kind of poisoning, which occurred from 1793 to 1820, and which he does not hesitate to attribute to kreasot. An acute and burning pain at the epigastrium, vomiting of sanguinolent matter, meteorism of the abdomen, violent colic with constipation, slow breathing, sinking of the pulse, and dilatation of the pupils; such had been the leading symptoms in every case.

Empirical applications.—"As soon as this drug had been introduced into therapeutics," say Messrs. Trousseau and Pidoux, "it excited a great emulation among therapeutists, and they endeavored to out-do each other in discovering new properties in the drug. Cancer, tetter, hæmorrhages, caries of the bones, scrofula, phthisis, were cured by means of kreasot. With this escort of diseases, kreasot was introduced in France towards 1829. It was a sad and deplorable infatuation, which lasted for some months; the Institute, the Académie de Médecine, were assailed with memoirs during this interval," etc.[2] That is to say, kreasot shared the fate of most other allœopathic drugs. A few successful cures were magnified into miracles, which a few reverses soon caused to be forgotten. How could it be otherwise? How could it have been possible to obtain good results from a therapeutic

[1] Dict. Univ. de Mat. Med., par Merat and de Lens, Supp. p. 20.
[2] Œuv. Cit., vol. I., p. 106.

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agent, the legitimate use of which could not possibly be determined by any known means? There was assuredly some truth in what was said of the efficacy of kreasot against tetters, hæmorrhages, caries of the bones, scrofula, etc.; but this truth was indiscriminately expressed. What kind of tetters, hæmorrhages, caries, was it that kreasot cured? Nobody asked this question, and nobody could tell. The consequence was that, after having made unlucky trials with kreasot against *burns*, *ulcers*, *phlegmasiæ of the mucous membranes*, *hæmorrhages* of any kind, *phthisis*, etc., it was agreed that this substance, which however, is such a powerful and precious agent, was incapable, or nearly so, of rendering any service whatever to the healing art, and that the best use that could be made of it, was to employ it for the preservation of anatomical preparations. Now-a-days kreasot is employed only (externally) in a few hospitals of Paris, against gangrenous ulcers, bad sores, hospital-gangrene, caries of the bones. Laymen who are disposed to remember the good which a drug has done, without thinking of its failures, continue to employ kreasot against toothache and caries of the teeth. "Evidently," say Messrs. Trousseau and Pidoux, "this substance, like all those which are of a catheretic character, quiets, generally speaking, toothache, and keeps off caries, in the same manner as the nitrate of silver, the sulphate of copper, etc.; but it has no special properties, as might easily be seen, and latterly, kreasot is scarcely yet employed by any dentist.[1] It is very fortunate that dentists should have discontinued the external use of kreasot, which must either be of no avail, or else entail evil consequences." But let Messrs. Trousseau and Pidoux take the trouble to prove kreasot upon themselves, and they will soon find that, like mercury, it possesses a special action on the dental apparatus.

Homœopathic applications.—Dr. Wahle has rendered homœopathy a real service by his proving of kreasot. In Jahr's manual, the reader will find a synopsis of the symp-

[1] Idem, vol. I., p. 106.

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toms of this agent. According to Wahle's pathogenesis, and my own observations, kreasot is best calculated to remove the following affections :—

Affections of the female sex, and more particularly of children in the cradle, of slender make, chilly, *leuco-phlegmatic*, with bad humors, and disposed to constipation.[1] General lassitude, especially in the morning, with contusive, *ulcerative*, or pinching pains in various parts of the body; yawning, drowsiness, with coldness and altered color of the skin, especially at the extremities, which seem as if mortified. *Papulous eruption*, of a bright red, and accompanied with a burning and stinging itching, especially at the arms, legs, and insteps; *syphilis neonatorum: sub-cutaneous syphilitic tubercles* (gommata);[2] *bone-pains:* painful swelling of the salivary glands, and of the lymphatic ganglions; *humid tetters*, accompanied with an intolerable itching, especially *around the mouth*, at the cheeks, eye-lids, *ears*, *elbow*, *hollow of the hands*, and insteps. Sadness and weeping in children, sometimes without stopping, but especially in the evening; *anxious sleeplessness* in the night; fever, with shuddering, which recurs every instant; bright redness of the face, thirst, small and frequent pulse; *fetid sweat: paroxysms of fainting or convulsions*, as in worm-affections; a sort of stupor.

Congestive headache, with dizziness, or stupefying, throbbing, *pressive*, especially at the forehead, temples and vertex, which is more particularly felt *in the morning on waking;* stitches, buzzing, whizzing in the head; acute pulling, which sometimes extends to the jaws and teeth; heaviness at the occiput, as if the head would fall backwards; hemicrania with a sensation of fulness, a stinging or expansive pain;

[1] In recommending kreasot in diseases of women and children, I do not mean to exclude it from the treatment of adults. Such a principle would belie my own practice. A child afflicted with *congenital syphilis* is almost always benefitted by kreasot, even if the general symptoms which I have here indicated do not exist.

[2] My colleague, Dr. Chanet, informs me that he has employed kreasot in a case of this kind with very good success, in conformity with my indications; the patient was a young woman.

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painfulness of the hairy scalp; red eruption on the forehead; *falling of the hair; red and moist eyes*, or else dull and without expression; *violent ophthalmia*, with burning tears; spots and ulcers on the cornea; photophobia; dimness of sight, with dilatation or contraction of the pupil; muscæ volitantes, amaurosis; *cataract of the left eye;* redness and swelling of the eyelids; inflammatory swelling of the ear; deep prickings in the inner ear; *discharge of a purulent and fetid wax;* buzzing in the ears; hardness of hearing; complete deafness on one side; sensitiveness of the nasal bones; dry or fluent coryza; epistaxis, especially in the morning; *discharge of a fetid pus from the nostrils;* congestion and blueish redness of the face.

Accumulation of a serous or tenacious and putrid saliva in the mouth; *swollen, soft, bleeding, ulcerated gums;* drawing *toothache*, aggravated by *cold* and warm *drinks*, coming on especially in the morning or evening; *difficult teething* of children, with the ailments incidental to it, such as cough, convulsions, etc., provided the above-mentioned general conditions exist, and more particularly *when the child is constipated; caries of the teeth* in adults; *syphilitic caries of the palatine bones;* tongue covered with a thick fur which becomes detached in patches; *foul breath;* bitter taste of the food, scraping in the throat; sticky sensation in the pharynx, impeding deglutition; total loss of appetite, with burning thirst; gnawing hunger; regurgitation of a watery, sour, insipid, sweetish or bitter liquid; *nausea* and *retching* before breakfast, as during pregnancy; violent vomiting (rarely); great sensitiveness in the epigastrium; pains at the cardia; pulsations at the stomach; painful swelling of the liver; pressure, stitches or contusive pains in the liver; distention of the abdomen; *sense of coldness at the abdomen;* cutting, colicky pains, incarcerated flatulence; *constipation* or diarrhœa, watery, very fetid stools.

Scanty urine; flowing out *drop by drop, burning, smarting, cloudy*, with dark sediment; *excessive increase of the urinary secretion*, as in diabetes; watery urine with a whitish sedi-

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ment and a fetid odor; *wetting the bed, in the case of children;* burning in the urethra; *swelling and excoriation of the glands;* balanitis; *recent chancres, of large size,* and *superficial,* at the corona glandis and the internal surface of the prepuce; *milky discharge from the urethra;* premature, profuse menses which last too long, preceded and followed by colicky pains similar to the pains of child-bearing, by leucorrhœa, vomiting and various other accidents; *passive metrorrhagia; corrosive leucorrhœa;* hard hearing during the menses; *milky discharge from the vagina;* excoriations between the thighs and the genital organs; painful swelling of the inguinal ganglia; *increase of the sexual desire* in the morning; pain and swelling of the sexual organs after an embrace; falling of the vagina; stitches and ulcerations at the breasts.

Hoarseness; aphonia; tickling at the larynx, trachea, and in the bronchia; dry, wheezing, *hoarse, constant, spasmodic cough,* especially in the evening, in bed, with profuse expectoration of whitish or yellowish mucus, which has sometimes a *sweetish, insipid* or *foul* taste; short breath; pains in the chest, most frequently in the region of the heart, as if bruised, or burning, or stitching; burning in the chest and throat along the œsophagus, as after having drank brandy; involuntary emission of urine when coughing; stiffness and œdematous swelling of the neck and nape of the neck; ulcerative pain in the loins; luxation-pain at the shoulders, hips, knees, feet; paralytic numbness of the superior extremities; cramps in the calves; *tetters in the bends of the knees, at the ankles and insteps; œdema of the feet;* contraction of the tendons; *fetid sweat of the feet.*

The symptoms of kreasot come on principally in the evening, at night, *in the morning, on waking, during a meal.*

In regard to kreasot, I have to observe two important facts; the first is, that the most marked effects of kreasot often only show themselves after the use of the drug is discontinued; the second is, that the symptoms which it removes, often show a tendency to reappear. It alone scarcely ever cures the *syphilitic scales or papulæ of adults.* In some of these cases,

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the exanthem first disappears with a speed that enchants both the physician and the patient; but soon after it reappears, and this time it resists the drug, on which account another remedy has to be resorted to. The same remark, however, applies to soluble mercury, corrosive sublimate, nitric acid, etc.

The best antidote of Kreasot, according to my experience, is metallic iron; a knowledge of this fact is not without importance, for Kreasot, when given out of place, for instance to lively, sanguine and vigorous children, makes them feel so uncomfortable that I had to consider myself fortunate to possess the means of relieving them immediately.

Arsenicum Album. See the group of which it is the *type*.

Plumbum, *lead.* This is the *molubdos* of the Greeks; the *saturnus* of the alchymists, who looked upon it as the commonest of all metals.

Lead has been employed in the arts ever since the remotest antiquity. Every body is acquainted with its physical properties. It is insipid, odorous when rubbed, fusible at 322°, and volatilizes at a white heat. Unchangeable in a dry air, it rapidly oxydizes, and then passes to the condition of a carbonate, in contact with water or damp air. Native lead, or the pure oxyde, is seldom found in a natural state. The natural compounds from which it is extracted for industrial purposes, are salts, and especially sulphurets.

Metallic lead is supposed to be without poisonous properties.[1] This opinion seems to me a serious mistake. I admit that considerable pieces of lead may be swallowed without any, or, at least, any great inconvenience, but only in compact masses, such as little balls or shot. Although the cohesion of its particles is very feeble, yet it is strong enough to prevent their absorption when swallowed. But experience has abundantly shown that absorption takes place when lead

[1] Orfila, *toxicol.* gén., vol. I., p. 639.

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is introduced into the stomach in the form of an impalpable powder. The inhalation of the vapor of pure lead, not of a chemical combination in which the nature of the metal might have been altered, gives rise to the characteristic phenomena which all preparations of lead are well known to be capable of producing.[1]

This consideration is particularly interesting to a homœopathic physician, for it shows him that lead is a powerful and essentially diffusible poison, that is to say a drug which is so precious that I do not hesitate to rank it with mercury, sulphur, arsenic, lime and silex.

Empirical applications.—On account of its being thought an inert substance, metallic lead has seldom been employed in medicine. Avicenna, Amatus Lusitanus, Ambroise Paré, Johnston and Etmuller, quoted by J. F. Gmelin,[2] employed lead, it is true, but only externally, in the shape of beaten leaves, which they caused to be worn on the abdomen for their supposed anti-aphrodisiac properties, in cases of *nocturnal emissions*, or on *glandular swellings*, in order to effect their resolution. Boerhaave seems to be the first who thought of using lead internally. According to Gmelin, (loc. cit.,) he caused an impalpable powder to be prepared of it, whch he first employed as an absorbent in obstinate excoriations of the skin, but which he likewise gave for *leucorrhœa*, *dysentery*, *syphilis* and *gout*.

Passing from these uses of the metallic lead to its compounds, we shall discover in their history, through the vagueness with which all the statements of the Old School medicine are unfortunately tainted, an indication of the cases in which our dynamised lead has the best chances of succeeding.

[1] See the work of Tanquerel des Planches; *traité des maladies de plomb ou saturnines.* Paris, 1839, 2 vols., in 8vo. What is curious, is that in describing the symptoms of saturnine colic, no matter by what preparation it may have been produced, the principal symptoms contained in the pathogenesis of Hartlanb and Trinks, its authors, are mentioned.

[2] See in his *appar. medic.*, part II., the long and interesting chapter which he devotes to lead-preparations, vol. I., p. 362, etc.

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The oxydes, sulphurets, chlorides, carbonates, phosphates, sulphates, sub-acetates, and more recently the tannate of lead, have been most frequently employed by the older physicians.

It cannot be doubted, that each of these preparations had its particular properties, which ought to have furnished so many special indications. But could these properties have been determined without pure experimentation? Indeed not. It was deemed sufficient to settle the *general action* of lead and of its compounds, in accordance with clinical observations, which were, for the most part, mutilated, insignificant, and doubtful. In one word, the same course was pursued with the lead-preparations that had been pursued with those of *mercury*, *iron*, etc.

United by modern therapeutists in the class of *astringents*, the saturnine preparations comprise, first, those which, on account of their insolubility, such as *minium*, *sugar of lead*, etc., are exclusively used for plasters, salves, etc.; secondly, those of a *mixed use*, (*water of Goulard*,) of which lotions, collyria, injections into the urethra, vagina, or rectum are made; third, lastly, those which, like the neutral acetate, are prescribed by a small number of practitioners, in the shape of pills or potions.

I say a *small number*, for in spite of the salts of lead having been pronounced uninjurious by Professor Fouquier, and in spite of a few authentic cures which have been effected with lead, we have to do this justice to our opponents, that they generally preserve strong and legitimate suspicions against the internal use of lead in the massive doses of the Old School.[1] They are well aware that the authorised administration of the acetate of lead, whatever Fouquier may say to the contrary, has frequently induced the frightful malady, known as lead-colic, with all its accompanying and subsequent symptoms.

[1] In the external use of lead the same reserve has not been observed. How many terrible accidents and even deaths have been caused by the water of Goulard, in consequence of repelling cutaneous diseases.

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The following are the principal maladies which have been empirically cured or alleviated by lead:

Erysipelas, burns, tetters, scrofulous and syphilitic ulcers, various kinds of tumors, schirrus of the breasts,[1] *open cancer,*[2] *chronic ophthalmia, chronic coryza, ozæna, otorrhoea,*[3] *aphthæ, mercurial salivation, angina membranacea,*[4] *nervous vomiting, acute and chronic dysentery,*[5] *sporadic cholera, engorgements of the liver and spleen, with paroxysms of fever; dropsy,*[6] *gonorrhœa, leucorrhœa, orchitis, metrorrhagia,*[7] *chronic pulmonary catarrh, ulcerative phthisis* (pneumonia in the suppurative stage),[8] *neuralgia* of the head, extremities and various internal organs, such as the liver, spleen and intestines; *neurosis of the heart, hysteria, hypochondria, etc.*[9]

The good effects of lead in these diseases are accounted for by the proving of this drug; however, the empirical use of lead could not possibly lead to any great results, owing to the fact that allœopathic physicians dared not employ lead and its compounds in diseases which resembled the poisonous effects of the acetate of lead, and in which the lead preparations would have been particularly efficacious.[10]

Homœopathic applications.—Hartlanb and Trinks have published a pathogenesis of lead. Not knowing the German language, I have not been able to read this pathogenesis in the

[1] Trousseau and Pidoux, (œuv. cit., vol. I., p. 126,) relate a remarkable cure of this kind.

[2] See Nouv. bibliot. mèd., vol. IV., p. 193.

[3] Trousseau and Pidoux, œuv. cit., vol. I., p. 129.

[4] *Trans. Méd.*, vol. X., 182.

[5] Barthez. *Gaz. des hôpitaux*, déc. 1845.

[6] Etmuller, Grollius, Lieutaud, etc., quoted by Gmelin, appar., vol. I., p. 417.

[7] Aman son, *Sur l'usage des prépar. de plomb*, dans le traitem. des malvénér. (Anc. Journ. de Méd., vol. XXIV., p. 352.)

[8] Bull. des scienc. méd. de Férussac, vol. XVII., p. 369.

[9] Gmelin, loc. cit.; biblio. med., vol. L., p. 398; Morgagni, *de sedibus et causis*, etc., epist. VIII.; *Bull. des scienc. méd.* de Férussac, vol. III., p. 291, etc.

[10] It is to be observed that the internal and external forms of neuralgia, for which lead has been used with success, constitute some of the prominent symptoms of a poisoning with lead, as described by Tanquerel des Planches.

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original text. Whether Jahr's synopsis is perfectly reliable, I am not able to affirm. My own observations and clinical experience have confirmed to me most of the symptoms related by Jahr. A large number of the pure effects of this metal can be collected from the cases of poisoning contained in such works as the two volumes of Tanquerel des Planches. Be this as it may, here follow the indications for the use of lead, which I think I may safely infer from my own observations.

Lead is particularly adapted to adults, males rather than females, and particularly to persons of a dry, bilious constitution, with a somewhat jaundiced complexion, irascible, hypochondriac, or disposed to religious monomania. There are acute diseases, in which it would undoubtedly be preferable to any other remedy. It might perhaps be employed with advantage (in a high potency) in saturnine colic, for the very reason that lead causes it;[1] until now I have only used it in chronic cases.

In the following affections I have employed it with particular success; *chronic inflammation of the bladder; strictures of the urethra, caused by gonorrhœa;* a sort of tenacious (mercurial) salivation, so profuse that the patient, especially in damp weather, literally inundated his pillow during sleep; *an excessively painful retraction of the testicles and penis, which seemed to re-enter the hypogastrium,* (in consequence of prolonged venereal excesses and repelled tetters); *nocturnal bone-pains, which had resisted mercury,* silver and nitric acid; several cases of pulling and pressive *chronic headache, in the forehead,* aggravated by mental labor which was almost rendered impossible, and becoming intolerable whenever the patients were in rather numerous company;[2] a case of *mental derangement* induced by syphilis, with obscure paralysis of

[1] Various dynamised substances, such as coffee, opium, cannabis, mercurius, etc., remove symptoms which had been produced by massive doses of the same drugs. Is this the case with lead? I am unable to decide this point for certain.

[2] In these cases the patients have formerly been constipated, but this condition had ceased.

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the right arm, paroxysm of religious monomania, erotism without erection, periodical fever without sweat, and cramp-like retraction of the abdomen from time to time; various nervous diseases, characterised principally by wandering *pains in the* extremities, spasms in the muscles of the face, paroxysms of screams, fright without cause, and of sudden fainting, in passing from one room to another, or in entering a room full of company. In the two cases of this kind which fell under my notice, lead did not effect a cure, but a long suspension of the symptoms. In these two patients, the mind remained sound, even at the height of the paroxysms. There was a complete apyrexia, and the digestive functions took place normally, except, however, frequent paroxysms of nocturnal bulimy. It is particularly useful in *marsh intermittent*, with *quotidian or double-tertian type*, particularly when the splenic region is painful to the touch. In such a case neither china, nor arsenic, can at all be compared to lead; a trial will confirm my statement.

In some respects, lead is related to zinc, after which it will again be mentioned.

Antidotes:—*Alum.*, *Bell.*, *Hyosc.*, *Op.*, *Plect.*, *Stram.*, *Electric.* According to my experience, the best antidote is *æthusa cynap.*

Sulfuris acidum. *Sulphuric acid, vitriol,* etc. This powerful acid, which was discovered in the middle-ages, is found in its pure state in the neighbourhood of various volcanoes, but generally in combination with lime, baryta, alumina, iron. From the sulphate of iron it was formerly obtained for the arts. Now-a-days it is obtained in all sorts of ways, which it is needless to describe in this place.

Pure sulphuric acid is a viscid, colorless, inodorous liquid, of a specific gravity of 1.85; not very volatile at an ordinary temperature, boiling at 310°; freezing at 12° below zero, containing in this state about 20.00 water, but absorbing the dampness of the air to such a degree that, if the vial is left uncorked, the volume of the acid increases to three times

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