healthy? Then is "Similia," or a synonym, the only appropriate term? Two diseases may *correspond* in power to kill, and yet be very *dissimilar* in origin, appearances, and *modes* of killing. Two blocks of wood may be cut, the one concave and the other convex, so as to *correspond*, while they are *similar* in no respect whatever.

Here, then, we find what is called "the more adequate generalization, which truly and fully embodies the spirit of our doctrine," to be no more—indeed not so much an expression of Homœopathy, as of Allopathy.

The old school physician talks of giving a medicine that *corresponds* with the disease. He has a severe case of cholera morbus, and must administer a *correspondingly* strong dose of a *corresponding* medicine.

In conclusion, we remark, that although it be said of us, "they have clung to the precepts of their Master with childlike confidence, and have reverenced his teachings as infallible revelations," we shall not in a whirlwind of words, be borne either backwards to the quagmires of empiricism, or onward to the castles of fancy built in air.

In Medicine, we shall regard Hahnemann as the *greatest* man, till a *greater* ariseth; and his teachings as the *best*, till *better* are made to appear.

ABSCESS OF THE BRAIN.

A HOMŒOPATHIC NON-CURE.

BY A. LIPPE, M.D.

The proposition to publish Homœopathic non-cures has been made repeatedly. Homœopathic non-cures are as instructive and will vindicate the practice of Homœopathy as much as the most brilliant cures. We will find that, where a judicious Homœopathic treatment has been unsuccessful, it *is always* owing to an organic disease, so fully developed and so far progressed that a cure is impossible.

The cures are the positive, the non-cures the negative, proofs of the correctness of the Homœopathic principles and practice.

I shall give now the case and treatment, and Dr. Gardiner, who kindly made the post-mortem examination, will give the results.

Mr. S., æt. 36, had otorrhœa from the right ear ever since he had the scarlet fever in his childhood; he heard very little with the right ear: general health tolerably good, with the exception of a periodical headache, which returned three or five times every month. The pains always commenced in the neck and occiput, and then extended either to the right or left frontal eminence; he had then to go to bed, and lay very quiet; was somewhat relieved by wrapping his head up warm; cold water, or even the least draft of air, as well as light and noise, aggravated the pain; the attack lasted from twelve to twenty-four hours, and never ceased till there was a flow of water from the corresponding nostril or eye.

He could never bear the least draft of air on his neck; an exposure of that kind would very soon bring on an attack of headache. Some eight months before his last illness, he had herpes on the calf of the left leg about as large as a hand, red, itching and moistening considerably. He had taken for it Graphites, Rhus, and finally Sulphur, without any apparent effect. Four days before his last illness, the herpes suddenly disappeared.

Mr. S. called first at my office, on the morning of the

4th of June, when he complained of having suffered all night, with an intolerable, indescribable pain in his right ear; the ear discharges a little, he has wrapped his head up very warm, is much afraid of cold, and declares that he will not recover from that illness. Puls. 400. In the evening worse, more fulness in the head. Bell. 400.

5th of June. Has not slept any all night, no appetite, no discharge from the bowels, urine scanty and brown, discharge from the ear very offensive, the meatus auditorius closed by swelling. Mercur. v. 200.

6th of June. Had a very restless night, much weaker, compelled to stay in bed; pain extended further around the ear; complains more of a beating pain. Hepar and Lachesis in alternation, every 3 hours.

7th of June. Pain still worse; Gummi Kino 6, 1 drop in water, and every two hours a spoonful. Pain relieved through the day, has more fever and delirium—pulse full and hard, pain better.

8th of June. Slept a little in the morning, more fever, pain much worse in the evening. Merc. v. 200.

9th of June. Excessive restlessness, hot applications relieve the pain a little. Arsenic 400. Perspired six hours, vomited twice, ingesta and a little bile, much thirst; feels a little better in the evening.

10th of June. Slept some towards morning. Discharges more urine, bowels open twice, perspired again in the afternoon, but with less relief than the day before.

11th of June. Slept a few minutes in the morning, swelling of the meatus auditorius relieved; discharges freely from the ear, very offensive. Pain became much worse in the afternoon, could not bear the least light, pain in the right eye very intense, and extending into the head, the least noise or light makes it worse. Spigelia 2000. Pain relieved in five minutes, and a little more quiet; no sleep.

12th of June. Neck very stiff, cannot move the head without suffering intense pain. Bryonia 400; perspired shortly after taking the medicine; vomited ingesta; complained much of nausea; breath and discharge from the ear very offensive; tongue coated white; water tastes bad, pulse 90, full and hard, urine brown, turbid, with a variegated cuticle; complains of vertigo. Merc. 1000.

13th of June. Delirious all night, very restless, vacant look, Puls. 120, nausea, vertigo, throbbing in head and neck, perceptible to the touch, feet and hands cold. Belladonna 200 in water every two hours a spoonful, seems to relieve the throbbing at times, light has no effect on his eyes, he looks vacant. Delirium, vertigo, floccillation.

14th of June. Loss of speech, less restless, feet and hands warm, breathing difficult, floccillation, pulse soft, laid perfectly quiet from midnight till he expired,

15th of June, at 5 A. M., on the 12th day of his sickness.

The post-mortem examination, made 29 hours after death, revealed the following pathological condition.

Present, Drs. Herring, Lippe, Duffield, Gardiner, and Mr. Wilkinson.

Proceeded in the usual manner, to remove the calvarium; found the vessels of the scalp congested, the right lateral half of the cra-

nium larger than the left. Upon exposing the dura mater, the meningeal arteries were loaded with blood, and their minute ramifications easily seen. Very great congestion of the pia mater, the larger veins distended with coagulated blood; the smaller ones with serum, one vessel on the right side contained a small quantity of pus. On each side of the falx-cerebri posteriorly, there were adhesions, and a deposit of pus.

The centrum ovale exhibited numerous red points, which are so characteristic in congestion of the cerebrum. The lateral ventricles contained an increased quantity of straw-coloured serum, emitting an offensive odour; a deposit of pus adhered to the choroid plexus and about a quarter of a drachm in each middle cornua. Nothing abnormal in the third or fourth ventricles, excepting venous congestion. Raised the brain from its base anteriorly, and discovered pus issuing from an opening in the middle lobe of the right hemisphere, which, upon closer examination, revealed an abscess capable of containing about six drachms of pus; the pus fœtid, and of a dark greenish colour; the abscess occupied the inferior portion of the middle lobe (which overlies the anterior superior surface of the petrous portion of the temporal bone), and involved both the vesicular and fibrous meurine, but had no communication with the right lateral ventricle. There was ulceration of the dura mater in a situation corresponding to that of the abscess (on the pars petrosa); dissected the dura mater from its situation, and found caries of the pars petrosa temporalis, and a communication established with the auditory canal; the fistula would admit an ordinary knitting-needle; the bone adjacent was diseased, and easily broken down. The membrana tympani was destroyed; so that there was no obstruction or difficulty in passing a probe through the meatus auditorius externus into the cavity of the cranium; more or less congestion of the base of the brain, with a deposit of pus in patches. This case is very instructive, because its history is ascertained from the commencement. The disease of the auditory canal was of long standing, no doubt; first attacked the mucous membrane, then involved the bone, producing caries, which extended by contiguity to the dura mater, and, finally, by metastasis to the cerebrum itself; which, of course, could not be expected to terminate in any other way than fatally.